

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES



Title/Subject: Provider Readiness Procedure
Policy (cross-referenced to): Provider Readiness Policy

All underlined words/definitions can be found in the Definitions Appendix.

1. PURPOSE

The purpose of this procedure is to establish the standards and guidelines by which the Department on Disability Services (“DDS”), Developmental Disabilities Administration (“DDA”), will provide the framework for identifying qualified providers ready to begin serving individuals with intellectual disabilities and assist those providers already in the DDS/DDA system who may need to improve in identified weak areas.

2. APPLICABILITY

This policy applies to all DDA employees, subcontractors, providers/vendors, consultants, volunteers, and governmental agencies that provide services and supports on behalf of individuals with disabilities receiving services as part of the DDA Service Delivery System funded by DDA or the Department of Health Care Finance (DHCF).

3. PROCEDURES

The following are the standards by which DDS will evaluate a provider’s compliance with this policy:

A. Letter of Interest

The prospective provider must submit a written letter to DDS/DDA expressing an interest in becoming a provider. The letter must include:

1. Name of the agency with proof of incorporation in the District of Columbia
2. Contact person with a mailing address, business email address, and telephone number
3. A brief description of the type of services they would like to provide
4. A brief description of the agencies credentials, experience, staffing and capacity to serve individuals with intellectual disabilities.

B. Attendance at a Mandatory Information Session (by Invitation only)

Upon receipt of the letter of interest, DDA will invite the prospective provider to a mandatory Information Session. During the course of the Information Session, each prospective provider will be given a provider application checklist, including required information that must accompany the completed application packet.

C. Submission of Application Packet

All prospective providers are required to submit a completed DDA Home and Community-Based Services (HCBS) Waiver Provider Application (<http://dds.dc.gov/DC/DDS/Developmental+Disabilities+Administration/About+Our+Services/HCBS+Waiver+Provider+Application+Process>) to the Provider Application Specialist in

the Provider Resource Management Unit, and must include all supplemental information requested on the provider application checklist:

1. Complete application
2. Organization Chart
3. Roster of key personnel, their resume, and position descriptions including (as applicable):
 - a. President/Vice President
 - b. Director of Nursing
 - c. Chief Executive Officer
 - d. Program Director
 - e. Chief Financial Officer
 - f. Director of Quality Management
 - g. Incident Manager
 - h. Background checks for unlicensed key personnel such as(give examples)
4. List of Board Members and their affiliations
5. Description of ownership, list of names and contact information for primary owners
6. Address of provider-operated sites where services will be provided
7. Organizational policies & procedures such as personnel policies, operational procedures, health & safety, human rights, incident reporting, behavioral support policies, staff training, protection of individual funds, incident management, quality improvement, program forms with descriptions, waiver services and any other DDA policy that must be incorporated into the provider's operations
8. Articles of Incorporation
9. By-laws regulating conduct of provider's internal affairs
10. Business license, Certificate Authority (if none, Certificate of Good Standing per state)
11. Copy of most recent audited financial statement for the organization
12. Insurance Documentation
13. Criminal background checks, as needed

D. Pre-Screening of Application and Application Review

1. When DDS/DDA receives the Medicaid application and the required supplemental materials, the documentation will be reviewed by the assigned Provider Application Specialist (PAS) using the Readiness Checklist to verify that all the required information has been submitted.
2. The PAS or designee will review reports, if applicable, from other District, Federal and/or state agencies and examine responses.
3. Upon completion of the readiness review, applicants will be notified.
4. Upon receipt of a fully executed application and all required information, the prospective provider will be scheduled for a face-to-face interview with the Provider Review Committee.

E. Provider Review Committee

1. The Provider Review Committee is a standing committee composed of representatives of business units within DDS/DDA (Medicaid Waiver, Quality Management, Service Coordination, Contracts and Procurement, and Provider

- Resource Management) charged with the responsibility to review each “new” and “supplemental” waiver provider application.
2. The Provider Review Committee makes the following determinations regarding potential providers:
 - i. Verification of required licensing and/or certification standards and adherence to other jurisdiction standards;
 - ii. Adherence to HCBS Waiver Program and District requirements;
 - iii. Final determination of approval or denial- in accordance with District, federal and jurisdictional requirements.
 3. The Committee Chair is responsible for coordinating and scheduling all activities of the Provider Review Committee including all interviews, supplemental materials, logistics, and face-to-face interview.
 4. Each committee member is responsible for reading and evaluating each application prior to the meeting.

F. Face-to-Face Meeting with Provider Applicant

1. Each panel member will be in attendance for the face-to-face meeting with the provider applicant and his/her executive team.
2. The meeting is a formal interview where a set of questions are asked, and panel members evaluate each response on a scale of 1-5 with 5 being the highest score.
3. The panel convenes after the interview to approve or deny an applicant

G. Decision

1. Upon completion of the review by the Provider Review Committee, a recommendation for approval or denial will be forwarded to the DHCF.
2. Decision for Approval
 - i. If the provider is a Residential or Supported Living services provider, DDA sends a letter (indicating the pre-approval of the provider applicant) to the DDS Office of Contracts for a pre-screening review for the Human Care Agreement (HCA) prior to being forwarded to DHCF. If the Office of Contracts denies the pre-screening, the application follows the Decision for Denial (listed below).
 - ii. DHCF will send a letter indicating the provider has been enrolled as an approved DC Medicaid Waiver provider. The letter will include the Medicaid provider number and service for which the provider has been approved.
 - iii. Once DDA receives notice that the above letter has been sent, DDA will send the provider notice of the next New Provider Orientation, which must be completed prior to the provider can be authorized to provider services.
3. Decision for Denial
 - i. DHCF will send a letter indicating the provider has been denied enrollment as an approved DC Medicaid Waiver provider.
 - ii. As this decision does not carry administrative appeal rights, if an applicant wishes to re-apply, the entire application and process will begin again.