

HCBS EXPEDITED ENROLLMENT APPLICATION PROCESS FOR “CURRENTLY CONTRACTED” TENNCARE PROVIDERS

The Bureau of TennCare has expedited the TennCare HCBS provider enrollment process **ONLY** for TennCare providers in good standing who already have a signed, currently approved contract with the Bureau of TennCare that choose to participate as a provider in the Statewide HCBS Waiver Program.

The attached checklist provides **ALL** of the required forms and documents that will need to be completed and submitted to the appropriate Area Agency on Aging and Disability (AAAD). Click on the following link to find the AAAD serving your area:
<http://www.tn.gov/comaging/localarea.html>

Providers in good standing that already have a currently approved contract with the Bureau of TennCare will **NOT** be required to complete and resubmit the following Bureau of TennCare Forms which are already on file:

- Provider Participation Agreement;
- TN Department of Finance & Administration #3 Group Application Form;
- Substitute W-9 Form;
- Disclosure of Ownership and Control Interest Statement;
- HIPPA Business Association Agreement; and
- National Provider Identification (NPI) Collection Form (if the service (s) the agency chooses to provide are all listed under the same NPI and taxonomy numbers). If the agency has different NPIs or Taxonomy numbers, it will be necessary to complete and submit the NPI Collection Form.

Please be advised that all NEW TennCare providers (i.e., providers that do not currently have a signed, approved TennCare provider agreement in place) **will** still be required to submit all documents specified in **both the attached checklist and the** lists of items indicated above, along with all applicable licensure requirements to the Bureau of TennCare, and will not be able to use the expedited enrollment process.

REMEMBER, all of the completed forms and documents are to be submitted to the appropriate AAAD, the one that serves your area. PLEASE DO NOT SUBMIT THE FORMS OR DOCUMENTS TO THE BUREAU OF TENNCARE.



HCBS Provider Enrollment Checklist for Currently Contracted Nursing Home Providers



This checklist provides ALL of the required forms and documentation that will need to be completed and submitted to the appropriate [Area Agency on Aging and Disability \(AAAD\)](#).

Enrollment Forms to be Completed by Potential Provider:

REQUIRED FORMS -One (1) Copy of All Forms with Original Signature

- ___ [Express Application - "HCBS Enrollment for Currently Contracted TennCare Providers"](#)
- ___ Signed [Memorandum of Agreement between TCAD and Provider with Attachment A](#)
Attachment A is the Memorandum of Agreement between TCAD and the AAAD.
- ___ Signed [Provider Agreement between TennCare and Provider](#)

OPTIONAL FORMS – One (1) Copy of Form with Original Signature

- ___ [Direct Deposit Application \(Automated Clearing House\)](#) with VOIDED Check

Copies of Documents needed from Potential Provider:

REQUIRED FORMS -One (1) Copy of All Forms

- ___ Documentation verifying financial capacity to operate (IE: line of credit, tax return, etc.)
- ___ Proof of liability insurance (\$500,000)
- ___ Verification of license to do business for Pest Control, Minor Home Modifications, Assistive Technology.
- ___ Membership on the Board of Directors (if applicable)
- ___ Facility License(s) from other Departments (if applicable)

Documents for Review at time of Enrollment:

REQUIRED FORMS -One (1) Copy of All Forms

- ___ [Standards Assessment and Documentation Review](#) (Document will be used for the AAAD Annual Quality Review)
- ___ [Medicaid Waiver Provider Orientation Guide](#) (Initial overview of HCBS Program with the agreement of Provider to complete an agency specific Policy and Procedure Manual before the AAAD Annual Quality Review)
- ___ [Service Delivery Area\(s\) for Statewide HCBS Waiver Providers](#) (Identifies each County the Provider will serve)