

DEVELOPMENTAL DISABILITIES ADMINISTRATION PROVIDER APPLICATION

INSTRUCTIONS

1. The purpose of this application is for community agencies applying for a license to become a new Developmental Disabilities Administration (DDA) licensed provider or Residential Child Care Facility and to renew an existing license. Administrative requirements for licenses are outlined in COMAR 10.22.02 and COMAR 14.31 for Residential Child Care Facilities which are referenced in this application along with required additional components noted within these instructions.
2. Applicants shall submit a complete application with the following attachments:
 - a) Articles of Incorporation
 - b) Table of Organization
 - c) A Program Service Plan (PSP) - for each service the agency plans to provide (COMAR 10.22.02.09 (A-E)).
 - d) Written by-laws - defining the governing body's legal responsibilities (COMAR 10.22.02.08).
 - e) Quality Assurance Plan (COMAR 10.22.02.14A - E or 14.31.06.19).
 - f) Policies and procedures - developed and written in compliance with COMAR 10.22.02.10A - C and 10.22.02.11E(1) - (2) and adopted by the governing body.
 - g) Documentation of criminal background check arrangement
 - h) Fiscal Solvency – including:
 - (1) Business Plan(10.22.02.02A(4)) that includes at least one year of expected costs; and
 - (2) Written documentation that the organization is solvent and has access to the financial resources to operate the program for at least six months based on the annual budget submitted with the business plan.
 - i) Licensing Reports - Provide copies of prior licensing reports issued within the previous 10 years from any in-state or out-of-state entities associated with the applicant including deficiency and compliance reports, on which the State may make reasoned decisions about the applicant's qualifications.
 - j) If applying for a Residential Child Care Facility license, see additional requirements in related section below.
 - k) If applying for a renewal license, see requirements in "Renewal" section below.
3. Licensed providers are held accountable to COMAR regulations associated for the services they are licensed to provide. Provider qualification must be initially and continually met for payments.
4. Licensure is required for all sites serving individuals with development disabilities in Maryland, regardless of the funding source(s).
5. The licensee may not serve individuals in a site prior to the Office of Health Care Quality (OHCQ) inspection and approval.
6. A licensee shall not open, close, or relocate any site without approval of OHCQ as per COMAR 10.22.02.05A. The licensee shall request approval from OHCQ and submit required documentation at least 30 days prior to the date the licensee intends to make a change.
7. Licensee shall notify OHCQ and DDA of:
 - a) All administrative office moves;
 - b) Filing of bankruptcy or liens against the agency,
 - c) Legal actions resulting from the bankruptcy filing or lien activity, and
 - d) Legal action filed against the licensee, and the outcome of any such legal action.
8. Prior to submitting the application, applicants need to ensure it includes all required information and related documentation as incomplete applications will be returned.

REQUIRED APPLICATION SECTIONS

For an initial application complete only sections 1, 2, 3, 4, 7, 8, 9* (or 10*), 11, and 12.

For a renewal application complete the entire application*.

* For Board of Directors Assessment & Staff Training, complete only the appropriate Adult or Child Program form.

See additional information noted below for each section.

INSTRUCTIONS FOR COMPLETION

GENERAL INFORMATION

Applicants shall check the associated type of service or program for which they are seeking a license and agency specific contact information.

INITIAL LICENSE

1. To obtain an initial license, a complete application form must be submitted to OHCQ with all related documentation listed below.
2. The application must be postmarked no later than 90 days after attendance at an applicant interest meeting.
3. Once licensed, an initial survey will be conducted prior to providing services to a recipient.
4. Licensee shall notify the OHCQ and DDA before the licensee begins providing services to an individual in a site.

RENEWAL LICENSE

1. Applications for renewal of a license to provide services and supports to individuals with developmental disabilities are due to OHCQ 90 days prior to the expiration date printed on the current license.
2. A complete application form must be submitted to OHCQ with all related renewal documentation listed below.

NEW SITES & ADMINISTRATIVE OFFICE CHANGES

1. Providers are licensed based on administrative office, day program, and residential home location.
2. A licensee shall notify the OHCQ DD unit licensing specialist and DDA in writing of all administrative office moves no less than 30 days prior to the date of the move.
3. Current licensees interested in adding new sites must submit an "*Addendum Application for a Current Licensee*" form to the OHCQ licensing specialist, for each new site, at least 30 days prior to the date before moving any individuals into a site.
4. Licensee shall contact the OHCQ DD unit licensing specialist to determine if a fire inspection is required.
5. The OHCQ DD unit licensing specialist may be reached at (410) 402-8048.
6. A minimum of 30 days notification is required for sites to be seen as per COMAR 10.22.02.05A,
7. The licensee may not serve individuals in a new site prior to OHCQ inspection and approval.

RESIDENTIAL CHILD CARE FACILITY

In addition to the DDA license, a licensee may not provide services (accept placements) without a valid contract from the Department of Juvenile Services (DJS), Department of Human Resources (DHR), or the DDA.

OWNERSHIP

Enter information related to the type of business organization. As per COMAR 10.22.02 A. (1), except for local health departments, agencies must be properly organized as a Maryland corporation.

BACKGROUND

1. Indicate whether the questions apply by checking "Yes" or "No".
2. Provider an explanation and any additional information for all "yes" responses in an attachment including as applicable: name of agency, contact person, address (including number, street, city, state, and zip code), email address, phone number, fax number, dates and length of time services were provided, types of services provided, locations, State agency that licensees or regulates this activity, contact people, and any additional details.

WORKERS' COMPENSATION & UNEMPLOYMENT INSURANCE

Indicate information related to Workers' Compensation and Unemployment Insurance. If you answer "No", additional documentation from the Workers' Compensation Commission must accompany this application.

QUALITY ASSURANCE (QA) PLAN

1. As per COMAR 10.22.02.14, applicants must submit an initial and annual Quality Plan with their application for licensure and renewal.
2. A system of internal quality assurance must be implemented to include performance measures evidence including discovery, remediation, reporting, and system improvement strategies.
3. A standardize quality plan template and standardized performance measures are required for all licensee in addition to provider specific measures.
4. Complete the attached template which notes the required performance measures and provider specific measures.

LICENSED SITE LOCATIONS

1. As applicable, indicate the number of licensed site locations associated with this application.
2. Attach a completed copy of the form titled "List of Licensed Site Locations," available on the OHCO website at <http://dhmh.maryland.gov/ohco>

EQUAL OPPORTUNITY (VOLUNTARY)

To further its commitment to equal opportunity, the State of Maryland request applicants provide the following information to be used for statistical purposes by authorized personnel only.

BOARD OF DIRECTORS MEMBER INFORMATION

As per COMAR 10.22.02.08, a governing board is required and include diverse representation of members. Complete contact information, position, term information, voting status and membership type for each board member.

BOARD OF DIRECTORS REPRESENTATION (Developmental Disabilities Program)

1. Indicate the name of the board member that represents a person with a developmental disability, a family member of an individual with a developmental disability, and an individual with experience in the field of developmental disabilities.
2. Indicate whether the questions apply by checking "Yes" or "No" and provide additional information as requested.

BOARD OF DIRECTORS REPRESENTATION (Residential Children Care Facilities)

1. Indicate the name of the board member that represents interest in or knowledge of children and families, demonstrated experience and knowledge in the human service field, account, business, or financial management, resident of Maryland.
2. Indicate whether the questions apply by checking "Yes" or "No" and provide the board member's name

BOARD OF DIRECTORS SIGNATURES

Indicate whether the questions apply by checking "Yes" or "No" and provide the additional information as requested.

STAFF CRIMINAL HISTORY

1. *The applicant/licensee may not employ or contract with any individual who has a criminal history which would indicate behaviors potentially harmful to individuals.*
2. Criminal History Record Checks (CHRC) or Criminal Background Checks (CBC) are required for all staff.
3. Complete information or provide documentation of application to a company that completes criminal background checks or documentation of registration with the Criminal Justice Information System (CJIS) for CHRCs or CBCs pursuant to Health-General Article, §19-901 et seq., Family Law §5-560 et seq, if serving a minor, Annotated Code of Maryland, and COMAR 12.15.03.
4. Federal and State List of Excluded Individuals and Entities (LEIE) -The applicant/licensee may not employ or contract with any employees and contractors who are excluded from participation in any federal health care program. The Federal List of Excluded Individuals and Entities (LEIE) can be viewed at http://oig.hhs.gov/fraud/exclusions/exclusions_list.asp. The State List of Excluded Medicaid Providers can be viewed at <http://dhmh.maryland.gov/oig/SitePages/related-links.aspx>. Scroll down to "State" and click first link.
5. Applicant must certify the information.

STAFF TRAINING – ADULT (Reference: COMAR 10.22.02.11C and D) and CHILD (Reference: COMAR14.31.06.05F(3))

1. As per COMAR, licensee must develop, implement, and document staff DDA required and personal specific training before being assigned independent duties.
2. Funding for services rendered by staff that do not meet required qualification and training may be recouped based on State and federal audits.
3. List all staff and indicate date of successful training completion for the general training topics.
4. Applicant must certify the information.

POLICIES AND PROCEDURES

1. As per COMAR 10.22.02.10, a licensee shall develop and adopt written policies and procedures by the governing body. Minimally required policies and procedures shall be submitted with the application and include:

Required for All Applicants		
10.22.02.10A(1)-(19)	10.22.02.10B	10.22.02.10C
10.22.02.11A	10.22.02.11B	10.22.02.11C(1)-(3)
10.22.02.11D(1)-(8)	10.22.02.11E(1)-(2)	10.22.02.13D
As Relevant to the Services the Applicant Is Applying		
10.22.04	10.22.05	10.22.10

2. The application list required policies. Indicate whether the applicant's attached policies and procedures include a specific policy referenced by checking the "yes", "no", or "N/A" box.
3. For renewal license, indicate whether the policy was modified since the last OHCO survey by checking the box.

AFFIDAVIT

The affidavit is a certification that the information provided on the form and supporting documentation are true and correction.

RESIDENTIAL CHILD CARE FACILITY INITIAL APPLICATION (ADDITIONAL REQUIRED DOCUMENTATION)

If applying for a Residential Child Care Facility license, the following additional information is required with the application:

1. Referral from the Governor's Office for Children.
2. Copies of the Program Administrator's required degrees, licenses, resume, and letter of appointment by the Board as per COMAR 14.31.06.06(A)(2).
3. Description of facility, including diagram COMAR 14.31.06.07.
4. Menu plan and Nutritional Consultant's report. (COMAR 14.31.06.10.B.(2) & (9) (b))
5. Letters of support/documentation of need.
6. Program service plan, including:
 - A. Philosophy of provision of services;
 - B. Capacity of facility;
 - C. Sex and age range of clients;
 - D. Admission criteria;
 - E. Client rights and grievance procedures;
 - F. Individual service plans;
 - G. Treatment modalities;
 - H. Family involvement;
 - I. Daily routines;
 - J. Life needs;
 - K. Religious activities;
 - L. Allowances/money;
 - M. Clothing/personal belongings;
 - N. Personal hygiene standards;
 - O. Sleep;
 - P. Education;
 - Q. Life skills training;
 - R. Work experience;
 - S. Somatic health care;
 - T. Child abuse and neglect;
 - U. Discipline;
 - V. Absent Without Leave (AWOL)
 - W. Discharge.
7. Written policies and procedures as per COMAR reference noted in parenthesis, including:
 - A. Organization and administration (14.31.05.04);
 - B. Governance (14.31.06.04);
 - J. Health care (14.31.06.13);
 - K. Child abuse and neglect (14.31.06.14);

-
- | | |
|--|--|
| C. Personnel administration (14.31.06.05); | L. Behavioral Interventions, Strategies, and Supports (14.31.06.15); |
| D. Employee duties and qualifications (14.31.06.06); | M. Absence without leave (14.31.06.16); |
| E. Emergency and General Safety, (14.31.06.08); | N. Admission, individual service plan, behavior plan, discharge (14.31.06.17); |
| F. General program requirements (14.31.06.09); | O. Reports and records (14.31.06.18); and |
| G. Basic life needs (14.31.06.10); | P. Additional as required for licensure of specialized programs (14.31.07). |
| H. Children's rights (14.31.06.11); | |
| I. Children's services (14.31.06.12); | |

8. Physical plant inspection, including:
- A. Report of Public Health Authority COMAR 14.31.06.07(A)(4)(a); and
 - B. Report of Public Fire Authority COMAR 14.31.06.07(A)(4)(a).

LICENSING RENEWAL REQUIREMENTS

The following information is required with the renewal license application:

1. Articles of Incorporation (only required if substantive changes have occurred since the last submission, *please highlight any changes made*).
2. Table of Organization.
3. A Program Service Plan (PSP) for each service the agency plans to provide (COMAR 10.22.02.09 (A-E)). PSPs are required every 3 years for existing services. (*Please highlight any changes made*)
4. Written by-laws defining the governing body's legal responsibilities (COMAR 10.22.02.08) (only required when substantive changes have occurred since previous submission, *please highlight any changes made*).
5. Non-profit licensees must submit the most recent IRS Form 990. (The 990 Form is completed yearly by all non-profit organizations registered under the Internal Revenue Service Code sections 501(c), 527, and 4947(a)(1) and is considered open to public inspection.) The submission to the Department is considered a prerequisite to continued participation as a licensed program in accordance with Health-General Article §7-903. If your non-profit organization has not filed an IRS Form 990, attach a statement describing the reason the form is not filed.
6. Documentation indicating current insurance coverage in the following areas:
 - A. Fire;
 - B. Casualty;
 - C. Professional Liability;
 - D. General Liability; and
 - E. Director's and Officer Liability.
7. Financial Operation.
 - A. Documentation of compliance with the legal requirements for unemployment compensation and workers' compensation.
 - B. Notification to OHCQ and DDA of any filing of bankruptcy or liens against the agency, and keep the licensing agency informed of any legal actions resulting from the bankruptcy filing or lien activity
 - C. Notification to OHCQ and DDA of any legal action filed against the licensee, and the outcome of any such legal action.
8. Licensed Site Locations. Submit information for each licensed site and for CSLA and F/ISS service provision on the form titled "List of Licensed Site Locations," available on the OHCQ website at <http://dhmh.maryland.gov/ohcq>. For CSLA and F/ISS service only complete one section indicating the administrative offices where the services are provided.
 - A. The property owner must be listed for each site. This information can be located on the Maryland Department of Assessments and Taxation Real Property database. <http://www.dat.state.md.us/sdatweb/real.html>
 - B. For sites that also provide respite, please check "other" and indicate the number of respite beds available.
 - C. No changes to current licensed sites should be made on this form. Changes must be submitted via an Addendum Application.
9. Staff Criminal History.
10. Staff Training. Complete this section of the application. All staff and care providers must be provided the opportunity to receive required trainings, as mandated by COMAR 10.22.02.11C and D and 14.31.06.05F, as applicable.

-
11. Policies and Procedures. Complete this section of the application.
 12. If applicable, attach a copy of the most recent Fire Marshall, County Inspection Agency, and/or Health Department evaluation/monitoring of each licensed site.
 13. If completing the **voluntary** Equal Opportunity section **and** the agency is certified through MDOT as a MBE or DBE, provide a copy of the MDOT certification.
 14. If applying for a Residential Child Care Facility license, provide copies of the Program Administrator's required license and letter of appointment by the Board COMAR 14.31.06.06(A)(2).
-

HELPFUL WEBSITES

CODE OF MARYLAND REGULATIONS (COMAR) –

- COMAR 10.22 - DEVELOPMENTAL DISABILITIES
- COMAR 14.31 - RESIDENTIAL CHILD CARE

To obtain a copy of the regulations:

- A. Visit the Division of State Documents website at www.dsd.state.md.us;
- B. Call the Division of State Documents at 410-974-2486 x3876 or 800-633-9657 x3876; or

Visit your library (click this link to find the closest location: www.dsd.state.md.us/Depositories.aspx)

The following websites contain helpful information about starting and maintaining a business.

Small Business Development Center	www.bsos.umd.edu/sbdc
Maryland Department of Business and Economic Development, Small Business License Information System	www.blis.state.md.us/main.asp
Maryland Department of Transportation, Minority Business Enterprise/Disadvantaged Business Enterprise	www.marylandtransportation.com
State Department of Assessments and Taxation	www.dat.state.md.us/sdatweb/checklist.html
Office of the Secretary of State, How to Start a Non-Profit Organization in Maryland	www.sos.state.md.us
Internal Revenue Service, Employer Identification Number - How to Apply	www.irs.ustreas.gov
U.S. Small Business Administration	www.sba.gov
The Workers' Compensation Commission	www.wcc.state.md.us

QUESTIONS

Please contact 410-402-8048 for questions related to the initial application.

Please contact 410-402-8050 for questions related to the renewal application.

SEND COMPLETED APPLICATION(S) TO:

OHCQ, Developmental Disabilities Unit
 Attn: Licensure Coordinator
 Bland Bryant Building
 Spring Grove Hospital Center
 55 Wade Avenue
 Catonsville, MD 21228

Please e-mail renewal applications and scanned attachments to dd.licensure@maryland.gov
