PROVIDER QUALIFICATION INSTRUCTIONS

**APPLICATION TO PROVIDE DDDS HCBS SERVICES – SHARED LIVING AGENCY**

1. **INTRODUCTION**

The Division of Developmental Services (DDDS) seeks to provide a robust network of quality providers to deliver services and supports 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.

DDDS must approve an entity’s application prior to it providing an HCBS service(s). Entities seeking DDDS approval must submit the following completed documents to DDDS:

* Application to Provide DDDS HCBS Services (hereafter referred to as the “provider application”)
* Table of Contents
* Application narrative

The written proposal must include all information and supporting documentation. Appendix A displays a checklist of all documents that DDDS requires for a complete application. DDDS will return incomplete applications to the submitting agency. All documents submitted with the application become the property of DDDS. Applicants should retain a copy of all documents they submit to DDDS.

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 the provider. Per Medicaid requirements, HCBS waiver members have the right to choose their providers.

If approved, providers must enroll with the Medicaid agency to provide DDDS HCBS waiver services and must respond to the Delaware Department of Health and Social Services RFP process. Approval by DDDS is a prerequisite to enroll with the Medicaid agency to deliver most DDDS HCBS services. The Medicaid agency will ask for the DDDS qualification letter during the enrollment process. Providers of DDDS HCBS services will be required to sign contracts with both the Medicaid agency and with DDDS.

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.

1. **DOCUMENTATION REQUIREMENTS**

Applicants must answer ALL QUESTIONS and clearly cite the question number in its application narrative. The applicant must submit a Table of Contents (see Appendix A) that includes each question number. You must submit the Table of Contents in Word format. The applicant must submit each response as a separate .pdf document. For example, you must submit Item #A.1.1 and Item #A.1.2 as separate .pdf documents. The applicant must answer the questions in the order found in the application. DDDS encourages both thoroughness and conciseness in applications. If a question does not apply the applicant must include a response to the question by responding “N/A” and including the reason the question is not applicable. If a provider does not have the information to answer a question, the provider should explain the reason for the lack of information as its response. For example, if the agency has not created an Advisory Council, the agency should state this as its response and include its plan to establish an Advisory Council. Do not leave any questions unanswered. DDDS will return incomplete applications.

Existing providers that are applying to provide a new service must answer all questions and clearly cite the question number in its application narrative. Some questions will state that if there have been no changes since the agency’s last approved application, or within two (2) years of the current application (whichever is closest in date), the applicant may note “No Change” for the response to those questions. The Table of Contents identifies those questions.

Members of the Provider Authorization Committee score applications by assigning a maximum of 100 points across five (5) criteria: 100/100

1. Programs and Services 30/30
2. Service Integrity | Health and Safety 10/10
3. Business Practices 15/15
4. Service Description 35/35
5. Budget 10/10

DDDS will deny applications that receive an average score of less than 80 points. If the Provider Authorization 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 from the date of the denial letter.

DDDS will schedule interviews with agencies whose applications score 80 points or more. The Provider Authorization Committee will score the interview by assigning a maximum of 100 points. 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.

**INSTRUCTIONS FOR APPLICATION NARRATIVE**

1. **PROGRAMS AND SERVICES (30 points)**

A1 – AGENCY OVERVIEW (Maximum: 7 points)

|  |  |
| --- | --- |
| A1.1 | Describe the services your agency provides and the target population(s) for each. |
| A1.2 | Describe your professional experience providing this or a similar service and state how long your agency has been in business. |
| A1.4 | Describe your agency’s mission, vision, and values and how the agency uses these principles to inform its structure, personnel, service delivery, and business practices. |

A3 – I/DD EXPERIENCE (Maximum: 5 points)

|  |  |
| --- | --- |
| A3.1 | Describe how the agency builds and maintains positive relationships with families and  support systems that support individuals’ inclusion in their community. |
| A3.2 | Describe the professional experience of all officers (CEO, CFO, COO, Owner, Operator, etc.) listed in the application. |

A4 – ORGANIZATIONAL STRUCTURE AND STAFFING (Maximum: 10 points)

|  |  |
| --- | --- |
| A4.1 | Explain the proposed staffing patterns for implementing this service. |
| A4.2 | Provide an organizational chart of your agency and the detailed organizational chart of the units responsible for this service. Include the reporting relationships of key personnel. |
| A4.3 | Explain what the agency expects staff to know and do in their role providing the service for which the agency is applying. |
| A4.6 | Include the resumes or CVs of key team members (example: organization/business officers, upper management support for business and operations). |
| A4.7 | Include the position description | duties of staff who support this service and include required qualifications and competencies (certifications, licenses, testing, etc.) of program staff. |
| A4.8 | Describe your agency’s capability to enter into and manage contracts with multiple providers. |

A5 – PERSON-CENTERED APPROACH (Maximum: 7 points)

|  |  |
| --- | --- |
| A5.1 | Explain what “person-centered” means to your agency and how you translate this approach into practice. |
| A5.2 | Describe how the agency operationalizes its expectations of staff in supporting individuals from a person-centered perspective, including policies, procedures, and practices. |
| A5.3 | 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. |
| A5.4 | Explain how your agency works with individuals and their support systems to discover their needs, interests, and preferences. |
| A5.5 | Describe the activities and strategies your agency uses to assist individuals to achieve their desired outcomes. |

A-7 – LETTERS OF REFERENCE (Maximum: 1 point)

Provide letters of reference from two (2) organizations or qualified entities that can attest to the current quality of the service for which you are applying to DDDS. If you are a provider that is new to Delaware, a new provider, or an existing provider proposing to offer a new service, you must provide letters of reference that can attest to the quality of previous or other work that your agency has performed. Reference letters must be signed, dated within the past 12 months, and printed on the letterhead of the reference.

1. **SERVICE INTEGRITY (10 points)**

B2 – MEDICAID COMPLIANCE PLAN (Maximum: 1 points)

Submit the agency’s Medicaid Compliance Plan. The agency’s Medicaid Compliance Plan must contain the following essential elements:

* Written policies and procedures that set forth compliance expectations; provide guidance; and describe reporting, investigations, and resolution of non-compliance.
* Designation of a compliance officer who reports directly to the senior administrator and the governing body.
* Effective and regular training of employees, executives, and the governing body.
* Reporting process that allows for anonymous good-faith reporting.
* Monitoring, auditing, and internal reporting systems.
* Staff disciplinary policies that are fairly enforced and address non-compliant behavior or failure to report non-compliance.
* Corrective actions and remedial measures.

B3 – CLIENT RIGHTS POLICY (Maximum: 2 points)

|  |  |
| --- | --- |
| B3.1 | Describe your agency’s methods to empower individuals in service to proactively practice their rights without retaliation and to educate individuals about their rights. |
| B3.2 | Identify your agency’s actions to protect the personal health information and practice compliance with the Health Insurance Portability and Accountability Act (HIPAA). |
| B3.3 | Describe the agency’s method to assure shared living provider compliance with the DDDS “Behavior Support Plans” policy. |
| B3.4 | Describe the agency’s method to assure shared living provider compliance with the DDDS “Use of Restraints and Restrictive Procedures for Behavior Support” policy. |
| B3.5 | Submit the agency’s Client Rights policy. |

B4 – DISPUTE RESOLUTION PROCESS (Maximum: 2 points)

|  |  |
| --- | --- |
| B4.1 | Describe the types of grievances or complaints that participants or providers may register. |
| B4.2 | Describe the agency’s process and timelines for addressing grievances/complaints by participants and providers. |
| B4.3 | Describe the mechanisms the agency uses to resolve grievances/complaints. |
| B4.4 | Submit the agency’s dispute or resolution process and forms. |

B5 – INCIDENT REPORTING (Maximum: 2 points)

|  |  |
| --- | --- |
| B5.1 | Describe the extent to which the agency’s policy is consistent with the DDDS Abuse, Neglect, Mistreatment, Financial Exploitation and Significant Injury Policy regarding the reporting and investigation of suspected abuse, mistreatment, misappropriation of property, and injury for individuals receiving DDDS HCBS services. |
| B5.2 | Submit the agency’s incident reporting policy and procedures. |

B6 – RECRUITMENT AND SCREENING PRACTICES (Maximum: 1 points)

|  |  |
| --- | --- |
| B6.1 | Describe the agency’s philosophies on developing policies and procedures. |
| B6.2 | Explain how you disseminate policy information to staff. |
| B6.3 | Explain your agency’s efforts to recruit and retain program and supervisory staff. |

B7 – PERSONNEL OPERATIONS (Maximum: 2 points)

Submit the agency’s policies and procedures for the following personnel operations:

1. Recruitment
2. Pre-employment screening practices that include, at a minimum:
   1. screened through the Delaware Background Check Center (Adult Abuse Registry, Sex Offender Registry, Office of Inspector General, Child Protection Registry, Division of Professional Regulation, finger-print verification) OR via alternate sources for background checks and 2 reference checks in lieu of service letters if providing the following services: Day Habilitation, Community Participation, Prevocational Services, Supported Employment (Individual and Group), Behavioral Consultation, and Supported Living.
   2. 10-panel drug screening
   3. service letters and/or letters of reference from prior employers
   4. PPD screening
3. Orientation and Training that include, at a minimum:
   1. DDDS Proclamation of Beliefs and Guiding Principles
   2. Confidentiality | HIPAA (PM #5)
   3. Abuse Reports (PM #46)
   4. Individual Rights | Rights Complaints reporting
   5. Orientation to individuals being supported
4. Staff development
5. Performance appraisals
   1. Written job descriptions for each position providing direct or indirect services to service recipients that outline job qualifications, duties and responsibilities, and competencies or testing requirements.
6. Staff competency
7. Supervision | clinical oversight of staff
8. Internal grievance | complaints system for staff
9. **BUSINESS PRACTICES – ALL SERVICES (15 points)**

C1 LEGAL STRUCTURE (0 points)

Identify the legal structure of your business (ex: sole proprietorship, LLC, general or limited partnership). Submit your agency’s formation documents (ex: LLC paperwork, incorporation paperwork, etc.).

C2 COMPOSITION OF GOVERNING BODY (Maximum: 2 points)

|  |  |
| --- | --- |
| C2.1 | Describe the orientation and training your agency provides to new members. |
| C2.2 | Describe the governing body’s diversity planning, including how it involves self-advocates and their families. |
| C2.3 | Include a roster of the agency’s governing body. |

C5 FINANCIAL STABILITY (Maximum: 2 points)

Describe your agency’s financial stability and liquidity. The description should include:

|  |  |
| --- | --- |
| C5.1 | The agency’s policy and procedure about operating reserves. |
| C5.2 | Include a notarized letter from a CPA firm (dated within 60 days of the application submission) attesting to the agency’s debt to income liquidity ratio and a minimum of operating reserves for six (6) months or an available line of credit for the same amount. |

C6 – INTERNAL COMPLIANCE AND AUDITING SYSTEM (Maximum: 10 points)

Describe your agency’s internal compliance processes. The description should include the following:

|  |  |
| --- | --- |
| C6.1 | Describe your agency’s audit process including the auditing schedule |
| C6.2 | Explain how your agency addresses deficiencies, discrepancies, and findings in an audit. |
| C6.3 | Explain your agency’s capacity to bill in a timely manner and according to Medicaid billing requirements. |
| C6.4 | Describe your agency’s capacity to disburse funds to providers in a timely manner and according to Medicaid and DDDS rules and regulations. |
| C6.5 | Describe your agency’s capacity to comply with all billing rules and regulations. |

C7 – BUSINESS DOCUMENTATION (1 points)

Submit a copy of the agency’s current Delaware business license or 501 (c) (3) documentation.

**4. SERVICE DESCRIPTION (35 points)**

Z1. RECRUITING, SCREENING, AND RETAINING PROVIDERS (Maximum: 10 points)

|  |  |
| --- | --- |
| Z1.1 | Describe the relationships you have (or plan to make) with community stakeholders to recruit providers. |
| Z1.2 | Describe how your agency supports diversity, equity, and inclusion and cultural competence in recruiting providers. |
| Z1.3 | Describe your agency’s process for screening providers including conducting reference checks and background checks for everyone over age 18 in the home, and process for tracking minors under age 18 to conduct required reference and background checks when they turn 18 years of age. |
| Z1.4 | Describe your process for interviewing potential providers. |
| Z1.5 | Attach the agency’s application for Shared Living providers. |
| Z1.6 | Attach the agency’s interview questionnaire and scoring protocols. |

Z2. COMPLIANCE AND MONITORING PROVIDERS (Maximum: 10 points)

|  |  |
| --- | --- |
| Z2.1 | Describe the agency’s plan for ensuring compliance with licensure, certification, and other standards described in the Lifespan Waiver (Appendix C). |
| Z2.2 | Describe how your agency will ensure providers’ compliance with the CMS HCBS Settings Final Rule. |
| Z2.3 | Describe how your agency will comply with the DDDS Provider Standards for Home and Community-based services (hereafter referred to as the “DDDS HCBS Standards”) for Shared Living services. NOTE: Your response should reflect knowledge of the DDDS HCBS Standards.  Applicants can find the DDDS HCBS standards on the DDDS website at the following link:  <http://dhss.delaware.gov/dhss/ddds/files/providerstds07012018.pdf> |
| Z2.4 | Describe your agency’s process for ensuring compliance that provider staff receive initial orientation and ongoing training per DDDS requirements. |
| Z2.5 | Describe your agency’s process for initial and ongoing inspections of provider residences. |
| Z2.6 | Attach your agency’s site inspection form. |

Z3 – QUALITY IMPROVEMENT AND ASSURANCE PLAN (Maximum: 5 points)

|  |  |
| --- | --- |
| Z3.1 | Describe your agency’s philosophy on continued quality improvement. |
| Z3.2 | Identify the position(s) responsible for implementing each component of the Quality Assurance | Quality Improvement plan. |
| Z3.3 | Describe how the agency involves individuals and/or families in developing and implementing the plan. |
| Z3.4 | Describe how the agency identifies and tracks key performance measures. |
| Z3.5 | Describe how the agency uses data to improve the delivery of services and whether improvement plans are successful. |
| Z3.6 | Submit the agency’s quality assurance plan. |
| Z3.7 | Describe the agency’s process and documentation guidelines for quality assurance of providers. |

Z4 – PROVIDER SUPPORT (Maximum: 10 points)

|  |  |
| --- | --- |
| Z4.1 | Describe how you handle questions and communications from providers. |
| Z4.2 | Describe how your agency supports providers during emergencies. Specifically address:  a. weather-related or public health emergencies  b. emergencies involving participants  c. emergencies involving the provider/family  d. emergencies related to the site (fire, flood, etc.) |

**5. BUDGET – ALL SERVICES (10 points)**

AA1 – Submit the agency’s annual operating budget with income and expenditures. Outline in Excel spreadsheet format. We are requesting line items and expenditures, with totals and a notes column.

AA2 – Using the current provider rates published on the DDDS website, submit a start-up budget for Year 1 that details income and expenditures. Include the agency’s assumptions in preparing the start-up budget. Describe how the agency is projecting income for the start-up budget.

**APPENDIX A**

**HCBS PROVIDER APPLICATION**

**REQUIREMENT SUMMARY CHECKLIST**

**AND   
TABLE OF CONTENTS**

**FOR DDDS HCBS SERVICES**

DDDS uses the same Requirement Summary Checklist & Table of Contents (see next page) for both new applicants and for existing providers applying to operate a new service.



NEW APPLICANTS must submit all documents listed on the Requirement Summary Checklist & Table of Contents.



EXISTING PROVIDERS must submit all documents that are listed on the Requirement Summary Checklist & Table of Contents in red font. Existing providers must respond to requirements that are in black font only if there has been a change since its last application OR within the last 2 state fiscal years, whichever is less and must type “NC” indicating “No Change” for all other questions in the Page # column of the Table of Contents.

For example:

| CRITERIA | REQUIREMENT | LABEL | INCLUDED | |
| --- | --- | --- | --- | --- |
| YES | NO |
| General Requirements | Provider Application to Provide HCBS |  |  |  |
| Provider Table of Contents |  |  |  |
| Programs and Services | Agency overview | A1 |  |  |
| Description of I/DD experience | A2 |  |  |
| Organizational Structure | A3 |  |  |

You must use the [Requirement Summary Checklist & Table of Contents](https://www.dhss.delaware.gov/dhss/ddds/files/RequirementSummaryChecklist_Final.docx) shown below in your submission. DDDS will reject any Table of Contents that does not follow this format. You must submit the Requirements Summary Checklist & Table of Contents in Word format.

**HCBS PROVIDER APPLICATION**

**REQUIREMENT SUMMARY CHECKLIST & TABLE OF CONTENTS**

**DDDS HCBS SERVICES**

| CRITERIA | | REQUIREMENT | | | LABEL | | PROVIDER INCLUDED | | DDDS | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| YES | NO | | |
| General Requirements | | Provider Application to Provide HCBS | | |  | |  | |  |  | | |
| Provider Table of Contents | | |  | |  | |  |  | | |
| Programs and Services  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Service Integrity/Health and Safety | | A1. AGENCY OVERVIEW | | |  | |  | |  |  | | |
| Services & target populations | | | A1.1 | |  | |  |  | | |
| Professional experience with services | | | A1.2 | |  | |  |  | | |
| Mission, vision, values | | | A1.4 | |  | |  |  | | |
| A3. I/DD EXPERIENCE | | |  | |  | |  |  | | |
| Relationships & community inclusion | | | A3.1 | |  | |  |  | | |
| Professional experience of officers | | | A3.2 | |  | |  |  | | |
| A4. ORGANIZATION STRUCTURE | | |  | |  | |  |  | | |
| Staffing patterns | | | A4.1 | |  | |  |  | | |
| Organizational chart | | | A4.2 | |  | |  |  | | |
| Staff knowledge | | | A4.3 | |  | |  |  | | |
| Resumes or CVs of key team members | | | A4.6 | |  | |  |  | | |
| Position descriptions | job duties of program staff | | | A4.7 | |  | |  |  | | |
| Ability to manage contracts | | | A4.8 | |  | |  |  | | |
| A5. PERSON-CENTERED APPROACH | | |  | |  | |  |  | | |
| Translating into practice | | | A5.1 | |  | |  |  | | |
| Operationalization | | | A5.2 | |  | |  |  | | |
| Participation in process | | | A5.3 | |  | |  |  | | |
| Discover needs & interests | | | A5.4 | |  | |  |  | | |
| Achieve desired outcomes | | | A5.5 | |  | |  |  | | |
| A7. LETTERS OF REFERENCE | | |  | |  | |  |  | | |
| Two (2) letters of reference | | | A7 | |  | |  |  | | |
| B2. MEDICAID COMPLIANCE PLAN | | |  | |  | |  |  | | |
| Medicaid compliance plan (including all 7 components) | | | B2 | |  | |  |  | | |
| B3. CLIENT RIGHTS POLICY | | |  | |  | |  |  | | |
| Empower individuals | | | B3.1 | |  | |  |  | | |
| HIPAA | | | B3.2 | |  | |  |  | | |
| DDDS “Behavior Support Plans” policy | | | B3.3 | |  | |  |  | | |
| DDDS “Restraints and Restrictive Procedures” policy | | | B3.4 | |  | |  |  | | |
| Client Rights policy | | | B3.5 | |  | |  |  | | |
| B4. DISPUTE RESOLUTION PROCESS | | |  | |  | |  |  | | |
| Types of grievances & complaints | | | B4.1 | |  | |  |  | | |
| Process & timelines | | | B4.2 | |  | |  |  | | |
| Mechanisms to resolve grievances | | | B4.3 | |  | |  |  | | |
| Dispute resolution process and forms | | | B4.4 | |  | |  |  | | |
| B5. INCIDENT REPORTING | | |  | |  | |  |  | | |
| Consistency with DDDS policies | | | B5.1 | |  | |  |  | | |
| Incident reporting policy and procedures | | | B5.2 | |  | |  |  | | |
| B6. RECRUITMENT & SCREENING | | |  | |  | |  |  | | |
| Agency’s philosophy | | | B6.1 | |  | |  |  | | |
| Mechanism for disseminating policy | | | B6.2 | |  | |  |  | | |
| Recruitment & retention | | | B6.3 | |  | |  |  | | |
| B7. PERSONNEL OPERATIONS | | |  | |  | |  |  | | |
| Personnel operations policies (a-h) | | | B7 | |  | |  |  | | |
| Business Practices | | C1. LEGAL STRUCTURE | | |  | |  | |  |  | | |
| Legal structure | | | C1 | |  | |  |  | | |
| C2. COMPOSITION OF GOVERNING BODY | | |  | |  | |  |  | | |
| Orientation & Training | | | C2.1 | |  | |  |  | | |
| Diversity planning | | | C2.2 | |  | |  |  | | |
| Roster of governing body | | | C2.3 | |  | |  |  | | |
| C5. FINANCIAL STABILITY | | |  | |  | |  |  | | |
| Operating reserves policy | | | C5.1 | |  | |  |  | | |
| Notarized letter from CPA firm | | | C5.2 | |  | |  |  | | |
| C6. INTERNTAL COMPLIANCE & AUDITING | | |  | |  | |  |  | | |
| Audit process & schedule | | | C6.1 | |  | |  |  | | |
| Deficiencies & findings | | | C6.2 | |  | |  |  | | |
| Capacity to bill Medicaid | | | C6.3 | |  | |  |  | | |
| Capacity to disburse funds | | | C6.4 | |  | |  |  | | |
| Compliance with billing rules | | | C6.5 | |  | |  |  | | |
| C7. BUSINESS DOCUMENTATION | | |  | |  | |  |  | | |
| Business documentation | | | C7 | |  | |  |  | | |
| Service Description for Lifespan Waiver Services | | Potential applicants must answer ALL questions. | | |  | |  | |  |  | | |
| Z1. RECRUITING & SCREENING PROVIDERS | | |  | |  | |  |  | | |
| Relationships to recruit providers | | | Z1.1 | |  | |  |  | | |
| Supports diversity, equity, inclusion | | | Z1.2 | |  | |  |  | | |
| Screening providers | | | Z1.3 | |  | |  |  | | |
| Interviewing providers | | | Z1.4 | |  | |  |  | | |
| Application for providers | | | Z1.5 | |  | |  |  | | |
| Interview and scoring protocols | | | Z1.6 | |  | |  |  | | |
| Z2. COMPLIANCE & MONITORING PROVIDERS | | |  | |  | |  |  | | |
| Ensuring compliance | | | Z2.1 | |  | |  |  | | |
| HCBS Settings Final Rule | | | Z2.2 | |  | |  |  | | |
| Provider Standards | | | Z2.3 | |  | |  |  | | |
| Provider staff orientation & training | | | Z2.4 | |  | |  |  | | |
| Provider inspections | | | Z2.5 | |  | |  |  | | |
| Site inspection form | | | Z2.6 | |  | |  |  | | |
| Z3. QUALITY ASSURANCE PLAN | | |  | |  | |  |  | | |
| Philosophy on quality improvement | | | Z3.1 | |  | |  |  | | |
| Positions responsible for QI plan | | | Z3.2 | |  | |  |  | | |
| Family involvement in QI plan | | | Z3.3 | |  | |  |  | | |
| Performance measures | | | Z3.4 | |  | |  |  | | |
| Using data to improve service delivery | | | Z3.5 | |  | |  |  | | |
| Agency’s QA plan | | | Z3.6 | |  | |  |  | | |
| Quality Assurance of providers | | | Z3.7 | |  | |  |  | | |
| Z4. PROVIDER SUPPORT | | |  | |  | |  |  | | |
| Questions and communications | | | Z4.1 | |  | |  |  | | |
| Support during emergencies | | | Z4.2 | |  | |  |  | | |
| Budget | | Agency’s annual operating budget | | | AA1 | |  | |  |  | | |
| Start-up budget for Year 1 | | | AA2 | |  | |  |  | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | Y | | | N |
| Did the application include all required sections? | | | |  | |  | |  | | |  |
|  |  | | If “Yes” forward to Provider Authorization Committee  If “No” send notification to applicant | | | | | | | | |
| DDDS Signature | |  | |  | |  | |  | | | |
| Date | |  | |  | |  | |  | | | |