SLIDE #1

The state has an obligation to ensure that enough highly qualified providers exist within the Medicaid network to serve Delaware families. The waiver’s design must specify the qualifications of waiver providers to ensure the health and welfare of waiver participants and must verify that providers continuously meet these qualifications.

SLIDE #2

CMS gives states the latitude in establishing qualifications to ensure that providers possess the requisite skills and competencies to meet the needs of the waiver target population.

Medicaid beneficiaries must be allowed to obtain services from any willing and qualified provider of a service. A willing provider is a provider who agrees to accept a state’s payment as payment in full for rendering a service and to abide by all other Medicaid provider requirements, including executing a provider agreement. A qualified waiver provider means an individual or entity that meets the qualifications specified by the state in Appendix C that the provider renders.

Providers must execute a contract with DDDS and enroll as a Medicaid provider with DMMA.

SLIDE #3

Agencies wishing to provide services under the Lifespan Waiver and/or the Pathways to Employment State Plan Amendment must apply to DDDS. DDDS has 2 types of applications: the application to provide DDDS HCBS Services and an application to provide Non-recurring HCBS Services. Each application packet consists of 3 documents:

1. Application to provide DDDS HCBS Services
2. Table of Contents
3. Application narrative

The Provider Qualification Instructions describes in detail the requirements for each document. DDDS only reviews complete application packets. We will return incomplete applications.

SLIDE #4

Once you have submitted your application, the DDDS Provider Authorization Committee will review it. The Office of Business Support Services (OBSS) reviews and scores Section C (Business Practices) of each application. If this section meets the requirements, the rest of the committee will review and score the full application.

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 15/15
3. Business Practices 15/15
4. Service Description 30/30
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 of the date of the denial letter.

SLIDE #5

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.