

LICENSING REVIEW

HANDBOOK

FOR PROGRAMS AND SERVICES

FOR PERSONS WITH

DEVELOPMENTAL DISABILITIES

DEVELOPMENTAL DISABILITIES

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

March 2017

TABLE OF CONTENTS

	Page
Introduction	3
Procedures	
Initial Licensure	4
Renewal Licensure	5
Change in Licensure.....	6-7
Site Survey	8
Plan of Correction.....	8
License Issuance.....	8-9
Forms	
Explanations	10-13
Submission of Forms.....	14

INTRODUCTION

This Licensing Review Handbook describes the policies and procedures by which the North Dakota Department of Human Services, Developmental Disabilities (DD) Division, licenses programs and services for persons with developmental disabilities, under the statutory authority of Chapter 25-16 of the North Dakota Century Code ([North Dakota Legislative Branch: Information Center: States Laws](#)) and the regulatory authority of Chapter 75-04-01 of the North Dakota Administrative Code ([State Administrative Rules](#)).

The intent of licensing review is to ensure the existence of those structural standards necessary for provision of quality services to individuals with developmental disabilities. These requirements apply to all entities offering or providing basic services as identified in NDAC 75-04-01-17.

This handbook is designed to assist service provider agencies in understanding and following licensure procedures. Should additional information be needed, contact the Day and Residential Services Administrator, Developmental Disabilities, located at 1237 W Divide Ave, Suite 1A, Bismarck, ND 58501-1208.

Note: All forms pertaining to initial licensing or renewals can be accessed at:
<http://www.state.nd.us/eforms/>

PROCEDURES

Initial Licensure

The following procedures pertain to the initial licensing of all community service providers:

1. Obtain a License Application Request form (either by contacting the DD Division or on the website) and complete the form returning it to the DD Division before ninety (90) days from intended start of service.
2. Upon receipt of the License Application Request, a licensure packet with appropriate forms will be forwarded to the applicant. This licensure packet must be completed and returned within sixty-days (60) from intended start of service.
3. Once the licensure packet is returned, it will be reviewed and a determination of compliance will be made. During this review period, arrangements for a site survey may be made. A plan of correction may be required for submission within ten-days (10) of notice, should deficiencies be found during the site survey.
4. Upon tentative approval of a license certificate the provider will be contacted notifying the provider that they must enroll in the Health Enterprise Medicaid Management Information System (HE MMIS) and complete a DD Purchase of Service Agreement with appropriate addendums.
5. Upon approval of a plan of correction or upon determination of full compliance with regulations, a license certificate will be issued.

Renewal Licensure

1. 120 days prior to licensure expiration, a notice will be sent to the service provider containing a reminder of upcoming licensure expiration date(s) and the necessary requirements for relicensure.
2. Prior to sixty-days (60) before licensure expiration, the service provider must submit all necessary requirements contained in the expiration notice.
3. Once all submissions are received, a determination of compliance will be made. Based on this review, a site survey and subsequent plan of correction may also be necessary.
4. Upon determination of full compliance with regulations or upon approval of a plan of correction, a license certificate will be issued.
5. Every five years, each provider will need to re-verify their information in HE MMIS. The DD Division will notify the DD provider of this requirement and the steps necessary.

Change in Licensure

Circumstances warranting a change in licensure will be either of a planned or an emergency nature. Simple changes (such as a request for an increase in licensed capacity*) will result in the issuance of a revised certificate, more complex changes may result in the issuance of a special provisional license. The following procedures apply to planned, emergency, or termination situations.

Planned

1. Licensee submits license application for service(s) affected with details of change, at least ninety-days (90) prior to the change(s) taking place.
2. Upon review and approval by the DD Division and the Regional Developmental Disabilities Program Administrator, a license certificate will be issued prior to the change.

Emergency

1. Licensee contacts DD Division to request verbal approval. The DD Division will document the verbal application and, if appropriate grant approval. The licensee then forwards the hard copy application.
2. Upon receipt and review of license application and approval of the Regional Developmental Disabilities Program Administrator, the DD Division will issue a license certificate to accommodate the emergency.

Termination of Services

1. Licensee submits license termination request for service(s) affected with details of discontinuance, at least thirty-days (30) prior to the termination of service(s).
2. Upon receipt and review of license termination request, and approval of the Regional Developmental Disabilities Program Administrator, formal acknowledgment of license discontinuance will be issued to the licensee. See also N.D.A.C. 75-04-01-10.

*However, as the license certificate shows maximum capacity, it is unnecessary to request a change in licensure should client/resident census fall below that capacity shown.

Site Survey

During the period of review of the licensure application submissions, a site survey may need to be scheduled. This inspection will be scheduled for the mutual convenience of the provider and DD Division, unless the effectiveness of the inspection would be substantially diminished by prearrangement. Upon completion of the inspection, an exit interview will be conducted with the provider. A written account of the inspection will also be prepared.

Plan of Correction

During licensure application review, deficiencies may be found which warrant the concentrated efforts of the service provider for correction and compliance. Upon finding that the applicant is not in compliance of the rules, the applicant will be notified, in writing, of the expected corrective actions. This is to be done on the Plan of Correction form provided and details the element of non-compliance, a description of the corrective action taken, and the date certain of compliance. This Plan of Correction must be submitted within ten (10) days of issuance of the written notice, and may be accepted, modified, or rejected by the DD Division. If approved, a provisional license will be issued and arrangements made to monitor the Plan of Correction.

License Issuance

Upon completion of the review of licensure application, a determination to issue a license certificate is made. The following types of licenses are issued pursuant to the license application review:

License - unrestricted, is issued to an applicant, which complies with the rules and regulations and has received accreditation from the Council on Quality and Leadership.

Provisional License - issued to an applicant subject to an approved Plan of Correction. For applicants seeking initial licensure, the Plan of Correction must cover activities toward achieving accreditation.

Special Provisional License - issued to a current licensee subject to either planned or emergency changes in service (s). Is issued concurrent to existing license(s) to continue authorization of service (see NDAC 75-04-01-10).

The above licenses are all issued for periods of one year or less, are non-transferable, and are valid only for those services shown on the license certificate. The licensee shall place any such license issued in an area accessible to the public where it may readily be seen. License certificates for residential services, however, need not be displayed, but must be available to the public or the Department upon request.

FORMS

Explanations

The following is a brief explanation of each of the forms used in the licensing review process. In general, these guidelines apply to all of the forms utilized:

- All requests for single signature/title dates refer to the individual completing the form, generally the agency's chief executive officer.
- Additional sheets may be attached to provide additional information.
- Photocopies of forms may be made, as necessary.
- All completed forms should be forwarded to:

Day & Residential Services Administrator
ND Dept of Human Services
Developmental Disabilities Division
1237 W Divide Ave Ste 1A
Bismarck, ND 58501-1208

Page 15 may be referred to for submission requirements of each form.

Criminal Offense Conviction Statement (SFN 235 rev. 07-2000)

A two-part form, which certifies that either no staff or board member has been convicted of an offense or lists those, that has a conviction record. Applicant completes only the appropriate section.

<http://www.state.nd.us/eforms/>

Financial Disclosure Statement (SFN 236 rev. 07-2000)

A two-part form, which certifies the board member, does not have any financial relationship with the agency or delineates that relationship. Each board member must complete only that appropriate section when they begin their term

on the board, or as changes develop (does not have to be submitted annually).

<http://www.state.nd.us/eforms/>

Fire Inspection Certification (SFN 223 rev. 7-2000)

Completed by the appropriate fire authority following the required National Fire Protection Association Life Safety Code chapter (as specified in NDAC 75-04-01-23). If deficiencies are cited, confirmation of completion and date of corrections must be shown by the agency Chief Executive Officer (under agency confirmation column).

<http://www.state.nd.us/eforms/>

Governance Statement (SFN 1549 (07-2000)

Lists the presiding official and other governing board officers/directors. Term dates refer to dates, which that individual has agreed to serve. Consumer or consumer representative refers to their relationship to clientele served (either is developmentally disabled or is related to the third degree of kinship to someone with developmental disabilities). May be used to report Advisory Board members, if applicable.

<http://www.state.nd.us/eforms/>

Insurance Coverage Statement (SFN 234 rev. 07-2000)

Requests all information pertinent to the agency's operation (as specified in NDAC 75-04-01-38).

<http://www.state.nd.us/eforms/>

License Application (Day/Residential) (SFN 1546 and 1547 rev. 11-2016)

Must be submitted for all licensing conditions (check appropriate use: initial, renewal, or change). Signatures required are either governing board head or chief executive officer for the agency. Accreditation/certification refers to The Council or HCFA (for Title XIX). Client numbers are requested for each site whether day or residential. The Regional Developmental Disabilities Program

Administrator must approve applications for changes in licensure status. Single form may be used to list multiple day and/or residential services, licensure requests.

<http://www.state.nd.us/eforms/>

License Application Checklist (Day/Residential) (SFN 1552 rev 07-2000)

Lists all requirements for licensure and dates, which they have been submitted.

Intended for licensing review use and serves as the guideline for the service provider to determine compliance.

<http://www.state.nd.us/eforms/>

License Termination Request (SFN 1550 rev. 07-2000)

Required for termination of any day or residential service(s). List each service being discontinued with the address of the facility involved and the number of clients in that service, as well as the effective date of termination. Include in the rationale the reasons for which the agency wishes to discontinue the service(s).

Must receive approval of the Regional Developmental Disabilities Program Administrator.

<http://www.state.nd.us/eforms/>

Physical Standards Checklist (SFN 1555 rev. 07-2000)

Delineates those requirements for group homes as mandated in the Implementation Order of March 6, 1984 and is conducted by licensing review during an initial survey.

<http://www.state.nd.us/eforms/>

Plan of Correction (SFN 1556 rev. 07-2000)

To be completed by the service provider within ten (10) days of notice of noncompliance (during review process).

<http://www.state.nd.us/eforms/>

Policies and Procedures Checklist (SFN 1544 rev. 07-2000)

Provides assurance that the agency has approved and is implementing those policies as described in NDAC 75-04-01-20.

<http://www.state.nd.us/eforms/>

Sanitation Inspection Certification (SFN 1545 rev. 07-2000)

Completed by appropriate health/sanitation inspector. The Chief Executive Officer must confirm deficiencies cited and corrected.

<http://www.state.nd.us/eforms/>

Ownership/Controlling Interest and Conviction Information (SFN 1168 rev. 12-2016)

To be completed by the service provider outlining key management positions, i.e. CEO, CFO, COO, Business Managers, etc. If the service provider is a corporation the board of directors section must also be completed.

<http://www.state.nd.us/eforms/>

Medicaid Program Provider Agreement (SFN 615 rev. 1-2015)

To be completed by the service provider prior to rendering any service to Medicaid clients.

<http://www.state.nd.us/eforms/>

SUBMISSION OF FORMS

<u>Licensure Forms</u>	<u>Submitted</u>
Criminal Offense Conviction Statement	* **
Financial Disclosure Statement	* +
Fire Inspection Certification	* **
Governance Statement	* **
Insurance Coverage Statement	* +
License Application (Day, Residential Services)	* ** +
License Application Checklist (Day, Residential Services)	0
License Application Request	*
License Termination Request	+
Physical Standards Checklist	0
Plan of Correction	
Policies and Procedures Checklist	*
Sanitation Inspection Certification	* **
Ownership/Controlling Interest and Conviction Information	* +
Medicaid Program Provider Agreement	* +

- * Initial submission.
- ** Annual submission for license renewal (other forms need only be submitted as updates occur).
- + Submit as changes occur.
- 0 Developmental Disabilities Unit use only.