The Department of Developmental Services (DDS) will implement an expedited provider qualification process during the COVID-19 pandemic. DDS will continue to re-evaluate this process to determine its appropriateness and effectiveness.

A. Providers who are applying to become qualified during the COVID-19 pandemic will have the opportunity to undergo an expedited qualification process if they are willing to provide immediate staffing relief to DDS individuals and other DDS qualified providers. Provider applicants will be asked if they are willing and able to provide immediate staffing relief to current providers and individuals during the COVID-19 pandemic. If a provider applicant confirms in writing that they will provide staffing relief, they will be allowed to participate in the expedited qualification process listed below. If not, the provider applicant will be notified that their application review may be delayed due to the COVID-19 pandemic.

B. Temporary DDS Qualification Process During the COVID-19 Pandemic:
1. Provider submits application to become qualified during the COVID-19 pandemic or has a pending application currently being reviewed by DDS.
2. Deb Lynch emails the provider applicant to notify them of the temporary DDS qualification process, the requirements of the process, and to ask them to respond in writing whether they would like to participate.
   a. If no, provider is notified that the DDS qualification review for their agency will take an extended amount of time due to the pandemic.
   b. If yes, provider will follow the rest of the process outlined below.
3. Provider applicant willing to provide individual and staff support is notified of the following:
   a. DDS is allowing their agency to participate in the expedited qualification process.
   b. Provider applicant must contact their Prime Region Assistant Regional Director (ARD) and Resource Administrator (RA) via email within 24 hours of receiving the temporary qualification approval. Provider applicant will let the region know that they have been temporarily qualified, how many staff they have available to work, and the geographical locations they provide staff. The region will coordinate and prioritize the DDS providers who need staff relief.
   c. A criminal background check for the Principal of Entity, CT Administrator, and/or Managing Partners is required. The provider has the option of submitting data from the CT Judicial Website or from a third-party vendor at the choice of the provider. Provider applicants without current offices in CT may use a third-party vendor of their choice.
   d. Policy submission timeline requirement will be relaxed to allow provider applicants to submit policy documents for DDS review. Provider applicants will have 30 days from the date they are qualified to submit policy documents. If the provider applicant anticipates extraordinary circumstances that would prevent them from submitting policy documents, the Executive Director must request an extension from Deb Lynch in writing. Providers who do not submit policy documents by the submission due date may have their temporary qualification terminated.
e. The in-person interview process will be waived and replaced with an electronic questionnaire. Deb Lynch will email the provider a copy of the questionnaire. The provider will submit the questionnaire to DDS.ProviderApplications@ct.gov within 24 hours of receipt.

f. The provider applicant will submit the following documents to DDS prior to being approved to participate in the expedited qualification process:
   i. Agency Certification form
   ii. Signed Assurance Agreement
   iii. Provider Agreement
   iv. False Claim Act Acknowledgement of Receipt
   v. Confidentiality and HIPAA Assurance Agreement
   vi. A description of the agency/organization experience and qualifications
   vii. Table of Organization
   viii. Certificate of insurance

g. The provider applicant will submit the following documents within 30 days of being approved as a temporary qualified provider:
   i. Incorporation papers
   ii. Mission Statement
   iii. Board composition or Advisory Board
   iv. Letters of Reference (3 for the organization AND 3 for Principal of entity AND 3 for Connecticut Administrator, if applicable)
   v. Advisory Group
   vi. Financial audit or evidence of credit to demonstrate financial stability
   vii. Strategic Plan or Business Plan

4. Attending the required Provider Orientation will be waived until the pandemic allows for Provider Orientation to be reinstated. Once Provider Orientations are reinstated, the provider must attend the next scheduled Orientation.

5. Temporary Qualified providers will be posted to the DDS Provider Profile page

6. DDS Operations Center will track the provider applicants who have been approved to participate

7. DDS will continue to evaluate whether this temporary process is appropriate.

C. GUIDANCE: Current DDS Providers Subcontracting with Expedited Qualification Providers:

Per Operations Center Memo, Operations Center Memo 2018-07:

Nursing supports and other types of subcontracting are allowed. Providers must operate based on the requirements of the Qualified Provider Assurance Agreement. As written in the HCBS Waiver Manual, the provider must:

“Assure it will not subcontract ongoing direct services unless approved by the DDS Operations Center. The subcontracting of nursing supports (where nursing supports are allowed under the waiver), clinical supports, and occasional, time limited, direct staff supports are allowable provided that the vendor maintains primary responsibility for the oversight of all supports and
services. The provider assures the subcontractors meet all DDS required qualifications and training for the service(s) provided.”

Per Part 2, Section C. 9 od the DDS POS Contract as outlined in,

“The use of [Sub] Contractor Parties shall not relieve the Contractor of any responsibility or liability under this Contract.”