	POLICIES AND PROCEDURES State of Tennessee Department of Intellectual and Developmental Disabilities	Policy #: 80.1.2	Page 1 of 9
		Effective Date: January 1, 2016	
		Distribution: B	
Policy Type: Community/Waiver		Supersedes: N/A	
Approved by: Debra K. Payne, Commissioner		Last Review or Revision: November 10, 2015	
Subject: PROVIDER EXPANSION			

I. **AUTHORITY:** Section 1915(c) of the Social Security Act (Medicaid Waivers); Tennessee Code Annotated (TCA) 33-1-302(a), (TCA 33-1-303(3), TCA 33-1-305(2), TCA 4-3-2708, TCA 47-10-107.

II. **PURPOSE:** This policy outlines the application process for any approved provider seeking to expand services under its existing provider agreement to provide state funded and/or waiver services through a Medicaid Home and Community Based Services (HCBS) waiver program administered by the Department of Intellectual and Developmental Disabilities (hereinafter "DIDD" or "Department").

III. **APPLICATION:** This policy applies to any approved DIDD provider submitting an application to expand services under its existing provider agreement to provide state funded and/or waiver services through a Medicaid Home and Community Based Services (HCBS) waiver program.

IV. **DEFINITIONS:**

A. **Approved Provider** or **Approved Waiver Services Provider** shall mean an organization or entity that has completed the process required to become contracted with DIDD for the provision of state-funded services and/or one or more HCBS waiver services.

B. **Data Management Report (DMR)** shall mean an annual summary of a provider agency's demographic data and performance indicators.

C. **Expansion** shall mean the addition to the provider agreement of a region or a service covered in the provider's approved application.

D. **Home and Community Based Services (HCBS) waiver or waiver** shall mean a waiver approved for Tennessee by the Centers for Medicare and Medicaid Services to provide services to a specified number of Medicaid eligible individuals who have an intellectual disability and who meet criteria for Medicaid reimbursement in an Intermediate Care Facility for Individuals with Intellectual Disabilities. The HCBS waivers for people with Intellectual Disabilities in Tennessee are operated by the Department of Intellectual and Developmental Disabilities with oversight from TennCare, the state Medicaid agency.

E. **Provider Agreement** shall mean a signed agreement between DIDD, the Department of Finance and Administration, Division of Health Care Finance and Administration, the Bureau of TennCare and an approved provider that specifies the terms and conditions a provider must meet to receive reimbursement for services provided.

F. **Provider Development Committee** shall mean the DIDD employees appointed to review applications of potential providers of state funded and/or HCBS waiver services and make recommendation for the Commissioner or designee's consideration.

G. **Provider Development Coordinator (PDC)** shall mean an individual in each of the respective DIDD regional offices designated by the Regional Director or designee to coordinate and review provider applications in their respective regions.

H. **Provider Enrollment Coordinator (PEC)** shall mean a DIDD Central Office employee assigned to coordinate the provider enrollment application process.

I. **Region** shall mean one of the three (3) geographic areas of the State of Tennessee known as East, Middle and West.

J. **Regional Quality Management Committee (RQMC)** shall mean a group of DIDD staff who meet on a regular basis to review provider performance issues and determine the need and frequency for agency team follow-up.

K. **Scope of Services** shall mean the package of specific services which the provider seeks to provide.

L. **Targeted Enrollment** shall mean a designated period of time, determined by DIDD, during which DIDD seeks to enroll providers of specific services.

M. **TennCare** shall mean the single state agency responsible for administering the State's Medicaid program.

V. **POLICY:** DIDD shall ensure that all entities seeking to provide HCBS waiver services and/or state funded services meet all state and federal requirements by conducting a review process that approves or disapproves applications to expand services. The purpose of the review is to determine the agency's ability to expand services while maintaining the quality of existing services and ensure the health and safety of persons currently receiving services. As outlined in this policy, DIDD approves expansion of providers who have the required knowledge, financial stability and successful experience servicing individuals with intellectual and developmental disabilities.

VI. **PROCEDURES**

A. General Requirements: The following general guidelines shall be adhered to at all times during the expansion application process.

1. Provider Application for DIDD Waiver Services: Only approved providers may submit an expansion application to add other services.

2. Intensive Behavior Residential Services (IBRS): Approved providers are required to submit a proposal satisfying the IBRS Provider Application Response Requirements with the Long Term Supports Expansion Request in order to add this service to the provider agreement.

3. Tenure: Only providers who have a current provider agreement that was executed at least one year prior may submit an expansion application. In order to ensure an adequate network of service providers the tenure period may be decreased upon the authorization of the Provider Development Committee. The applicant will be notified in writing via email if a shorter tenure period has been authorized.

4. Scope of Services: Applicants can apply to add a single HCBS waiver service or multiple HCBS waiver services. Providers of Support Coordination may expand to other regions, but are prohibited from providing any other HCBS waiver services.

5. Provider Selection: Persons supported with intellectual and or developmental disabilities and their families always have a right to freedom of choice in the selection of providers available for that service. Approval of the expansion application cannot be considered a guarantee of referrals or financial support

6. Confidentiality: With the exception of information that may be redacted to prevent identity theft (e.g., social security numbers, dates of birth) or protect information related to persons supported as required by law, any information provided or obtained for the review of an expansion application and required attachments shall be considered to be a matter of public record. The applicant waives all rights to the privacy and confidentiality of such information.

7. Targeted Enrollment: Any approved provider may submit the first application for expansion during targeted enrollment. If the application is not approved, the provider must wait six (6) months from the date of the notification before submitting another application. In order to ensure an adequate network of service providers the wait period may be decreased

upon the authority of the Provider Development Committee. The applicant shall be notified in writing via email of the status of their application and whether a shorter waiting period has been authorized.

8. Subcontracts: Providers are prohibited from entering into a subcontract for any approved service referenced in and subject to the Provider Agreement without first obtaining the prior written approval of the Department. Notwithstanding the use of approved subcontractors, the provider is responsible for carrying out the duties and delivering the services under the Provider Agreement. Reference Provider Agreement section D.4, as amended. Providers seeking approval for subcontracts should contact the DIDD Office of Contract Services as indicated on the expansion application.

B. General Requirements for Completing Applications

1. The expansion application and all required attachments shall be submitted to DIDD electronically to DIDDProvider.Application@tn.gov.

2. The applicant's e-mail address specified on the application must be valid and able to accept e-mails from DIDD as this is the primary form of communication between DIDD and the applicant. It is the responsibility of the applicant that e-mails from DIDD are accepted by their e-mail system. DIDD shall utilize a read receipt for each e-mail notification to applicants. During the review process, it is incumbent upon the designated contact person to routinely check for e-mails due to the timeliness of information critical to the process. All questions must be answered and the answers must be typed. **Handwritten applications shall be rejected and shall not be processed.**

3. Required attachments, as described in the application, must be included with the completed expansion application. Duplicate attachments are not required. Only one set of required attachments must be submitted regardless of the number of HCBS waiver services to be provided.

4. The certification page of the expansion application must be signed and dated by the Executive Director, Chairperson of the Board, Business Owner(s) or other executive manager who is authorized by the applicant(s) to submit and attest to the truthfulness and accuracy of the information submitted. Electronic signatures are acceptable in accordance with policy 80.4.4 Electronic Records and Signatures.

5. Incomplete expansion applications shall not be processed by DIDD. Applicants shall be notified within five (5) business days of receipt of incomplete applications, by DIDD via email.

6. Applicants shall have five (5) business days upon notification of the need for additional or clarifying information to provide the requested information. If the requested information is not submitted within the specified deadline the application shall be rejected. Applicants that are rejected are required to wait six (6) months before repeating the entire application process.

   In order to ensure an adequate network of service providers the wait period may be decreased upon the authority of the Provider Development Committee. The applicant shall be notified in writing via email of the status of their application and whether a shorter waiting period has been authorized.

C. Application Evaluation Criteria

The Provider Development Coordinator or designee shall review the agency's application. The following factors, included but not limited to, shall be used to evaluate the provider's application, where applicable:

1. Quality Assurance (QA) scores.
2. Data Management Report (DMR).
3. History of Health and Safety issues for person's supported.
4. History of compliance issues resulting in moratorium.
5. History of compliance issues resulting in mandated technical assistance.
6. History of systemic or recurring immediate jeopardy issues.
7. Results of Fiscal Accountability Review.
8. Results of Protection from Harm reviews.
9. History of Complaints from persons supported and/or legal representative.
10. Supervision Plans.
11. Results of monitoring by external agencies, e.g., TennCare, Quality Review Panel.
12. Results of monitoring by DIDD Office of Licensure and Risk Management.
13. Intensive Behavioral Residential Services Program Proposal Requirements.
14. Other information as available.

D. Disqualifiers

Upon certain conditions, including but not limited to the following, an applicant may be immediately disqualified from consideration or reapplication:

1. The applicant has been found guilty of criminal offenses adversely affecting a person receiving DIDD Service(s).
2. The applicant has been found to have a history of being directly responsible for retaliation against a person receiving service, family member or staff member, for reporting or being involved in a complaint, investigation or appeal process.
3. The applicant has been found to be directly responsible for Medicaid fraud or fraudulent activities against a state or federal agency.
4. The applicant has been found to be directly responsible for a provider's closure or termination of a DIDD provider agreement due to negligence in performance of duties in a similar position of administrative responsibility.
5. The applicant has defaulted on monies owed to the State.
6. The applicant has been listed on the Tennessee Sexual Offender Registry, Department of Health Abuse Registry, Tennessee Felony Offender Registry, Office of Inspector General (OIG) List of Excluded Individuals/Entities, Secretary of State's Business Information Search or any other registry identified by DIDD as necessary.
7. The applicant has been terminated, barred or suspended from participation in any Medicare and/or Medicaid Program in any state within the past five (5) years.
8. The applicant and/or proposed agency executive director and/or agency chief executive officer does not have a successful history of managing an organization or other entity of comparable complexity. This shall include, but not necessarily be limited to:
    a. Review of the most recent Quality Assurance (QA) Report.
    b. A score of less than four (4) or partial compliance, shall have been achieved in QA Domains 2 (individual planning and implementation), 3 (safety and security), 5 (health) and 9 (provider capabilities and qualifications).
    c. Negative reviews of any other reports that may include Fiscal Accountability Reviews as well as any review pertinent to the health and safety of persons receiving services.

E. Review Process

1. The Provider Enrollment Coordinator (PEC) or designee shall notify all applicants for expansion of services in an approved, electronic format within thirty (30) calendar days of successful receipt of the expansion application and all required attachments.

2. If additional information is needed for any expansion application during the review process, the PEC or designee shall send a request for clarification, in an approved electronic format, to the applicant. The applicant shall have five (5) business days to submit the information requested. If the information requested is not provided, the application shall be rejected and not processed. The applicant will be eligible to reapply in six (6) months from the date of the notification of rejection.

3. For all applications except IBRS, clinical and ancillary services:
   a. The PEC or designee shall distribute the expansion application to the Provider Development Coordinator (PDC) or designee.
   b. The PDC or designee shall review the expansion application attachments for compliance with standards as outlined in the criteria of the application and submit this information to the Regional Quality Management Committee (RQMC) or regional designee for a recommendation.
   c. The PDC or designee shall present the RQMC's recommendation to the Provider Development Committee for review and the Provider Development Committee's recommendation.

4. For all applications for IBRS, clinical and ancillary services:

   a. The PEC or designee shall distribute IBRS program proposals to the DIDD Director of Behavioral and Psychological Services or designee and applications for clinical and ancillary services expansions to the Director of Therapeutic Services or designee for review.

   b. The DIDD Director of Behavioral and Psychological Services or designee and the Director of Therapeutic Services or designee shall review the expansion applications for IBRS and clinical and ancillary services, respectively, for compliance with standards as outlined in the provider manual, HCBS waiver service description and DIDD policy (where applicable).

c. The DIDD Director of Behavioral and Psychological Services or designee and the Director of Therapeutic Services or designee shall make a recommendation to the Provider Development Committee for review and the Provider Development Committee's recommendation.

5. The Provider Development Committee shall make and submit a recommendation to the DIDD Commissioner or designee for a final decision.

6. Applicants may be approved for some or all of the services and/or geographic areas that are proposed by the applicant.

7. DIDD shall render a decision to the provider within sixty (60) business days from the date the completed application was received. If additional information is required from the provider, the decision period may be extended.

8. The decision from the DIDD Commissioner is final and may not be appealed.

9. For approved applications, once the approval letter from the DIDD Commissioner has been disbursed to the provider, the provider must attend (if applicable) the required regional provider orientation within one year of the date on the fully executed provider agreement. If the applicant does not attend the required provider orientation, the provider agreement may be terminated by the Department.

10. The applicant shall be eligible to provide services when the following steps are completed:

    a. Upon approval, the applicant receives a letter from the DIDD Commissioner specifying the services and/or regions for which the expansion has been approved.

    b. The applicable license for the added service(s) and/or region(s) has been obtained.

    c. The applicant has successfully followed the directions in the approval letter for completing a fully executed provider agreement amendment from DIDD Contract Services which forwards final documentation to DIDD Business Services for approved site codes.

    d. Received approved site codes and a copy of the fully executed provider agreement amendment from DIDD Regional Office.

F. Revocations

DIDD reserves the right to revoke approval of any application under the following circumstances:

1. A license required for certain services has not been obtained within one (1) year of the date specific service(s) were granted.
2. Evidence is discovered to support that false information was relied upon to approve the application.
3. Additional information is discovered indicating the criteria for approval was not met.

VII. **CQL STANDARDS**: 7a, 9a, 9b

VIII. **REVISION HISTORY**: None

IX. **TENNCARE APPROVAL:** June 24, 2015; September 15, 2015

X. **ATTACHMENTS:**

A. Clinical and Ancillary Services Expansion Request
B. Long Term Supports Expansion Request
C. Intensive Behavioral Residential Services Program Proposal Requirements