DDA Medicaid Waiver Provider Application Review Process
Provider Readiness Process

Provider Readiness Overview

The Developmental Disabilities Administration (DDA) has made a strong commitment to attracting, recruiting, and developing provider agencies that can meet the needs of District of Columbia citizens with intellectual/developmental disabilities and their families. Increasingly, individuals with intellectual/developmental disabilities require providers with the capacity to respond positively, promptly, and skillfully to challenging behaviors, complex medical needs and the effects of multiple disabilities and diagnoses.

Purpose of the Process

- **To provide the framework for identifying qualified providers ready to begin serving individuals with intellectual/developmental disabilities and assist those providers already in the DDS/DDA system who may need to improve in identified weak areas.**
- **To ensure prospective providers have:**
  - **the necessary training and experience,**
  - **the technical skills,**
  - **the administrative competency,**
  - **the financial stability,**
  - **the compassion and the commitment to support individuals with intellectual/developmental disabilities in enjoying a real life which involves much more than just having a license.**

The following steps make up the process:

Step 1:   Letter of Interest

The Readiness Process begins with a letter from the prospective provider to the Department on Disability Services Developmental Disability Administration (DDS/DDA) expressing an interest in becoming a provider. The letter must include:
- **Name of the agency with proof of incorporation in the District of Columbia.**
- **Contact person with a mailing address, business email address, and telephone number.**
- **Brief description of the type of services they would like to provide.**
- **Brief description of readiness to serve individuals with intellectual disabilities.**

Step 2:   Attendance at a Mandatory Information Session (by Invitation only)

Upon receipt of the letter of interest, The Prospective Provider will receive an invitation to attend the Mandatory Information Session. During the course of the Information

Session each prospective provider will be given a provider application checklist that indicate the required information that must accompany the DDS application packet.

Step 3: Submission of Application Packet

All prospective providers are required to submit a completed DDA Medicaid Waiver Provider Application to the Provider Application Specialist in the Provider Resource Management Unit, and must include all supplemental information requested on the provider application checklist.

Check List:
1 **List of Board Members and their affiliations.**
2 **Roster of key Personnel, their resume, and position descriptions:**
　　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
3. **Description of ownership and list of major owners.**
4. **Address of provider-operated sites from which services will be provided.**
5. **Copy of most recent audited financial statement of the organization.**
6. **Completed provider application.**
7. **Basic organizational documents - Organizational chart.**
8 **Articles of Incorporation.**
9. **By-laws or similar documents regulating conduct of provider's internal affairs.**
10. **Business license, Certificate Authority　(if none, Certificate of Good Standing per state).**
11 **Insurance Documentation.**
12. **Criminal background checks, as needed.**
13. **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.**
14. **Program policies & procedures for each waiver service to be provided.**

Step 4: Pre-Screening of Application and Application Review

When DDS/DDA receives the Medicaid application and the required supplemental materials, the documentation is reviewed by the assigned Provider Application Specialist (PAS) to determine if all the required information is present.

The PAS or other designated Provider Resource Management (PRM) staff use the Readiness Checklist to guide the review.

The PAS or designee will also review reports, if applicable, from other District, Federal and/or state agencies and examine responses.

Applicants will be notified when the readiness review has been completed.

If the prospective provider submits an application and all required information is present, the prospective provider will be scheduled for a face-to-face interview with the Provider Review Committee

Step 5:   Provider Review Committee (functions)

The Provider Review Committee is a standing committee composed of representatives of business units within DDS/DDA (Medicaid Waiver, Quality Management (including staff from the DC Health Resources Partnership (DCHRP), Service Coordination, Contracts, and Provider Resource Management) charged with the responsibility to review each "new" and "supplemental" Waiver provider applications.

The Provider Review Committee assists in making the following determinations regarding potential providers: 1) determine that DDS has verified that prospective providers meet required licensing and/or certification standards and adhere to other jurisdiction standards; 2) assure adherence to waiver and District requirements; 3) identify providers who do not meet the requirements and 4) verify that decisions for approval are in accordance with District, federal and jurisdictional requirements.

The Committee adheres to these standards and requirements during the face-to-face meeting phase.

The Committee Chair is responsible for coordinating and scheduling all activities that are to take place before, during, and after the team meeting. This includes all interviews, supplemental materials need along with logistics, face-to-face interview, and written tests.

Step 6:   The Review (face-to-face meetings & written test)

Each committee member is responsible for reading and evaluating each application prior to the meeting. During these meetings, each team member will drill down to validate that prospective provider satisfies the requirements described in the Certification Criteria

Each panel member will be in attendance for the face-to-face meeting with the provider applicant and his/her executive team. 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. At the conclusion of the face-to-face meeting, a written timed test is given to the provider applicant team, and the test is scored at the end of the timed period.

The panel reconvenes after the scoring of the test to make a decision to approve or deny an applicant

Step 7: Recommendation / Decision

At the end of the review, the panel's recommendations are forwarded to the Provider Resource Management Manager and the Operations Division Director for their review. A final submission recommendation for approval/denial is forwarded to the Department of Health Care Finance (DHCF) which is the agency that enrolls a new District Medicaid Waiver provider. After a provider has been approved and enrolled as a Medicaid Waiver provider in the District, they will be invited to a New Provider Orientation before a provider can begin to provide services.

EXPECTED OUTCOMES:

- This new process ensures that prospective providers are:
- ✓ afforded the opportunity to understand what's involved in becoming a DC Medicaid Waiver provider,
- ✓ informed about DDS/DDA's expectation of its service providers,
- ✓ have the opportunity to ask pertinent questions prior to completing and submitting a Waiver provider application, given their informed choice on becoming a DC Medicaid Waiver provider
- ✓ Identify qualified providers that are ready to begin serving individuals with Intellectual / developmental disabilities.