

Authorized Provider System (APS)
“Good Standing” Criteria

Prior to Service Delivery

1. Authorization award by the APS Review Committee involves:

Submission and approval of a properly completed Application for *Authorization* of Day and Residential Service Provider, to include an accompanying Delaware Business License, or documented evidence of IRS non-profit status for a prospective provider applying as a 501 (c) (3), and a Business Plan for new (i.e., non-established agencies). Please see “Authorized Provider System Business Plan Outline Minimum Required Elements” in this section of the DDDS web site. Additional documents may be required for contractual purposes.

2. Letter of Interest submitted to APS Review Committee for current fiscal year services.
3. Fully approved contract and receipt of a signed Purchase Order. A copy of certificate of insurance is required upon issuance of a contract.
4. Completion of staff hired and screening checks pursuant to DHSS Policy.
5. Training of staff pursuant to Division of Developmental Disabilities Services’ (DDDS) requirements, including one or more administrative staff having completed and been approved in a course in conducting abuse investigations (this stipulation can be waived by the APS Review Committee).
6. Acquisition of a physical location.
7. Acquisition of a relevant LTC Facility License (Neighborhood Homes only).
8. Establishment of internet service and email capability.
9. Approval of Medicaid Authorized Provider status.

After Service Delivery Begins

1. Maintain compliance with contractual standards
2. Maintain compliance with DHSS/DDDS policies and procedures
3. Meet minimum expectation on all objectives contained in the contractual performance indicators as follows:

Residential and Day Services Authorized Providers

1. Adherence to applicable state and federal standards is required for each program, which include but are not limited to Neighborhood Home Regulations, Community Living Standards, HCB Waiver Day Habilitation Program Standards, as well as licensing regulations.
2. Authorized Providers will establish an incident tracking system and submit to the DDDS Director Office of Quality Management (OQM) a quarterly summary report of all incidents that occur with regard to individuals being supported by them.
3. Authorized Providers will develop internal performance measures for themselves and implement an accompanying Quality Assurance and Improvement (QA/I) system to measure their efforts at meeting these objectives. A summary of the results of this monitoring and, when indicated, accompanying plans for performance measure improvement are submitted by the Authorized Provider to the DDDS OQM Department on a semi-annual basis. The Authorized Provider will make available, upon request, copies of their internal surveys to the DDDS.
4. Compliance is maintained with reporting and completing investigations relative to the DHSS Policy Memorandum #46 and divisional procedures.
5. Pre-employment screening activities are initiated prior to hiring staff.
6. Staff must meet DDDS staff training requirements.
7. The Authorized Provider will submit, when required, timely and fully complete reports with regards to their actions in
 - a) correcting OQM survey deficiencies and
 - b) implementing recommendations for improvement that result from either internal or external investigations.
8. The Authorized Provider will submit the following documents to the DDDS Office of Budget, Contracts, and Business Services:

- Monthly invoices
- Monthly attendance records (by the 10th of each month)
- Liability insurance certificate, Authorized Provider independent financial audit,
- Business License (if applicable), and 4th quarter Final Cost Report (annually)
- Subcontract authorization (as needed)

Day Services (only)

9. People served by the Authorized Provider demonstrate their satisfaction with the services they receive and are treated fairly and with respect.
10. The Authorized Provider will submit the following documents to the DDDS Office of Budget, Contracts, and Business Services:

Cost Reports and staff turnover data (semi-annually)

Residential (only)

11. A comprehensive individual plan of service, Essential Lifestyle Plan (ELP), is developed and updated at least annually.
12. The ELP is developed with input from the individual served and all relevant stakeholders.
13. Each person's ELP fully and accurately reflects and promotes those things important to the individual (e.g., choice, independence, satisfaction, etc.), is modified as necessary, and is carried out on a consistent basis.
14. The Authorized Provider will support and promote individuals' achievement of personal goals and desired outcomes.
15. People served by the Authorized Provider express satisfaction with the services they receive, and are treated fairly and with respect.
16. The Authorized Provider will submit the following documents to the DDDS Office of Budget, Contracts, and Business Services:

- Pay stubs and bank statements (monthly)

- Cost reports, staff turnover data, and furniture and equipment expenditures over \$50.00 (quarterly)
- Leases, inventory, and independent audit of client funds (annually)
- Property Disposal Request and Lease Renewal Form (as needed)