



Department of

**Disability & Aging**

# Applicant Forum

For New Providers

# Applicant Forum Information

The Applicant Forum is for potential providers seeking to provide services through the following programs administered by the Department of Disability and Aging (DDA) and Managed Care Organizations (MCOs): Katie Beckett-Part A, Katie Beckett--Part B, 1915c Home and Community-Based Services Waivers, Employment and Community First (ECF) CHOICES, and CHOICES. The purpose of the Forum is for you to receive information about DDA and its mission; to learn more about the program services and the application process; to obtain guidance on questions about the application; and to ensure clarity on information provided in the application instructions.

**DDA conducts quarterly virtual** Applicant Forums, two (2) times within the same month, Central Standard Time (CST). See the DDA website for upcoming virtual forum meeting dates and time. To join the meeting, on the day of the meeting click the meeting date and follow the detail to join.

While the Virtual Applicant Forum is not mandatory, attendance, is highly encouraged. The information provided at the meeting can significantly help you understand the provider credentialing applications and increase your chances of submitting a successful application.

# Agenda

- ❑ Welcome and Purpose of meeting
- ❑ Frequently Asked Questions ( FAQ)
- ❑ Pre-requisite: License Requirement
- ❑ Pre-requisite: TennCare Registration
- ❑ From the Power Point Presentation: Who is DDA, Funding, Organizational Chart, Title VI, Deficit Reduction Act (DRA); Application status and Resources
- ❑ New Provider Credentialing Application  
Types of Expansion
- ❑ National Criminal Backgrounds Check  
Disclosures  
Tax: Forms (147c, W9, Substitute W9)
- ❑ Supporting Documents  
HCBS Settings Rule  
DDA Policy Requirements
- ❑ Examine the DDA Provider Directory
- ❑ Closing and Questions

# Welcome!

This presentation will review the credentialing process and expectations.

This will include prerequisites, licensing requirements, budgets, policies, supporting document requirements, application requirements, background checks, and other important details.



Agencies looking to only provide services under the CHOICES program must apply through each of the MCOs directly as DDA only credentials CHOICES providers who also provide ECF and 1915c services.



If you are wanting to provide Family Model Residential Services in your personal home, then you will need to contract directly with a currently approved DDA provider.



If you have additional questions, you may email your questions to

[DDA.Provider.Application@tn.gov](mailto:DDA.Provider.Application@tn.gov)  
email address.

# Website Information

To complete the application process, you can refer to the [How to Become a Credentialed Provider](#) website. This resource provides all the necessary information and tools, including:

- Applications
- Available service rates
- HCBS Settings Rule (Residential and Non-Residential Self-Assessment Tools)
- Minimum Required Policies & Review Guidelines
- Service definitions
- Service License requirements

This website will guide you through each step of the process and ensure you have all the information you need. If you have any further questions or need assistance, feel free to ask!

# Managed Care Organizations (MCOs)

## Who are the MCOs for Tennessee?

BlueCare, United Health Care, and Wellpoint.

**I want to only provide CHOICES services; how do we get the information from the Managed Care Organizations (MCO) on how to apply with them?** You will have to contact the MCOs directly. You can email them directly to get the specific application details and requirements. They will guide you through their credentialing process and provide the necessary forms.

## Managed Care Organization (MCO) Contact Information

BlueCare: [CHOICESProviderRelations@bcbst.com](mailto:CHOICESProviderRelations@bcbst.com)

United Health Care: [tn\\_ltc\\_networkmail@uhc.com](mailto:tn_ltc_networkmail@uhc.com)

Wellpoint: [tnltsspr@wellpoint.com](mailto:tnltsspr@wellpoint.com)



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# Frequently Asked Questions

FAQ

## What program(s) should I apply for?

The Department of Disabilities & Aging (DDA) encourages providers to apply for all programs they have the capacity to support.

Assess your organization's capacity and resources to determine which programs you can effectively support. Applying for multiple programs can expand your service offerings and help meet the diverse needs of the community.

Each type of service has specific requirements and definitions (Attachment 4), so, it's important to review them carefully to determine which ones align with your organization's capacity and expertise.

## Are the DDA 1915c HCBS Waivers open?

The 1915c HCBS Waivers are currently closed to new enrollees, but they remain open for those who are already enrolled. This means that while new individuals cannot join the program, existing participants can continue to receive services and choose their providers based on their needs and preferences. Providers are encouraged to apply to offer services through the 1915c Waivers, but please note that there is no guarantee of referrals.

## What type of Residential Services should I apply to provide?

To determine which type of Residential Services to apply for, you'll need to review the service definitions provided by the Department of Disabilities & Aging (DDA). Here are some common types of residential services you might consider:

- **Supported Living:** Assistance with daily living activities in a person's own home.
- **Residential Habilitation:** Support in a residential setting to help individuals acquire, retain, and improve skills.
- **Family Model Residential Support:** Services provided in a family-like setting.
- **Medical Residential Services:** Specialized care for individuals with medical needs.
- **Semi-Independent Living:** Support for individuals who can live semi-independently with some assistance.

# FAQ 3

**Can you recommend insurance companies for coverage?** The State of Tennessee is unable to recommend/promote or give the illusion of sponsorship of any specific insurance agencies.

**Can you recommend a Consultant?** The State of Tennessee is unable to recommend, promote, or give the illusion of sponsorship of any specific consultant. If you choose to use a consultant, please remember that you are responsible for the information you submit.

***Reminder for Consultants:*** If you are a consultant attending this meeting, you are prohibited from soliciting during this forum. Those witnessed soliciting will be removed.

# FAQ 4

**Who must complete an expansion application?** The expansion application is completed by agencies currently credentialed and/or contracted with at least one MCO or DDA for at least one program (1915c. Katie Beckett, ECF CHOICES, or CHOICES) may complete the expansion application.

**Does DDA provide referrals for any programs?** DDA does not provide referrals for any programs. It is up to you to market your agency. However, DDA offers a quarterly meeting for ISC Directors, which can be a valuable opportunity to network and promote your agency.

# FAQ - Board of Directors

## Is a Board of Directors required?

### Yes:

- If you operate as a **non-profit** organization, you are required to have a Board of Directors with a board chairperson. The Executive Director cannot be the board chairperson due to governance and conflict-of-interest concerns.
- If you operate as a **for-profit** business, you are required to have an Advisory Board.

The specific requirements can be found in the DDA Provider Manual under Provider Governance.

Here are the key points regarding roles within your organization:

- **Owner:**
  - May serve as the Executive Director or the Board Chairperson.
- **Executive Director:**
  - Cannot be the Board Chairperson in a not-for-profit organization.
  - May sit on the board, but not as the Chairperson.

These guidelines help ensure a clear separation of duties and maintain proper governance within the organization.

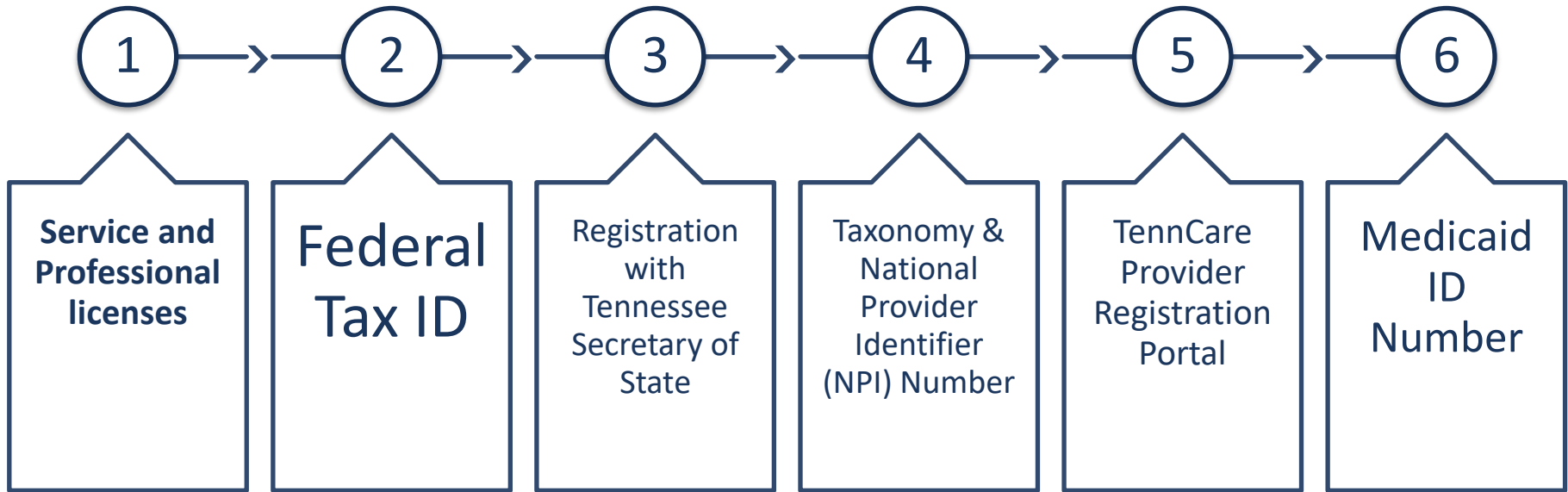
# FAQ-Family Model Residential Services

## I want to provide Family Model Residential Services in my personal home. What do I need to do?

To provide Family Model Residential Services in your personal home, you need to contract directly with a currently approved DDA provider. Here are the steps you can follow:

- **Identify Approved Providers:** Look for currently approved DDA providers in your area. You may access this list by using the statewide provider directory on our website.
- **Contact Providers:** Reach out to these providers to express your interest in offering Family Model Residential Services.
- **Follow Their Process:** Each provider may have specific requirements and processes for contracting. They will guide you through their process.

# Prerequisites: Required Prior to Submitting an Application



*\*Failure to complete these actions PRIOR to submission of an application will result in your application being unable to be processed/accepted.*

# FAQ – Application Submission

**When submitting your application packet, make sure to include all the necessary prerequisites and supporting documents. Here's a checklist to help you:**

- **Service/Professional Licenses:** For all requested services.
- **Insurances:** Proof of required insurance coverage.
- **Tax Forms:** Relevant tax documentation.
- **Policies:** Any required policy documents.
- **Background Check Information:** Complete background check details.
- **Agency Name:** Please ensure your agency name matches across all forms and entities.

It's crucial to submit a full packet of information. Failure to complete these actions PRIOR to submission of an application will result in your application being unable to be processed/accepted. For more detailed information, refer to the specific application guidelines.

# How long does the Credentialing Process Take to Complete?

There are several factors that influence the timeline for reviewing your application. Here are the key points:

- **Order of Review:** Applications are reviewed in the order they are received.
- **When Can I Submit An Application:** Applications may be submitted at any time.
- **Staff and Application Volume:** Regional staff are limited, and there is often a high volume of applications. DDA receives numerous applications on a weekly basis.
- **Initial Review Time:** Expect at least 30 days for regional staff to perform the initial review and inspection to ensure all required information is submitted.
- **Post-Review Communication:**
  - You may receive a letter indicating your application is incomplete and cannot be processed.
  - Alternatively, you may receive a letter requesting additional clarification or information.

# Credentialing Process Timeframe

- **Request for Clarification (RFC):** If an RFC is sent, your review will continue once the requested information is received. There will be a due date, and failure to meet this deadline will result in your application being closed.
- **Prompt and Complete Submission:** The primary factor in estimating the review time is your prompt and complete submission of the application and supporting documents.
- **Estimated Review Time:** Based on past reviews, the processing typically takes 5-10 months. This does not include additional time needed to activate your provider agreement with DDA.
- **No Guarantee of Contract:** Completion of the credentialing application does not guarantee a contract with one or more of the MCOs.



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# DDA Office of Licensure

<https://www.tn.gov/disability-and-aging/licensing/office-of-licensure.html>

# Licensure FAQ 1

These guidelines help ensure compliance with DDA requirements and proper service delivery.

## PLEASE SEE ATTACHMENT 2 FOR REQUIREMENTS

- **Services Not Requiring an Office:**
  - **PSSA Alone:** Does not require a business office if it is the only service provided.
  - **PSSA with Other Services:** Requires an office if combined with other services.
- **Clinical/Therapeutic Providers:**
  - Do not need DDA licensure but must go through credentialing and show a professional license.
- **Providing Services in Personal Home:**
  - **Residential License:** Cannot be used to provide services in a home you live in.
  - **Family Model Services:** Must contract directly with a DDA provider who is approved to provide these services.

# Licensure FAQ 2

These guidelines help ensure compliance with DDA requirements and proper service delivery.

## PLEASE SEE ATTACHMENT 2 FOR REQUIREMENTS

- **Licensing:**
  - All DDA Licensure licenses are assigned per region based on the program selected.
  - Licenses are not transferable.
  - For Example, if your license is for an address with a suite, such as 123 Main Street, Suite A, the agency license is not transferrable to another address such as 123 Main Street Suite B, if you move. The agency must contact the DDA Licensure if there is a plan to move.
- **Office Location:**
  - **Home Office:** May be allowed in some instances (PSSA ONLY providers), but not in the home being used to provide services.

# DDA Licensure

- You may access the licensure website by clicking the link available on the DDA website titled “Licensing”.
- Forms, rules, application, and other important information is available on the website.
- Contact the regional surveyors listed on the website for the region(s) you are applying to provide services.



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# TennCare Provider Registration (PDMS)

*Per "TennCare Policy Manual – Policy number: PRO 19-001 (rev 1)"*

[Provider.Registration@tn.gov](mailto:Provider.Registration@tn.gov)

# Contacts

If you have any questions about registering in the TennCare portal or need to update your information, you can reach out to TennCare Provider Registration at:

**Email:**

[Provider.Registration@tn.gov](mailto:Provider.Registration@tn.gov)

## TennCare Provider Registration Portal

**Log In**

Welcome to the TennCare Registration Home page for new and existing providers.

**ALL PROVIDERS:**

Please review [Electronic Registration](#)

**ORGANIZATIONAL PROVIDERS:**

Create a user account to complete and submit your organization's TennCare registration. [Create Account](#)

**INDIVIDUAL PROVIDERS:**

If you are an Individual Provider, information would only need to be completed once and completed here: [TennCare CAQH Roster Registration](#).

If you are an individual provider that will be submitting claims using your own individual NPI, you have received a Medicaid ID for your individual practice location, and you need to sign up for ACH/EFT or have been directed to set up an account, click [Create Account](#).



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# How to Become a Credentialed Provider

Applicant Forum Presentation

## Commissioner Turner Swearing In

On Wednesday morning, May 29, 2024, Commissioner Brad Turner was sworn in as the new commissioner for the **Department of Disability and Aging**. The new department is responsible for serving more than 1.5 million people with disabilities and older Tennesseans.



# Department of Disability and Aging

July 1, 2024

- The merger of the Department of Intellectual and Developmental Disabilities (DIDD) with the Tennessee Commission on Aging and Disability (TCAD) to form the new Department of Disability and Aging (DDA) is a major step forward. This new cabinet-level state agency oversees services and supports for more than 1.5 million older adults and Tennesseans with disabilities.
- The new department aims to provide comprehensive services through various programs, benefiting thousands of people across Tennessee, regardless of age. This integration should help streamline services and improve support for those in need.

# DDA Services/Programs

These services include:

- Tennessee Early Intervention System (TEIS) for children ages birth through age 5
- The Katie Beckett Program for children with intellectual and developmental disabilities under the age of 18
- Home and Community Based Services through Medicaid Waivers for people with intellectual disabilities and the OPTIONS program for older adults and adults with physical disabilities
- Nutrition Services and Medicare Benefits Counseling for older adults through the state's nine area agencies on aging and disability (AAAD)
- Family Support Program
- Medicaid Alternative Pathways to Independence (MAPS)
- Long Term Care Ombudsman
- More information about these services and other programs can be found on the new department website at [www.tn.gov/disability-and-aging](http://www.tn.gov/disability-and-aging) .

# Credentialing

The State of Tennessee Department of Disability and Aging (DDA) is indeed responsible for overseeing services and supports for individuals enrolled in the Katie Beckett-Part A & B Programs and the 1915c Waivers.

DDA also manages and credentials providers for the following programs:

- **Katie Beckett Part A & B**
- **Employment and Community First (ECF) CHOICES**
- **CHOICES** (in conjunction with other programs)
- **1915c Waivers**

# Credentialing 2

Here are some key points about these programs:

- **Katie Beckett Program:** Provides services for children under 18 with disabilities or complex medical needs who reside at home and are not Medicaid eligible due to their parents' income or assets.
- **Employment and Community First (ECF) CHOICES:** Offers services to help individuals with intellectual and developmental disabilities become employed and live independently.
- **1915c Waivers:** Provide Home and Community-Based Services (HCBS) for people with intellectual disabilities as an alternative to institutional care. Although closed to new enrollees since 2016, the DDA continues to accept credentialing applications for these waivers to ensure a wide selection of long-term support providers

# Who Provides Funding and Oversight?

- **Medicaid Funding:** Provided through the Federal Department of Health and Human Services (DHHS).
- **Federal Oversight:** Managed by the Centers for Medicare and Medicaid Services (CMS), a component of DHHS.
- **State Oversight in Tennessee:** Handled by the Division of TennCare.
- **Contract with TN-DDA:** The Division of TennCare has contracted with the Tennessee Department of Disability and Aging (TN-DDA) to provide services to over 1.5 million people with disabilities and older Tennesseans.

# Application Submission

- Applicants may submit a Provider Credentialing Application anytime of the year regardless of the programs and services being selected.
- All prerequisites are required **before** submitting the Provider Credentialing Application including obtaining a Medicaid Identification number via the TennCare Provider Portal.

# Title VI Compliance and Tennessee

## Federal Requirements and Tennessee Law

- **Title VI Compliance:** Tennessee was the first state to enforce Title VI compliance across all its departments, programs, and agencies as of May 31, 1993.
- **Tennessee Code Annotated § 4-21-904:** This law makes it a discriminatory practice for any state agency or person receiving federal funds to exclude, deny benefits, or subject a person to discrimination based on race, color, or national origin under any program or activity receiving such funds.

This ensures that all individuals have equal access to programs and services without discrimination.

# Key to Title VI Compliance

The Key to Title VI Compliance is to *ensure* that people receiving services receive:

- Equal treatment
- Equal access
- Equal rights
- Equal opportunities without regard to the race, color, and national origin, as well as Limited English Proficiency, of the individual.

# The Deficit Reduction Act (DRA)

The Deficit Reduction Act (DRA) is indeed a significant piece of legislation that impacts Federal Health Care Programs. Here are some key points:

- **Purpose:** The DRA includes provisions aimed at reducing fraud and abuse in federal health care programs.
- **Scope:** It affects any health plan funded by the U.S. Government or any state health care program as defined under section 1320a-7(h).
- **Federal Oversight:** Managed by the Centers for Medicare and Medicaid Services (CMS), which is part of the Department of Health and Human Services (DHHS).
- **State Oversight:** In Tennessee, the Division of TennCare oversees the implementation of these provisions.

The DRA provides states with flexibility to innovate in health care delivery, such as consumer-directed healthcare and rebalancing long-term care through initiatives like the Money Follows the Person program.

# The Deficit Reduction Act (DRA) 2

The *DRA* also sets forth the following compliance standards:

- **Background/exclusion checks review:**  
Reviews should be conducted to verify that background checks are completed prior to an employee providing services to members, and exclusion checks are completed monthly.
- **HCBS provider review:**  
An audit should be conducted to assess compliance of the provider's policies and procedures related to the ECF CHOICES program, employee records and training.

# The Deficit Reduction Act (DRA) 3

Under Section 6032 of the Deficit Reduction Act (DRA) of 2005, entities that receive \$5 million or more in annual Medicaid payments must comply with several requirements to educate their employees, contractors, and agents. Here are the key compliance topics:

- **Federal False Claims Act:** Establish written policies detailing the provisions of the Federal False Claims Act.
- **Administrative Remedies:** Information on administrative remedies for false claims and statements.
- **Penalties:** Details on any civil or criminal penalties under state false claims laws.
- **Whistleblower Protections:** Information on whistleblower protections under federal and state law.
- **Fraud Prevention:** The role of these laws in preventing and detecting fraud, waste, and abuse in federal health care programs.

These requirements aim to ensure that all relevant parties are informed about the legal frameworks and protections in place to combat fraud and abuse in Medicaid programs.

# The Deficit Reduction Act (DRA) 4

**To report Fraud and Abuse to TennCare, please contact  
the Hotline:**

**1-800-433-3982 or website**

**<https://www.tn.gov/tenncare/fraud-and-abuse.html>**



# DDA Program Integration & Credentialing

# Contracted Providers & Integration

Several years ago, TennCare, the Department of Disability and Aging (DDA, formerly DIDD), and our MCO partners began working together to align services, processes, and programs for individuals with intellectual and developmental disabilities (IDD). Our shared goal was clear: to leverage each partner's unique strengths to promote independence, community participation, and competitive, integrated employment for individuals with IDD—while also reducing administrative burden and eliminating duplication across a divided system.

While the waiver amendment seeking formal integration was pending, the State made steady progress in breaking down silos and improving the experience for both members and providers. Although some work remains, we've already accomplished a great deal, including:

- Aligning provider credentialing and re-credentialing for IDD services under DDA;
- Consolidating provider quality assurance reviews under DDA;
- Standardizing training and background check requirements across programs;
- Aligning services, service definitions and most service rates;
- Expanding education and coordination between Independent Support Coordinators (ISCs) and MCOs to ensure seamless benefit coordination across Medicaid and waiver services;
- Transitioning claims payment for all IDD services to MCOs;
- Enabling members to self-direct services across all programs.

# Contracted Providers & Integration 2

Importantly, this progress has been made without the additional requirements and complexities that federal approval of the pending amendment would have introduced. In light of this success, the state has withdrawn Amendment 1 to the TennCare III waiver as of July 29.

## **What this means for partners:**

- DDA will continue to authorize waiver services for individuals enrolled in the 1915(c) waiver.
- Providers participating in the 1915(c) waiver will continue to contract with DDA, and will continue to receive payment through the MCOs.

## **Moving Forward:**

- Much has been accomplished in recent years to both modernize and unify supports provided to persons living with intellectual and developmental disabilities in Tennessee. TennCare and DDA remain strongly committed to a partnership that leverages the expertise of both, on behalf of the people we serve together. To this end and through formal agreement between our agencies, we intend to continue our efforts to create the most innovative and efficient service delivery system in this nation in direct collaboration with our provider networks and stakeholder community.

# MCO Network

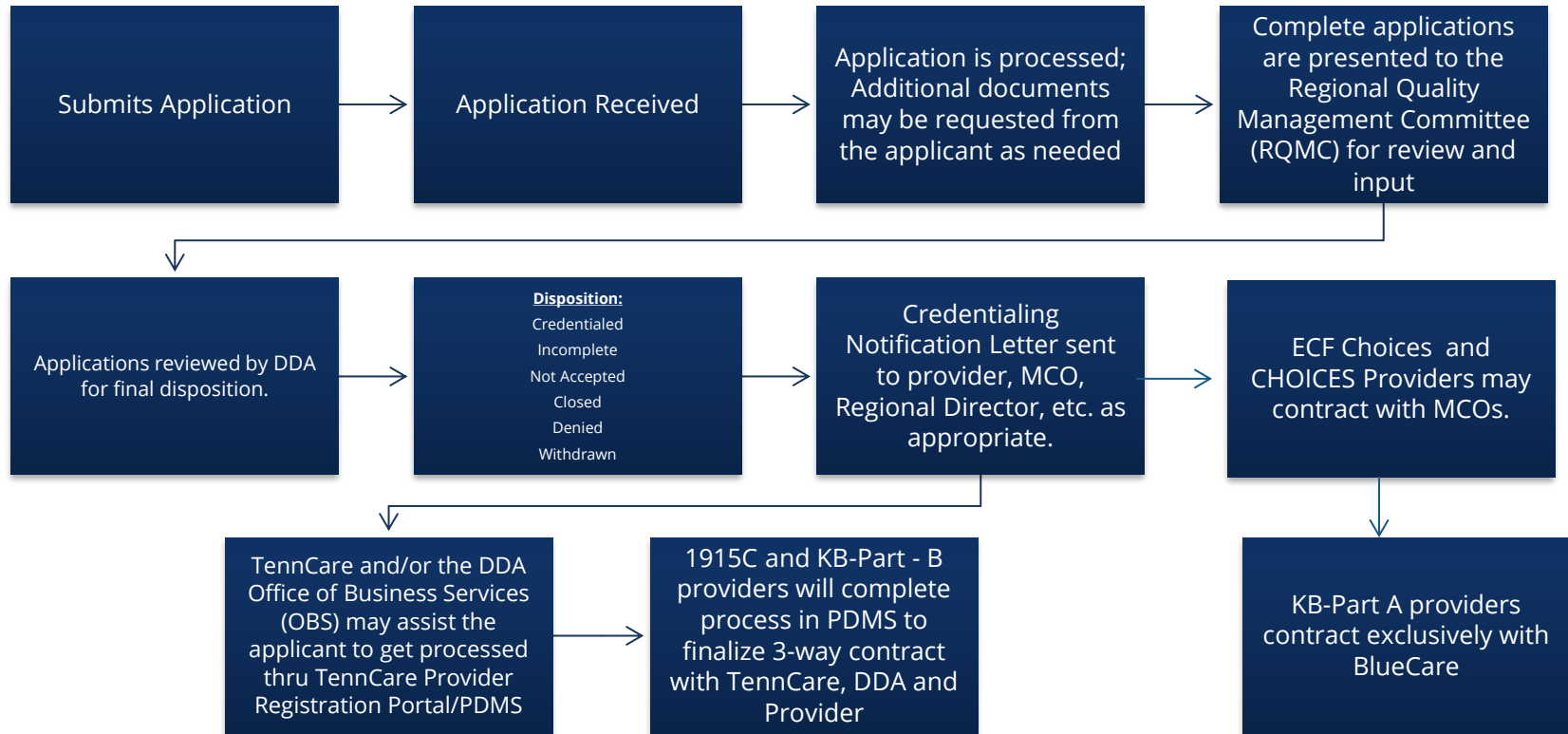
- **MCO Network Composition:**
  - Providers can be contracted for 1915c, Katie Beckett Part-A, ECF CHOICES, and/or CHOICES services.
- **Network Adequacy:**
  - MCOs must maintain a network of contracted providers for ECF CHOICES, CHOICES, and 1915c programs to ensure they meet the needs of all members enrolled in Long-Term Services and Supports (LTSS) programs.
- **Katie Beckett Part-A Services:**
  - These services are contracted exclusively through BlueCare.





**Credentialing Unit**

# Credentialing Overview



# Application Disposition

- **Confirmation:** You'll receive a confirmation once your application is received.
- **Not Accepted Applications:** Applications showing you have not completed the prerequisites cannot be accepted for review.
- **Waiting Period:** Wait 30 days after submission before inquiring about the status.
- **Processing Order:** Applications are processed in the order they are received.
- **Contact Information:** Ensure your email and contact details remain active throughout the process.
- **Licenses and Registrations:** All service licenses and registrations must stay active. If they become invalid, your application may be closed, requiring you to start over.
- **Final Disposition:** All applicants will receive a final decision.

# Application Disposition Definitions

- **Not accepted:** Prerequisites are not completed, and application is not accepted for review
- **Credentialed/Approved:** The applicant is eligible for contracts.
- **Incomplete:** The applicant did not submit all required and/or significant information.
- **Closed:** The applicant did not respond to a Request for Clarification letter.
- **Denied:** The applicant did not meet credentialing requirements.
- **Withdrawn:** The application was closed at the applicant's request.



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# National Criminal Background Checks

# On the website

## Submitting a National Criminal Background Check to DDA

- [Frequently Asked Questions](#)
- [Noncriminal Justice Applicant's Privacy Rights](#)
- [IdentoGO Tennessee Instructions](#)
- [VECHS-Waiver Form](#)

## FAQ:

**What type of national fingerprint-based criminal history record check (FCHRC) is required?** DDA requires a current national FCHRC. The applicant is required to show proof of obtaining the **national FCHRC**. Please submit as proof a copy of your paid receipt along with the Provider Credentialing Application via email to [DDA.Provider.Application@tn.gov](mailto:DDA.Provider.Application@tn.gov)

**For what positions or roles does your organization have to submit a current national FCHRC with a new provider application?**

The following persons need to complete the check:

- Chairperson of the Board (for non-profit agencies)
- Owner(s)
- Executive Director/Managing Employee

# Background FAQs

**Who has the authority to administer the national FCHRC?** The national FCHRC is administered by Tennessee Bureau of Investigations (TBI) or a licensed private investigative company or licensed private investigative individual, through [www.identogo.com](http://www.identogo.com) (see DDA's instructions for obtaining background checks through [www.identogo.com](http://www.identogo.com)).

**Who pays for the national FCHRC?** Each applicant is responsible for paying the cost of their own national FCHRC. DDA does **NOT** reimburse **applicants** for the cost of their national FCHRC.

**When should the applicant obtain the national FCHRC?** The applicant should obtain the national FCHRC **no more than 60 calendar days prior to submission** of the Provider Credentialing Application. A national FCHRC obtained more than 60 calendar days of the submission of the Provider Credentialing Application will NOT be accepted.

# Background FAQs 2

**Who should receive the national FCHRC?** Once the applicant completes their national FCHRC from **Tennessee Bureau of Investigations (TBI)**, or a licensed private investigative company or licensed private investigative individual, through [www.indentogo.com](http://www.indentogo.com), the results will be forwarded to DDA.

**How will DDA obtain my national FCHRC?** Each required position completes the Volunteer and Employee Criminal History System (VECHS) form. The organization includes and submits in its DDA New Provider application each person's VECHS and copy of paid receipt. The correctly completed VECHS form gives DDA permission to obtain the person's national FCHRC report.

## **How is the VECHS form completed?**

- Page 1: the applicant completes the convicted question requirement on page 1.
- Page 2: the applicant checks the box "Employee" and completes the remainder of that section.
- A real, handwritten signature is required for this form. Electronic or computer-generated signatures will not be accepted.

**For further questions, please email : [DDA.Provider.Application@tn.gov](mailto:DDA.Provider.Application@tn.gov) or phone (615) 532-6530.**

# IdentoGO Instructions for those in TN

- Go to <https://www.identogo.com> and choose Tennessee
- Or you may call IdentoGO (855) 226-2937 to schedule
- Enrollment Services click on Digital Fingerprinting
- Click on Schedule a New Appointment
- Enter Service code- 28TZYS
- Verify the "Health Services Employee" was entered and click Continue.
- Enter ORI #- TNHS00497
- Verify "You have selected to be fingerprinted for DIDD- Provider" and click yes
- Acknowledgement/Release
- Enter your zip code
- Appointment Details- schedule an appointment

**\*\*\*\*\* Further questions contact IdentoGo via  
phone at: 1-855-226-2937**

# IdentoGo Instructions for Out of State Principals

## IdentoGO

[← Start Over](#)[English - Español](#)

### Tennessee

## Fingerprinting & Enrollment Services

Health and wellness are critical to our ability to provide essential services to the public. If you are feeling ill on the day of your scheduled appointment, we ask that you do not visit our Enrollment Center and instead reschedule your appointment for a later date by visiting us online or call to reschedule your appointment. Be aware that if you are exhibiting COVID or Flu like symptoms while at an Enrollment Center, we may kindly ask you to reschedule your appointment. We appreciate your cooperation in assisting IDEMIA to provide a safe and healthy environment within our Enrollment Centers.

### For Licensing, Certification or Employment requirements in Tennessee

**Important!** You must finish the registration process to be fingerprinted. You will receive an email or a confirmation number when registration is complete.

#### For New Appointments

To schedule a new appointment, click the green button below. We will ask you for the information needed to schedule and process your background check.

[Schedule a New Appointment](#)

#### To Mail In Your Fingerprint Card

To register to send your prints through the mail, click the button below. You will be asked to mail your fingerprint cards to IdentoGO after payment is made. Only out of state residents or individuals physically unable to be digitally printed are able to use this option.

[Register for Fingerprint card Processing Service](#)

#### To Look Up or Change an Existing Appointment

To look up, reschedule or cancel your appointment, please choose one of the below methods to locate your record

[Registration ID \(REGID\)](#)

[UEID](#)

[Email Address](#)

#### For Fingerprint Rejection Notices

To schedule your retake appointment, we need to lookup your registration. Please choose one of the below methods to locate your record.

[Transaction Control Referral \(TCR\)](#)

#### Check the Status of your Service

To check the status of your fingerprint submission, please choose one of the methods below to locate your record.

[Registration ID \(REGID\)](#)

[Transaction Control Referral \(TCR\)](#)

[Email Address](#)

[UEID](#)

If you have any questions with the website, please call 855-226-2937.

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# VECHS Waiver Form



## VECHS WAIVER AGREEMENT AND STATEMENT Volunteer & Employee Criminal History System

for Criminal History Record Checks

under the National Child Protection Act of 1993, as amended

Pursuant to the National Child Protection Act of 1993, as amended, this form must be completed and signed by every current or prospective employee and volunteer for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize (enter Name of Qualified Entity) Department Disability & Aging to submit a set of fingerprints through the TBI vendor and this form to the Tennessee Bureau of Investigation (TBI), for the purpose of accessing and reviewing Tennessee and national criminal history that may pertain to me directly from the FBI, pursuant to T.C.A. 49-5-413 & NCPA/VCA. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me with a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee and volunteer.

A national criminal history background check on me is being requested by the following:

Name of Qualified Entity: Department Disability & Aging

Address: 315 Deaderick St, UBS 8th Floor

City: Nashville State: TN Zip: 37243

I have OR have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:



**No Changes:** Do not make any changes to the DDA information on the form.

**Real Signature:** A real, handwritten signature is required for this form. Electronic or computer-generated signatures will not be accepted.

I am a current or prospective (check one):

Employee  Volunteer

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: Department of Disability & Aging

Address: 315 Deaderick St, UBS 8th Floor

City: Nashville State: TN Zip: 37243

Telephone: 615-253-6045 Fax Number: \_\_\_\_\_

**ORIGINAL MUST BE RETAINED BY QUALIFIED ENTITY**

TN

Department of  
**Disability & Aging**



**Tax Forms**

# Tax Form Requirements

SUBSTITUTE W-9 FORM  
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

**1. Please complete general information:**

Taxpayer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Business Name (if applicable): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**2. Circle the most appropriate category below: (please circle only one)**

- 1) Individual (not an actual business)
- 2) Joint account (two or more individuals)
- 3) Custodian account of a minor
- 4) a. Revocable savings trust (grantor is also trustee)  
 b. So-called trust account that is not a legal or valid trust under state law
- 5) Sole proprietorship (using a social security number for the taxpayer ID)
- 6) Sole proprietorship (using a federal employer identification number for the taxpayer ID)
- 7) A valid trust, estate, or pension trust
- 8) Corporation
- 9) Association, club, religious, charitable, educational, or other non-profit organization (for entities that are exempt from federal tax, use category 13 below)
- 10) Partnership
- 11) A broker or registered nominee
- 12) Account with the U.S. Department of Agriculture in the name of a public entity that receives agricultural program payments
- 13) Government agencies and organizations that are tax-exempt under Internal Revenue Service guidelines (i.e., IRC 501(c)3 entities)

**3. Fill in your taxpayer identification number below: (please complete only one)**

- 1) If you circled number 1-5 above, fill in your Social Security Number  
 \_\_\_\_\_
- 2) If you circled number 6-13 above, fill in your Federal Employer Identification Number (EIN).  
 \_\_\_\_\_

**Sign and date the form:**

Certification - Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number. If I checked category 13 above, I also certify that my agency or organization is tax-exempt per Internal Revenue Service guidelines and not subject to backup withholding.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title (if applicable): \_\_\_\_\_

**Real/Wet Signature:** A real, handwritten signature is required for this form. Electronic or computer-generated signatures will not be accepted.

**Agency Name:** The agency name must align with the records in the Tennessee Secretary of State (TN SOS).

What is an IRS 147c letter?

This is the letter from the IRS confirming your EIN.

W-9 <small>Form 9999 (Rev. March 2008) Department of the Treasury Internal Revenue Service</small>		Request for Taxpayer Identification Number and Certification	<small>Give form to the requester. Do not send to the IRS.</small>																				
		<small>Go to <a href="http://www.irs.gov/FormW9">www.irs.gov/FormW9</a> for instructions and the latest information.</small>																					
<small>Before you begin: For guidance related to the purpose of Form W-9, see Purpose of Form, below.</small>																							
<small>Print or type. See Specific Instructions on page 3.</small>	1 Name of entity/individual. An entry is required. For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.																						
	2 Business name/disregarded entity name, if different from above.																						
	3 Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership). <small>Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions)</small>			<small>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  <small>(Applies to accounts maintained outside the United States.)</small></small>																			
	5 Address (number, street, and apt. or suite no.). See Instructions.																						
	6 City, state, and ZIP code																						
	7 List account number(s) here (optional)																						
	8 Requester's name and address (optional)																						
<b>Part I Taxpayer Identification Number (TIN)</b>																							
<small>Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN, later.</small>			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4" style="text-align: center;"><small>Social security number</small></td> </tr> <tr> <td style="width: 25%; text-align: center;">-</td> <td style="width: 25%; text-align: center;">-</td> <td style="width: 25%; text-align: center;">-</td> <td style="width: 25%; text-align: center;">-</td> </tr> <tr> <td colspan="4" style="text-align: center;"><small>or</small></td> </tr> <tr> <td colspan="4" style="text-align: center;"><small>Employer identification number</small></td> </tr> <tr> <td style="width: 25%; text-align: center;">-</td> <td style="width: 25%; text-align: center;">-</td> <td style="width: 25%; text-align: center;">-</td> <td style="width: 25%; text-align: center;">-</td> </tr> </table>		<small>Social security number</small>				-	-	-	-	<small>or</small>				<small>Employer identification number</small>				-	-	-
<small>Social security number</small>																							
-	-	-	-																				
<small>or</small>																							
<small>Employer identification number</small>																							
-	-	-	-																				
<b>Part II Certification</b>																							
<small>Under penalties of perjury, I certify that:</small>																							
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and																							
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and																							
3. I am a U.S. citizen or other U.S. person (defined below); and																							
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.																							
<small><b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.</small>																							
<small>Sign Here</small>	<small>Signature of U.S. person</small>	<small>Signature of U.S. person</small>	<small>Date</small>																				



# Disclosure Form

# Disclosure Form Requirements

- **Ownership Reporting:** Report any person or entity owning 5% or more of the business.
- **Form Completion:** Complete the entire form as instructed.
- **Required Identifiers:** Must have a Tax ID number, National Provider Identifier (NPI), and Medicaid ID number.
- **Owner Information:** Include the name, full social security number (not EIN), and date of birth for each owner, executive director/managing employee, and board chair.
- **Registry Checks:** DDA uses this information to check various registries, including:
  - Office of Inspector General/Exclusion database (OIG LEIE)
  - TN Department of Health Abuse Registry
  - TN Department of Correction Felony Offender Information (FOIL)
  - National Sex Offender Public Website
  - SIRI
  - Systems For Award Management (SAM)

## PROVIDER ENTITIES:

- Federal Tax ID and NPI numbers must be for an organization.
- Business information must match TN Secretary of State registration, W9 Form, IRS's 147C form/letter, and application.

## PROVIDER PERSONS:

- Tax ID (TIN) and NPI numbers must be for an individual.
- Business information must match TN Secretary of State registration, W9 Form, IRS's 147C form/letter, and application.

# Disclosure Form Example

Real/Wet Signature:  
This form requires a  
real, handwritten  
signature.

## DISCLOSURE FORM FOR PROVIDER ENTITIES

**Directions:** Use this form if you are trying to get a new TennCare/Medicaid ID number for a **Provider Entity**, or if you are re-credentialing or re-contracting a **Provider Entity**, or if there have been significant changes to the information required on this form, for example an ownership change, the addition of a new managing employee or the change of your business location. A **Provider Entity** is a business entity, i.e. a partnership or corporation, that provides TennCare covered services to TennCare enrollees.

Please answer all questions as of the current date. If additional space is needed, please note on the form that the answer is being continued, and attach a sheet referencing the item number that is being continued. Return this form to the address on the application packet. Please retain a copy for your files. Completely answer the applicable questions. If a question is not applicable please respond N/A for that question. **NO QUESTIONS SHOULD BE LEFT BLANK.** The SSN must be provided. Tennessee Code Annotated § 4-4-125 creates an exception to the public records act by prohibiting state agencies from disclosing Social Security Numbers (SSN).

### I. IDENTIFYING INFORMATION

Name of person Completing form	Phone number of person completing form

Provider Entity Name	Provider Entity DBA Name (if different from Provider Entity name)	Provider Entity Federal Tax Id number

Provider Entity NPI number (If you have one, if not indicate if applied for.)	Provider Entity TennCare/Medicaid ID number (If you have one, if not indicate if applied for.)	Provider Entity telephone Number



Department of

**Disability & Aging**

# Application Service Types

# Application Types:

## 1. New Provider Credentialing Application

- For all providers wishing to add 1915c, Katie Beckett, ECF CHOICES, and CHOICES in conjunction with other programs.

## 2. Expansion Credentialing Application

- For providers currently credentialed and/or contracted wishing to add additional programs or services.

## 3. MCO County Expansion Request Form

- For those currently contracted wishing to only add counties to their credentialed and/or current MCO contract.
- For those wishing to add regions, you will need to complete an expansion application.



Department of

**Disability & Aging**

**New Provider Credentialing Application**

# New Provider Credentialing Application Requirements

**If you are a new provider applicant complete and submit the New Provider Credentialing Application to DDA.**

- **Eligibility:** The application is for entities (individuals, groups, agencies, or organizations) seeking to provide services through the following programs:
  - Katie Beckett (Part A & B)
  - 1915c Home and Community-Based Services (HCBS) Waivers
  - Employment and Community First (ECF) CHOICES
  - CHOICES (in conjunction with other programs)
- **Administration:** These programs are administered by the Department of Disabilities & Aging (DDA) and the Managed Care Organizations (MCOs).
- **CHOICES Program:**
  - Must be provided in conjunction with other programs.
  - To provide only CHOICES services, you must contact the MCOs directly.

# Application Page 1

DATE: _____			
PROVIDER INFORMATION			
1. Provider Agency Legal Name:		DBA:	
2. Tax ID/FEIN:	3. NPI:	4. Medicaid ID:	5. Taxonomy:
6 .APPLICATION TYPE:			
<input type="checkbox"/> New Provider			
<input type="checkbox"/> Contracted Clinical & Ancillary			
7.PROGRAM(S) APPLYING FOR:			
<input type="checkbox"/> DDA 1915c Waivers	<input type="checkbox"/> Katie Beckett: <input type="checkbox"/> MCO Part A (BlueCare) <input type="checkbox"/> DDA Part B	<input type="checkbox"/> MCO ECF CHOICES	<input type="checkbox"/> MCO CHOICES

- Enter your agency/business legal name. For example: as it is registered with the Tennessee Secretary of State \*\*, IRS, and NPPES.\*
- Business name and address should match service license(s) EXACTLY.\*
- Please mark all programs you are applying for.

***\*Should one entity list "LLC" the all registrations, licenses, and application should note "LLC" in the agency name.***

***\*\*Sole Proprietors are not required to register with the Tennessee Secretary of State.***

# Credentialing Application Submission Guidelines

Here's a summary of the application submission process for the Department of Disability and Aging (DDA):

- **Email Submission:** Send your application to [DDA.Provider.Application@tn.gov](mailto:DDA.Provider.Application@tn.gov).
- **Subject Line:** Include your organization's name and the region (West, Middle, East, or Statewide) you are requesting the service for.
- **Document Labeling:** Label each uploaded document with its name. Refer to Attachment 1 for the list of required documents based on your selected service(s). The date on your application is the same date of submission.
- **File Types:** Do not submit graphic files like JPEG or TIFF.
- **Files:** Please ensure all supporting documents are submitted with your application. Failure to do so will result in your application being closed as incomplete.

Following these steps carefully will help ensure your application is processed smoothly.

# Credentialing Application Submission Guidelines

## Continued

**Here's a summary of the application submission process for the Department of Disability and Aging (DDA):**

- **Multiple Submissions:** If you need to upload more documents than the capacity allows, continue with additional submissions. Ensure each submission has the organization's name and region in the subject line and label each document.
- **Confirmation:** DDA will email confirmation of your application within two business days. Contact DDA if you do not receive this email.
- **Status Inquiry:** Wait 30 calendar days before requesting the status of your application.
- **Contact Information:** For questions, email [DDA.Provider.Application@tn.gov](mailto:DDA.Provider.Application@tn.gov) or call (615) 532-6530.
- **Agency Name:** Should one entity list "LLC" then all registrations, licenses, and application should note "LLC" in the agency name.

**Following these steps carefully will help ensure your application is processed smoothly.**

# Completing the application

- Please complete the application in its entirety and submit it with all appropriate documentation.
- A separate application, disclosure form, tax forms, and supporting documents are required for each program operating under separate National Provider Indicator (NPI) numbers or separate tax identification numbers.
- If any changes in ownership and/or structure occurs during the credentialing process, the applicant is required to notify DDA for further direction via email at [DDA.Provider.Application@tn.gov](mailto:DDA.Provider.Application@tn.gov).
- Please select the type of application, program(s), service(s), and region(s) you are applying to participate in. Prior to selecting the service, review the service definition and license requirements. For services with multiple levels, you must select **each** level you wish to provide. EXAMPLE: If you would like to only provide CLS-level 4 then you will not select the other levels.
- Ensure all information is complete and aligns with your Tennessee Secretary of State registration.

# Completing the application Continued

- The applicant must provide a signature and date where indicated, an electronic signature is acceptable, but a handwritten signature is required for the W9, substitute W9, VECHS-Waiver Form and Disclosure Form.
- Only one set of supporting documents should be submitted regardless of the number of programs/services requiring the same document.
- Reference the [Become a Credentialed Provider \(tn.gov\)](https://www.tn.gov) site for application, instructions, tools, and forms to be submitted with your application. This includes, but is not limited to, specific supporting documents required for each application/service type.
- Completion and acceptance of this credentialing application by DDA is not a guarantee of MCO network participation.
- Providers must have a valid Tennessee Medicaid ID number for credentialing purposes and to contract with DDA/TennCare Managed Care Organization(s). If you have not registered with TennCare, we cannot accept your application.
- DDA/MCO policies and procedures will govern appeals related to network participation.

# Prerequisites

The following must be completed prior to submission of the credentialing application. *Items 1-5 must be completed before you may proceed to the TennCare Registration Portal and obtain your Medicaid ID.*

*Failure to complete these steps prior to submission will result in your application not being accepted for processing.*

# Prerequisite Requirements

## **1. SERVICE/PROFESSIONAL LICENSES: [FOR SPECIFIC DETAILS SEE EACH SERVICE DEFINITION AND ATTACHMENT 2 LICENSING REQUIREMENT](#)**

- a. PROFESSIONAL License(s)/CERTIFICATIONS:** *For example, when applying to provide Behavioral services, Nursing, Occupational Therapy, the applicant must submit the individual's professional license.*
- b. SERVICE License(s):** Applicable service licenses pertain to residential, day, personal assistance, and other services. *For example: in the Residential category, the applicant must submit the required residential license from DDA's licensure Division.*
- c. PROFESSIONAL SERVICES SUPPORT LICENSE (PSSL):** *This is applicable to 1915c clinical/therapy services and is issued by the Tennessee Department of Health. \*PLEASE NOTE: this license is not issued until after the completion of the credentialing process and therefore a copy is not required during credentialing. However, this must be obtained and uploaded before your contract may be executed.*

**2. FEDERAL TAX ID:** This is issued by the Federal Government's Internal Revenue Service. *Please visit their website for instructions and questions.*

# Prerequisites Continued

**3. REGISTRATION WITH THE TENNESSEE SECRETARY OF STATE (IF APPLICABLE):** *Please visit the Tennessee Secretary of State website to register your business. The business must remain in an "Active" status.*

**4. TAXONOMY:** The provider type and specialty for the services your agency offers sets the taxonomy. Please refer to the national taxonomy list set by CMS for information and questions.

*For Example: If you register as a "HCBS-In Home Supportive Care (Pest Control, etc.)" provider there are certain requirements to enroll as that provider type and taxonomy which will need to be met in the TennCare Provider Portal.*

**5. NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER:** The National Provider Identifier (NPI) is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered health care providers. Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions. *Please visit the National Plan & Provider Enumeration System (NPPES) website for registration, instructions, and frequently asked questions.*

# Prerequisite Requirements Continued

**6. TENNCARE PROVIDER REGISTRATION PORTAL:** This system is used by TennCare for each provider of services. This includes but is not limited to business and vendor information, ownership information, practice locations, sub-contracts, services authorized, licenses, and additional information.

- a. **If you have not registered with TennCare, we cannot accept your application.**
- b. To register with TennCare, please visit: [PDMS User Login - 3497154c-d926-42fd-b5eb-86c6a541fd23 \(tn.gov\)](https://www.tn.gov/tenncare/providers/provider-registration.html)
- c. **For questions and information, please visit:** <https://www.tn.gov/tenncare/providers/provider-registration.html>
- d. **Please note:** the system only allows **sixty (60) days** to complete the registration. This includes uploading copies of licenses and tax forms. Failure to meet this deadline will require you to start the registration process over.

## 7. MEDICAID ID NUMBER:

**What is a Medicaid ID and when can I use it?** Before a provider can be considered for participation in TennCare, registration with the Division of TennCare is required. TennCare issues a Medicaid ID to eligible providers who have completed the registration process. Without a valid, active Medicaid ID, providers cannot be considered for contracting with any TennCare Managed Care Organization or receive payment for services rendered to TennCare enrollees.

- a. Applicants/providers are required to obtain a valid Medicaid ID number for credentialing purposes and to contract with DDA/TennCare Managed Care Organization(s). *This is issued by the Tennessee Division of TennCare through the TennCare Provider Registration Portal.*
- b. To obtain the Medicaid ID number, the service license(s) for each service being requested must be obtained and uploaded into the applicant's TennCare Provider Portal account.
- c. See *Attachment 2 Licensure Requirement* and contact the appropriate licensure (DDA, Department of Health, etc.) to obtain the appropriate service license.

# Provider Contact Information

PROVIDER PRIMARY CONTACT INFORMATION		
8. Address:		
9. City:	10. State:	11. Zip Code:
12. Phone Number:	13. Fax Number:	
14. Credentialing Contact Name and Title:		
15. Email Address:	16. Provider Website URL:	

Provide your agency credentialing contact information.

# Principals

- **When completing your application, make sure to:**
- **Identify the Executive Director/Managing Employee:** Clearly state the person slated for this role for each program you are applying for.
- **Registry Checks for Principals:** DDA will run registry checks for all principals. Ensure this information is included in your application.
- **Match Disclosure Form:** The information provided should match the details on the disclosure form.
- Including accurate and consistent information will help streamline the application process.

PLEASE INDICATE THE NAMES, SOCIAL SECURITY NUMBERS, AND DATES OF BIRTH FOR THE POSITIONS NOTED BELOW. SHOULD A PERSON PERFORM MORE THAN ONE DUTY THEN ONLY ONE SET OF NUMBERS IS NEEDED. THIS INFORMATION WILL BE USED BY DDA TO PERFORM STATE REGISTRY CHECKS.

17. OWNER(S)		
NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH
18. EXECUTIVE DIRECTOR/MANAGING EMPLOYEE		
NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH
19. BOARD CHAIRPERSON (NOT FOR PROFIT ENTITY)		
NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH

# Application page 6

Billing address cannot be a PO Box

PROVIDER MAILING ADDRESS		
24. Address:		25. <input type="checkbox"/> Same as Primary Address
26. City:	27. State:	28. Zip Code:
29. Phone Number:		30. Fax Number:
31. Contact Name and Title:		
32. Email Address:		33. Provider Website URL:
BILLING-PAYMENT/REMIT ADDRESS		
34. Address:		35. <input type="checkbox"/> Same as Primary Address
36. City:	37. State:	38. Zip Code:
39. Billing Phone Number:		40. Billing Fax Number:
41. Billing Contact Name and Title:		
42. Billing Email Address:		

## Electronic Visit Verification (EVV)

Complete the EVV section and provide an EVV policy, if you are requesting to provide the following services:

- Personal Assistance
- Respite
- Supportive Home Care
- Nursing
- Behavior services
- Physical Therapy,
- Occupational Therapy
- Speech Language and Hearing
- Nutrition.

EVV CONTACT INFORMATION	
43. EVV Contact Name and Title:	44. EVV Contact Fax Number:
45. EVV Contact Phone Number:	46. EVV Contact Email Address:

# Application Page 6 continued

If you are providing residential services, make sure to indicate that your hours of operation are **24/7** on your application.

For your application, make sure to include **Emergency Contact information** that is monitored **24/7**. This ensures that there is always someone available for after-hours and emergency situations.

47. HOURS OF OPERATION							
<input type="checkbox"/> 24 Hours	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
<input type="checkbox"/> Specific Hours of Operation							

EMERGENCY CONTACT INFORMATION (AFTER HOURS OF OPERATION)	
48. Emergency Contact Name and Title:	49. Emergency Contact Phone Number:
50. Emergency Contact Email Address:	

# Application page 7

Please complete in full:

- Under Population Served, please list Mental Health or Intellectual/Developmental Disabilities as appropriate.

## SECTION 2: ADDITIONAL INFORMATION & QUESTIONS

MEDICAID CERTIFIED		MINORITY BUSINESS		MINORITY BUS, CERTIFIED		VETERAN OWNED BUSINESS	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1. Population(s) Served:							
2. Did the provider complete Cultural competency training?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is the provider an Indian Healthcare provider?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Does this office meet (Americans with Disabilities Act) accessibility requirement?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Does the provider have interpretation services? <i>If yes, please indicate what type:</i>						<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Does the provider have any other cultural or linguistic services (including ASL)? <i>If yes, please indicate what type:</i>						<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Languages provided:							

## OPTIONAL Demographics Information

### SECTION 3: OPTIONAL DEMOGRAPHICS INFORMATION

Business Ownership <i>(please select all which apply)</i>			Ownership Ethnicity <i>(please select one)</i>		
<input type="checkbox"/>	G	Government Owned	<input type="checkbox"/>	A	Asian
<input type="checkbox"/>	E	Race/Ethnic	<input type="checkbox"/>	B	African American
<input type="checkbox"/>	N	Non-Minority Owned	<input type="checkbox"/>	H	Hispanic
<input type="checkbox"/>	W	Female Owned	<input type="checkbox"/>	I	Native American Indian
<input type="checkbox"/>	P	Non-Profit Background (Minority Owned)	<input type="checkbox"/>	C	Caucasian
			<input type="checkbox"/>	O	Other

# Section 4 – General Questions

- For YES answers, please supply the requested document
- If you are currently contracted then you will answer “yes” to this question: *Has your agency provided (or is currently providing) any Medicaid funded services within Tennessee or another state?*

## SECTION 4: GENERAL QUESTIONS

For each question with a yes response, the applicant is required to submit details and final disposition as noted.

QUESTION	ANSWER
1. Has the provider had any professional liability claim judgments or settlements?	Choose an item.
2. Has the business ever had its professional liability coverage canceled or not renewed?	Choose an item.
3. Has the business been denied participation, suspended from, or denied renewal from Medicare or Medicaid?	Choose an item.
4. Has the business been denied accreditation by its selected accrediting body or had its accreditation status reduced, suspended, revoked or in any way revised by the accrediting body?	Choose an item.
5. Has any business owner, board member, or the executive director had a license denied, revoked, suspended, placed on probation, or surrendered to avoid loss of license or disciplinary action in Tennessee or another State? <i>*If yes, attach a statement with the application which specifies the state, business name, details, and legal disposition of such action.</i>	Choose an item.
6. Has the license to do business in any applicable jurisdiction ever been denied, restricted, suspended, reduced, or not renewed?	Choose an item.

# Selection of Services

## Scope of Services

**Applicants can apply to become a credentialed provider for the following programs:**

- Katie Beckett (KB)
- 1915c Waivers
- Employment and Community First CHOICES (ECF)
- CHOICES

### **INSTRUCTIONS:**

**Review Attachments:** Before selecting the program service(s) and region(s), review Attachments 1-4, which include:

- Credentialing Standards
- License Requirements
- Policy Requirements
- Service Definitions

# Selection of Services Continued

**Select Services and Regions:** Choose each service and region(s) you wish to provide under the corresponding program you wish to serve.

## Notes

- **Credentialed 1915c and Katie Part-B Providers:** Qualified for all counties in the selected region(s).
- **ECF Choices, CHOICES, Katie Part-A Providers:** Credentialed only under the counties and services selected. MCO contracts are based on network capacity, county, and services needed.

For more detailed information and requirements, please refer to the [Become a Credentialed Provider](#) page on [tn.gov](http://tn.gov).

# Applying for Therapy/Clinical Services

**To apply for Therapy/Clinical services, make sure to:**

- **Staff Requirements:** Have therapists and a Registered Nurse (RN) on staff.
- **Submit Licenses:** Include their professional licenses with your application.

This ensures you meet all the necessary criteria for providing Clinical services.

# Licenses

Please refer to **Attachment 2 – Licensure Requirements**. This document will guide you on which licenses are necessary for the services you are applying to provide.

If you have any specific questions about the licensure requirements or need further assistance, please reach out the appropriate licensing entity referenced on Attachment 2.

Licenses must remain active while services are being conducted. Providers must submit active licenses for verification during both the credentialing and recredentialing processes.

## ▼ Credentialing Applications

**Very Important:** The Prerequisites must be completed prior to submission of your Credentialing application. Please see the Prerequisites section of the application.

- [New Provider Credentialing Application](#)
  - [Expansion Credentialing Application](#)
  - [MCO Contract and County Expansion Request Form](#)
- 
- [Attachment 1: Credentialing Standards](#)
  - [Attachment 2: Licensing Requirements](#)

## MCO ECF CHOICES SERVICES

**PROGRAM SERVICE RESIDENTIAL:** ECF Community Stabilization and Transition (ECF CLS CST) Up to 90 Days

*NOTE: This service is used prior to placing persons in the appropriate level for CLS services. Please select when applying to provide CLS and CLS-FM services.*

### THE SERVICE LICENSE REQUIRED:

- DDA Licensure: ID & DD Residential Habilitation Facility – Licensed per home OR ID & DD Supported Living Services – Licensed per region
- Community Stabilization and Transition (CLS-CST) service is used prior to placing persons in the appropriate level for CLS services. Please select when applying to provide CLS and CLS-FM services

**THE SERVICE LICENSE REQUIRED FOR ANY ONE OF THE BELOW MCO ECF CHOICES RESIDENTIAL SERVICE:** DDA Licensure: DD Semi-Independent Living Services **and/or** ID Semi-Independent Living Services – Licensed per region

- **PROGRAM SERVICE RESIDENTIAL SERVICE:**ECF Community Living Supports 1a (ECF CLS 1a)
- **PROGRAM SERVICE RESIDENTIAL SERVICE:**ECF Community Living Supports 1b (ECF CLS 1b)
- **PROGRAM SERVICE RESIDENTIAL SERVICE:**ECF Community Living Supports 2 (ECF CLS 2)

# Personal Support Services Agency (PSSA)

## Licensing Bodies:

- The **Department of Mental Health and Substance Abuse Services (TDMHSAS)** licenses Personal Support Service Agencies (PSSA) that primarily serve mental health populations.
- The **Department of Disability and Aging (DDA)** licenses agencies that primarily serve individuals with intellectual/developmental disabilities or aging populations.

## Determining Criteria:

- The licensing body is determined by the majority population served by the agency.
- If an agency serves both populations, the department that licenses the agency is based on which population constitutes 51% or more of the people supported.

This helps ensure that agencies are licensed by the most appropriate department based on the needs of the populations they serve. Please note the population you support on the appropriate section of the application.

# Personal Support Services Agency License and Respite Services

## ATTACHMENT 2 - PROGRAM SERVICE LICENSE/CERTIFICATION REQUIREMENTS

KATIE BECKETT-Part A, KATIE BECKETT-Part B, 1915c WAIVERS, EMPLOYMENT AND COMMUNITY FIRST (ECF) CHOICES AND CHOICES

### THE FOLLOWING MCO KATIE BECKETT-PART A SERVICES ARE CONTRACTED EXCLUSIVELY THROUGH BLUECARE

**PROGRAM SERVICE PERSONAL ASSISTANCE/SUPPORTIVE HOME CARE-IN-HOME:** Supportive Home Care (KB-A SHC)

**THE SERVICE LICENSE REQUIRED:**

- DDA Licensure: Personal Support Services Agency- Licensed per region **OR**
- TDMHSAS License: Personal Support Services Agency (PSSA)
  - The determining criteria of which department should be the licensing body is determined by the population served by the agency (50% or more)
  - The majority of the population is reviewed during the annual licensure survey

**PROGRAM SERVICE RESPITE :** Respite (KB-A RES)

**THE SERVICE LICENSE REQUIRED:** DDA Licensure: ID & DD Respite Care Services- Licensed per region

# ECF CHOICES Group 7 & 8

## ATTACHMENT 2 - PROGRAM SERVICE LICENSE/CERTIFICATION REQUIREMENTS

KATIE BECKETT-Part A, KATIE BECKETT-Part B, 1915c WAIVERS, EMPLOYMENT AND COMMUNITY FIRST (ECF) CHOICES AND CHOICES

**PROGRAM SERVICE RESIDENTIAL:** ECF Intensive Behavioral Family-Centered Treatment, Stabilization and Supports Group 7 (ECF IBFCTSS 7)

**THE SERVICE LICENSE REQUIRED FOR MCO ECF Intensive Behavioral Family-Centered Treatment, Stabilization and Supports Group 7 (ECF IBFCTSS 7)**

### **Group 7 Requirements**

- DDA Licensure: Personal Support Services Agency– Licensed per region
- Personal Support Services Agency (PSSA) license from the Tennessee Department of Mental Health and Substance Abuse (TDMHSAS) **OR DDA AND**
- Masters' level clinician employed or contract- BCBA, LCSW, LMSW, LPC, LMHC, LMFT
- Behavior Support Specialist- DSP qualifications

**PROGRAM SERVICE RESIDENTIAL:** ECF Intensive Behavioral Community Transition and Stabilization Services – Group 8 (IBCTSS)

**THE SERVICE LICENSE REQUIRED FOR MCO ECF CHOICES Intensive Behavioral Community Transition and Stabilization Services – Group 8 (IBCTSS)**

### **Group 8 Requirements**

- DDA Licensure: ID & DD Residential Habilitation Facility – Licensed per home OR ID & DD Supported Living Services – Licensed per region, AND
- Masters' level clinician employed or contract- BCBA, LCSW, LMSW, LPC, LMHC, LMFT
- Behavior Support Specialist- DSP qualifications

# CHOICES License Notes

- **CHOICES Adult Care Home ( HCBS-ACH-1) and (HCBS-ACH-2)**
  - Requires Tennessee Department of Health: Adult Care Home Services; Licensed per location
- **CHOICES Assisted Care Living Facility ( HCBS-ACLF)**
  - Requires Assisted Care Living Facility (HCBS-ACLF); Tennessee Department of Health: Assisted Care Living Facility (ACLF); Licensed per location
- **CHOICES Adult Day Care (HCBS ADC)**
  - Licensed by the Tennessee Department of Human Services . For information about the licensing process see [How to Become a Licensed Adult Day Services Center](#) at [Learn More About Adult Day Services \(tn.gov\)](#)
- **CHOICES Home-Delivered Meals (CHOICES HDM)**
  - TN Professional License per location/region **OR** Business/Occupational License **OR** State License (related to food service or delivery) **OR** 501(c)3 Non-Profit tax-exempt nonprofit organization

# Services

**PLEASE SELECT ALL SERVICES AND REGION(S) THE PROVIDER WILL OFFER FOR THE FOLLOWING:**

KATIE BECKETT PART A

N/A

\*CONTRACTED EXCLUSIVELY THROUGH BLUECARE

PROGRAM SERVICES	WEST	MIDDLE	EAST
<b>PERSONAL ASSISTANCE/ SUPPORTIVE HOME CARE - IN-HOME</b>			
Katie Beckett Part A - Supportive Home Care (KB-A SHC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>RESPITE SERVICE</b>			
Katie Beckett Part A - Respite (KB-A RES)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ANCILLARY SERVICES</b>			
Katie Beckett Part A - Assistive Technology, Adaptive Equipment, and Supplies (KB-A ATAES)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Katie Beckett Part A - Minor Home Modification (KB-A MHM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DAY SERVICE</b>			
Katie Beckett Part A - Community Integration Support Services (KB-A CISS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TRANSPORTATION SERVICE</b>			
Katie Beckett Part A Community Transportation (KB-A TRANS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Mark all services you are LICENSED to provide
- Mark regions you are licensed **and** capable to serve

# 1915c Services

1915c WAIVERS

N/A

PROGRAM SERVICES	WEST	MIDDLE	EAST
<b>RESIDENTIAL SERVICES</b>			
DDA 1915c Family Model Residential Support (DDA FMRS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DDA 1915c Medical Residential Services* (DDA MEDRES) <small>*Must apply for Nursing Services <u>and</u> either Residential Habilitation <u>or</u> Supported Living</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DDA 1915c Residential Habilitation (DDA RES HAB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DDA 1915c Semi-Independent Living (DDA SIL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DDA 1915c Supported Living (DDA SL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DAY SERVICES</b>			
DDA 1915c Community Participation Supports (DDA CP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DDA 1915c Intermittent Employment & Community Integration Wrap-Around Supports (DDA IECW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DDA 1915c Non-Residential Homebound Support Services (DDA NRSHMB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Medical Residential Services require you to have a license for Supported Living or Residential Habilitation services. ***You must also apply to provide Nursing Services.***
- The transportation rate is not included in the rates for Personal Assistance and Respite. ***If you wish to provide these services, please also request transportation.***

# ECF CHOICES Services

PROGRAM SERVICES	WEST	MIDDLE	EAST
<b>RESIDENTIAL SERVICES</b>			
ECF Community Stabilization and Transition (ECF CLS CST) Up to 90 Days* <small>*This service is used prior to placing persons in the appropriate level for CLS services. Please select when applying to provide CLS and CLS-FM services.</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ECF Community Living Supports 1a (ECF CLS 1a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ECF Community Living Supports 1b (ECF CLS 1b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ECF Community Living Supports 2 (ECF CLS 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ECF Community Living Supports 3 (ECF CLS 3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ECF Community Living Supports 4 (ECF CLS 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ECF Community Living Supports Family Model 1a (ECF CLS-FM 1a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ECF Community Living Supports Family Model 1b (ECF CLS-FM 1b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ECF Community Living Supports Family Model 2 (ECF CLS-FM 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ECF Community Living Supports Family Model 3 (ECF CLS FM 3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ECF Community Living Supports Family Model 4 (ECF CLS FM 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- **CLS CST SERVICE:** This service is used to determine the level of need for residential services.
- **SELECTING LEVEL:** You must select each level you are licensed for and wish to provide.

This ensures that the services you offer are appropriately matched to the needs of the individuals you support.

# CHOICES Services

PROGRAM SERVICES	WEST	MIDDLE	EAST
<b>RESIDENTIAL SERVICES</b>			
CHOICES Community Living Supports 1 (HCBS CLS 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHOICES Community Living Supports 2 (HCBS CLS 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHOICES Community Living Supports 3 (HCBS CLS 3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHOICES Community Living Supports Family Model 1 (HCBS CLS FM 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- **CLS CST SERVICE:** This service is used to determine the level of need for residential services.
- **SELECTING LEVEL:** You must select each level you are licensed for and wish to provide.

This ensures that the services you offer are appropriately matched to the needs of the individuals you support.

# County and Region Services

- **1915c & Katie Beckett – Part B:**  
Credentialed and may be contracted for all counties and regions requested.
- **ECF/CHOICES/KB Part A:**  
Credentialed for all counties requested, but contracted counties depend on MCO needs.

- Mark “all counties” or specific counties you wish to provide services in.

PROGRAM	EXPLAIN IF NOT ALL SELECTED SERVICES DO NOT APPLY TO ALL COUNTIES SELECTED:
1915c Waivers	
Katie Beckett	
ECF CHOICES	
CHOICES	



Department of

**Disability & Aging**

**Expansion Application**

# Expansion Credentialing Application

- **Purpose:** To add programs, services, and/or regions.
- **Eligibility:** Must be currently credentialed and/or contracted through Katie Beckett (Part A or B), 1915c HCBS waivers, ECF Choices, or CHOICES.
- **Selection:** Choose the programs, services, and regions you wish to add.

# Expansion Credentialing Application Options

## TYPES OF EXPANSION APPLICATIONS:

- **OPTION A1:** DDA contracted/credentialed provider requesting additional DDA services (1915c waivers and/or Katie Beckett-Part B) and/or regions
- **OPTION A2:** DDA contracted/credentialed provider requesting to Add an MCO Program (ECF, CHOICES, and/or Katie Beckett-Part A), service(s) and/or region(s)
- **OPTION A3:** MCO contracted/credentialed provider requesting to add Another MCO Program (ECF, CHOICES, and Katie Beckett-Part A), service(s) and/or region(s)
- **OPTION B:** MCO contracted/credentialed provider (ECF, CHOICES, KATIE BECKETT-PART A) requesting to add the DDA program (1915C and KATIE BECKETT-PART B)



Department of

**Disability & Aging**

# Supporting Documents

HCBS Final Settings Rule, and Policies

# Tennessee Secretary of State

- **Proof of Active Status:** Submit documentation showing proof of active status with the Tennessee Secretary of State, authorizing your agency to conduct business.
- **Alignment with Forms:** Ensure this information aligns with the submitted Disclosure Form and tax forms.
- **Maintain Active Status:** Your business must remain in active status while it is open and operating. Failure to do so may result in not being recredentialed or having your license renewed.

*For more information on maintaining active status, you can visit the [Tennessee Secretary of State's Business Services](#) page.*

*\*Sole proprietors are not required to register with the Tennessee Secretary of State*



# Insurance Coverage

Please submit a quote or proof of insurance detailing: *Coverage Description; Insurance Company & Policy Number; Exceptions and Exclusions; Policy Effective Date; Policy Expiration Date; Limit(s) of Liability; and Name and Address of Insured.*

- a) The insurer's name must align with the submitted Tennessee Secretary of State, Disclosure Form, and tax forms.
- b) Only a QUOTE is required during the credentialing process.
- c) A valid Certificate of Insurance (COI) is **required** for each insurance type listed below before your contract may be activated.

# Insurance Coverage Requirements

## TYPES OF POLICIES AND COVERAGE:

- (1) Automobile coverage** (including owned, leased, hired, and non-owned vehicles coverage) with a bodily injury/property damage combined single limits not less than one million, five hundred thousand dollars **(\$1,000,000.00)**.
  - *The Department will accept, for Service Agreement and Credentialing purposes, \$1,000,000 in Automobile Liability Insurance, combined with an Umbrella Policy that has an additional \$500,000 in coverage. An Umbrella Policy cannot substitute the required \$1,000,000 Automobile Liability Insurance.*
- (2) Comprehensive Commercial General Liability** (including personal injury & property damage, premises/operations, independent Provider, contractual liability and completed operations/products coverage) with bodily injury/property damage combined single limit not less than **\$750,000.00 per occurrence** and **\$1,500,000 aggregate**.
- (3) Professional Malpractice Liability** coverage with a limit of not less than **\$750,000** and **\$1,500,000 aggregate**.
- (4) Workers' Compensation/ Employers' Liability** (including all States' coverage) with a limit not less than **\$750,000 per occurrence** for employers' liability.

# Executive Director

**See Attachment 1 to see what services require the Executive Director position.**

- Please be sure to clearly identify on your resume experience working with intellectual and/or developmental disabilities.**

# Executive Director / Managing Employee

- **EXECUTIVE DIRECTOR/MANAGING EMPLOYEE** shall mean and adhere to:
- Licensure rules: 0465-02-01-.01
- 11) “Chief Executive Officer or Director” means the individual appointed, designated, or hired by the governing body to be responsible for the licensee’s day-to-day operation.
- 0465-02-06-.02 (1b, c)
- (b) An organizational chart which clearly shows or describes the lines of authority between the governing body, the chief executive officer, and the staff;
- (c) Policy and procedures which ensure that someone is delegated the authority
- to act in the absence of the individual responsible for the operation of the facility/service
-

# Executive Director Requirements

**Please submit a resume for the person slated for the Executive Director position as required, ensuring the person meets one of the following educational and experience requirements:**

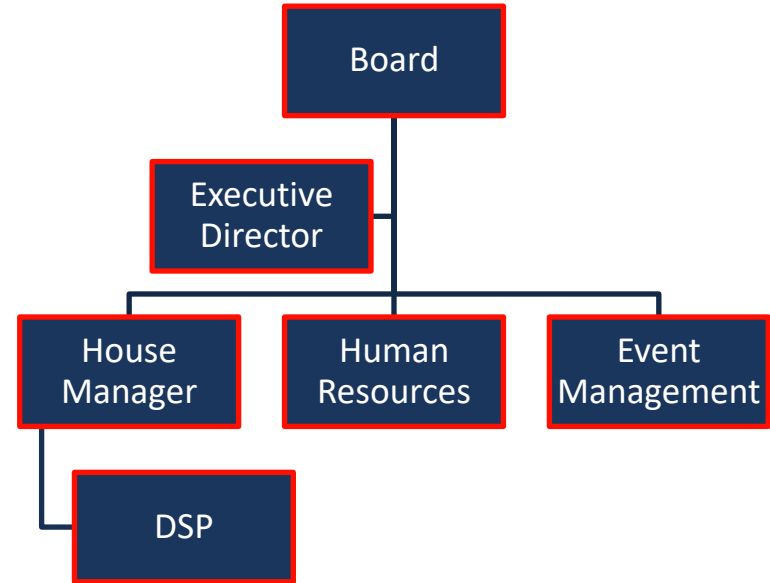
1. Bachelor's Degree in a human service field (such as social work, psychology, education, nursing, or closely related field) and five (5) years of experience in service delivery to persons with intellectual/developmental disabilities, with at least two (2) of these years serving in a supervisory capacity.
2. An Associate's Degree in nursing, education, or a related field and six (6) years of experience in service delivery to persons with intellectual/ developmental disabilities, with at least two (2) of these years serving in a supervisory capacity.
3. A Bachelor's Degree with seven (7) years of experience in service delivery to person with intellectual/developmental disabilities, with at least four (4) of these years serving in a supervisory capacity.
4. Substitute Experience for Education: Ten (10) years of experience in service delivery to persons with intellectual/developmental disabilities, with at least four (4) of these years serving in a supervisory capacity.
5. Existing providers of ECF and CHOICES services contracted with MCOs requesting to expand are exempt from this requirement.

# Organizational Chart

To complete your application, please submit an **organizational chart** that includes all agency participants, such as:

- Owner(s)
- Board of Directors/Advisory Board
- Executive Director/Managing Employee
- Management Staff
- Human Resources
- Direct Support Staff
- Housing Manager(s)
- Nurse(s)

Ensure that key operational positions and reporting structures are clearly demonstrated. Additionally, provide job descriptions to cover all required services.



# Job Descriptions

To complete your application, please ensure you provide the following:

- **Job Descriptions:** Include job duties, education requirements, and experience requirements for each position.
- **Consistency:** Ensure job descriptions match the titles/positions on the Organizational Chart.
- **Executive Director/Managing Employee:** The job description for the Executive Director must align with DDA requirements. The person slated for this position must meet the agency's education and experience requirements.

*This will help ensure that your application is comprehensive and meets all necessary criteria.*

# Job Descriptions Requirements

The Job responsibilities/ functions cited for specific policies on the Minimum Required Policies and Review Guidelines document must be noted in the job descriptions such as:

- Complaint Resolution
- Reportable Event Management
- Title VI
- Staff Training
- Personal Funds Management (Rep Payee, if applicable).

# Employment Services

When applying for employment services, you need to submit the following:

- **Supported Employment Manager/Front Line Supervisor Job**  
**Description:** This should outline the job duties, education requirements, and experience requirements for the role.
- **Identify the Person/Position:** Clearly identify the person or position who will fulfill the Supported Employment Manager/Front Line Supervisor role. This should be evident on your organizational chart.

**\*\*PLEASE NOTE:** Providers only applying for the Employment Services in any one or all the programs (1915c, ECF Choices, and CHOICES), The provider submits its application directly to DDA. The provider must meet credentialing then DDA will submit approval for the provider to obtain the Medicaid ID number.



# Budget & Proof of Funds

# Projected Budget

**To submit your forecast income statements (projected budget) for the initial six months of operation, follow these steps:**

- **Use Current Service Rate Structure:** Base your projections on the current Service Rate structure for the applicable program(s).
- **Monthly Breakdown:** Note each month separately, showing the growth of the agency as needed.
- **Direct and Indirect Operating Costs:** Address both direct and indirect operating costs, including but not limited to:
  - **Direct Costs:** Expenses directly tied to the production of services, such as salaries for direct support staff (\$15.68/hour), materials, and specific project costs.
  - **Indirect Costs:** Overhead expenses not directly linked to a specific service, such as administrative salaries, rent, utilities, and general office supplies.

# Projected Budget Continued

## Example of Direct and Indirect Costs

- **Direct Costs:**
  - Salaries for therapists and RNs
  - Materials and supplies for specific services
  - Salaries for Direct Support Professionals (DSP) at \$15.68/hour
- **Indirect Costs:**
  - Rent for office space
  - Utilities (electricity, water, internet)
  - Administrative salaries

## Additional Tips

- **Identify Service Rates and Levels of Need:** Clearly specify the service rates and levels of need used in your calculations.
- **Include Other Income:** Your budget can also include other sources of income, such as Supplemental Security Income (SSI) for residential services.
- **Forecast Growth:** Show the projected growth of your agency over the six months.

# Projected Budget Income

- **Identify Service Rates and Levels of Need:** Clearly specify the service rates and levels of need for each service you are requesting. This includes detailing the costs associated with each service and the level of support required.
- **Include Other Income:** Your budget can also include other sources of income, such as Supplemental Security Income (SSI) for residential services. SSI benefits can vary based on living arrangements and other factors

When preparing your budget for the application, make sure to:

- **Use Current Fiscal Year Rates:** Refer to the Available Service Rates for the current Fiscal Year (FY) document(s) for the applicable program(s) you are applying for.
- **Identify Service Rates and Levels of Need:** Clearly specify each service rate and level of need used in your calculations.
- **Provide Numbers:** Include the number of persons used to calculate each service.

# Projected Budget – Service Rates

Service Description	Rate	Unit Type	Daily Max Units
SUPPORTED LIVING LEVEL 1 - INDIVIDUAL/SHIFT	\$311.36	DAILY	1
SUPPORTED LIVING LEVEL 1 - INDIVIDUAL/SHIFT OUT OF STATE	\$311.36	DAILY	1
SUPPORTED LIVING LEVEL 2 - 2 PEOPLE	\$247.12	DAILY	1
SUPPORTED LIVING LEVEL 2 - 2 PEOPLE OUT OF STATE	\$247.12	DAILY	1
SUPPORTED LIVING LEVEL 2 - 3 PEOPLE	\$218.49	DAILY	1
SUPPORTED LIVING LEVEL 2 - 3 PEOPLE OUT OF STATE	\$218.49	DAILY	1
SUPPORTED LIVING LEVEL 2 - INDIVIDUAL/COMPANION	\$260.77	DAILY	1
SUPPORTED LIVING LEVEL 2 - INDIVIDUAL/COMPANION OUT OF STATE	\$260.77	DAILY	1
SUPPORTED LIVING LEVEL 2 - INDIVIDUAL/SHIFT	\$450.21	DAILY	1
SUPPORTED LIVING LEVEL 2 - INDIVIDUAL/SHIFT OUT OF STATE	\$450.21	DAILY	1
SUPPORTED LIVING LEVEL 3 - 2 PEOPLE	\$442.74	DAILY	1

For example, (for Fiscal Year 2025-2026) when supporting 2 level 3 people reimbursement would be \$442.74/day/per person.

$\$442.74 \times 30 = \$13,282.20$ ;  
 $\$442.74 \times 31 = \$13,724.94$

# SAMPLE Personal Assistance Budget

Service Description	Rate	Unit Type	Daily Max Units
PERSONAL ASSISTANCE QTRHR	\$6.59	QTRHR	96

- **How would you create a budget for PA? How do you know the number of hours to budget for?**
  - The fee schedule tells you how much the reimbursement is per quarter hour and tells you the max amount of units per month.
  - PA max amounts = 860 units (215 hours) per waiver participant per month.

# CAPS

Units and Max are noted on the chart. Keep in mind:

- **Non-residential habilitation services (Supported Employment-Individual Employment Supports (except as noted below); Supported Employment-Small Group Employment Supports; Community Participation Supports; Intermittent Employment and Community Integration Wrap-Around Supports; Facility-Based Day Supports) and either the Residential Special Needs Adjustment-Homebound or the Non-Residential Homebound Support Service**, when combined, may involve no more than 5,832 quarter hour units/year and no more than 240 quarter hour units in a fourteen day billing period.
- **Respite** is Limited to a maximum of 30 days per person supported per calendar year.
- **Nursing** Services shall be limited to a maximum of 48 units (12 hours) per day per waiver participant.
- **CLS-BHCST** services are limited to 90 days

# Expenses

**EXPENSES:** employee salaries and other employee costs, facility costs, utilities, transportation, service contracts, administrative cost, workman's compensation insurance, licensure fees, other support services, etc. *For employee salaries, please be sure to reflect coverage for the services and levels of need reported in calculations.*

	January	February	March	April	May	June
Rent	\$1,700	\$1700	\$1700	\$1700	\$1700	\$1700
Office Supplies	\$150	\$150	\$150	\$175	\$175	\$175
Insurance	\$350	\$350	\$350	\$350	\$350	\$350
Cable, Internet & Phone	\$350	\$350	\$350	\$350	\$350	\$350
Employee Salaries	\$33,760	\$33,760	\$33,760	\$33,440	\$33,440	\$33,440
<b>TOTAL</b>	<b>\$36,440</b>	<b>\$36,440</b>	<b>\$36,440</b>	<b>\$39,015</b>	<b>\$39,015</b>	<b>\$39,015</b>

Total six  
month  
expenses:

\$226, 365

*\*\*Per the example: Proof of funds must be submitted for at least \$226,365*

# Proof of Eligible Funds

To complete your application, please submit a signed letter from a bank or lending institution that includes the following:

- **Proof of Access to Funds:** The letter must show proof of access to funds equal to or exceeding the initial six months of projected expenses. This can include operational reserves or a line of credit. This letter must be dated within six (6) months of the application submission date.
- **Account Information:** The letter must indicate that the account is in the name of the agency.
- **No Bank Statements:** Bank statements will not be accepted as proof.

*This ensures your agency has the necessary financial stability to support its operations.*



# Centers of Medicaid & Medicare Services (CMS) HCBS Settings Rule

# Centers of Medicaid & Medicare Services (CMS) HCBS Settings Rule Requirements

The **Home and Community-Based Services (HCBS) Settings Final Rule**, issued by the Centers for Medicare & Medicaid Services (CMS) in January 2014 and effective March 17, 2014, introduced significant changes to ensure that individuals receiving Medicaid-funded HCBS have full access to the benefits of community living and receive services in the most integrated settings possible

## Key Requirements of the HCBS Settings Rule

- **Definition of HCBS Settings:**
  - The rule redefined what qualifies as a home and community-based setting, focusing on the **qualities of the setting** rather than its location or physical characteristics.
  - Settings must support **individual autonomy, integration into the community, and freedom of choice.**
- **Person-Centered Planning:**
  - States must ensure that service planning is **person-centered**, meaning it reflects the individual's preferences, goals, and needs.
  - The planning process must be led by the individual and include people they choose to involve.
- **Transition Plans:**
  - States were required to **evaluate all current HCBS settings** and submit **Statewide Transition Plans** to CMS.
  - These plans had to outline how the state would bring all settings into compliance with the new rule.
  - CMS allowed states up to **five years** to fully implement the rule, with the final compliance deadline extended to **March 17, 2023**, due to COVID-19 and other challenges.

# Centers of Medicaid & Medicare Services (CMS) HCBS Settings Rule Summary

- **Applicability:**
  - The rule applies to HCBS provided under Medicaid authorities: **1915(c) waivers**, **1915(i) State Plan HCBS**, and **1915(k) Community First Choice**.
- **Public Input:**
  - States were required to seek **public input** on their transition plans and any significant changes to HCBS programs.
- **Compliance Monitoring:**
  - CMS provided states with **flexibility** in implementation but also retained the authority to enforce compliance through corrective actions if necessary.

# Key Provisions of the Rule

Integration and  
access to the  
community

Offers choice of  
Settings

Ensures Individual  
Rights in the least  
restrictive  
Environment



Live  
Work  
Play

Encourages  
Independence

Offers choice of  
Services and  
Service Providers



Privacy  
Dignity  
Respect

# Centers of Medicaid & Medicare Services (CMS) HCBS Settings Rule Continued Summary

## Intent of the HCBS Settings Rule

- To ensure that individuals receiving long-term services and supports (LTSS) through Medicaid HCBS programs under:
  - **1915(c)** (waivers),
  - **1915(i)** (State Plan HCBS), and
  - **1915(k)** (Community First Choice),
  - ...have:
- **Full access to community living, and**
- **Opportunities to receive services in the most integrated setting appropriate** to their needs.

## Assessing Initial Compliance

- Before contracting with new providers and during ongoing monitoring, the **Department of Disabilities & Aging (DDA)** must ensure:
  - All HCBS settings comply with **42 C.F.R. § 441.301(c)(4)-(5)**.
  - Compliance aligns with the **state's approved transition plan**.

# HCBS Settings Rule Compliance

## Ongoing Compliance Monitoring

- Compliance is embedded in multiple layers of the service system:
- **Person-Centered Planning:** Key rule provisions are integrated into the planning and support process.
- **Quality Assurance Reviews:** Regular reviews include compliance checks.
- **Policies and Protocols:** Organizational rules reflect HCBS requirements.
- **Individual Experience Assessments:** Conducted:
  - Annually during planning, and
  - Whenever there is a **residential move**.

## Modifications to the Rule

- Any deviation from the standard HCBS requirements must:
- Be based on a **specific assessed need**,
- Be **justified and documented** in the **person-centered service plan**.

# Self-Assessments

To ensure compliance with the Centers for Medicaid and Medicare Services (CMS) guidelines, follow these steps:

- **Compliance Plan:** Show a plan to comply with CMS guidelines at the time of credentialing and ensure ongoing compliance monitoring.
- **Answer Questions:** As a new provider, answer questions related to future and current sites, detailing how you plan to implement these Federal guidelines.
- **Follow Instructions:** Adhere to the instructions provided at the beginning and end of each tool when answering questions.
- **Evidence Section:** In the "evidence" section of the self-assessments, specify the name of the policy or document that provides proof of your compliance plan.

Please submit the following documentation to demonstrate how your agency will meet 100% compliance with the HCBS Settings Rule. This includes, but is not limited to the following:

- Employment application
  - Resident handbook
  - Specific name of policy
- Please verify evidence is documented where indicated.
  - General statements in lieu of policy or document will not be accepted as proof of an intent to comply.

# Questions

SAMPLE QUESTION	YES/NO	Required Evidence of Compliance with HCBS rules
Does the setting offer onsite services, such as day habilitation, medical, behavioral, therapeutic, social and or recreational services in a manner that comports with the HCBS Setting Rule?	Yes	"Rights Policy" states these services can be provided in the person's home should they desire.
Do all residents have a legally enforceable agreement with the setting landlord?	Yes	We are applying to provide supported living services and leases will be between the person and their landlord. However, we will inform them of their right to this legally enforceable agreement in the "Resident Handbook".
Does the setting offer the same responsibilities/protections from eviction for Medicaid recipients as all tenants under the Uniform Residential Landlord and Tenant Act?	Yes	Please see the "resident handbook" which states the person will not be evicted should they decide to change provider agencies.
Are cameras that are present inside the setting only utilized in direct relation to the person-centered plan of care? (Put N/A if no cameras are present in the setting)	N/A	Cameras will NOT be used, please see "HCBS policy"
Is there a curfew or other requirement for a scheduled return to the setting?	NO	The "Rights Policy" shows the person will not be required to be at home or other location at a specific or scheduled time and no curfew is present.
Are individuals receiving Medicaid HCBS facilitated in accessing amenities such as a pool or gym use by others on-site?	Yes	The "Resident Handbook" states the person has the right to use any amenities such as pool or gym available at their residence (i.e., leased apartment building).

## [TN RESIDENTIAL PROVIDER SELF-ASSESSMENT: CLICK HERE](#)

Only **one** TN Residential Provider Self-Assessment is required for **all** residential services requested.

- **1915c Waiver Services:** Family Model Residential Support, Medical Residential, Residential Habilitation, Semi-Independent Living, and Supported Living.
- **ECF CHOICES:** Community Living Supports (1a-4), Community Living Supports – Family Model (1a-4), Intensive Behavioral Community Transition and Stabilization Services, Community Stabilization and Transition, Behavioral Health Community Stabilization and Transition 2a & 2b, and Emergency Placement.
- **CHOICES:** Assisted Care Living Facility, Community Living Supports (1-3), Community Living Supports – Family Model (1-3) and Adult Care Home (1 and 2).

# TN NON-RESIDENTIAL PROVIDER SELF-ASSESSMENT: CLICK HERE

Only **one** TN Non-Residential Provider Self-Assessment is required for **all** non-residential services requested.

- **1915c Waiver Services:** Community Participation Supports, Intermittent Employment & Community Integration Wrap-Around Supports, Non-Residential Homebound Support Services, and Supported Employment – Individual Job Development, Supported Employment – Individual Job Coaching, Supported Employment – Small Group, Benefits Counseling, Exploration, Discovery
- **ECF CHOICES:** Community Integrated Support Services, Independent Living Skills Training, Co-Worker Supports, Discovery, Exploration for Wage Employment, Job Development Plan, Job Development Startup, Self-Employment Startup, Situational Observation and Assessment, Job Coaching Integrated Competitive Employment, Job Coaching Self Employment , Supported Employment – Small Group Enclave, Supported Employment – Small Group Mobile Work Crew, Integrated Employment Path Services, Prevocational Training, Career Advancement, and Benefits Counseling
- **CHOICES:** Adult Day Care, Exploration for Wage Employment, Exploration for Self-Employment, Discovery, Situational Observation and Assessment, Job Development Plan, Self-Employment Plan, Job Development Start-up, Self-Employment Start-up, Job Coaching Integrated, Competitive Employment, Job Coaching Self-Employment, Co-Worker Supports, Integrated Employment Path Services: Pre-Vocational, Career Advancement, Benefits Counseling
- **Katie Beckett A & B:** Community Integrated Support Services



Department of

**Disability & Aging**

**Policies**

# Writing Policies

By following these steps, you can create clear and effective policies which meet the required standards:

- **Implementation Plan:** Write policies which explain your plan for implementation and the processes to monitor the agency's effectiveness and success.
- **Address Critical Elements:** Ensure all critical elements are addressed and indicate in the guidelines where each element is covered in your policy.
- **Agency Name:** Only list your agency's name in the policies.
- **Evidence:** Ensure evidence is provided where indicated.
- **Proofreading:** Spell check and proofread your policies to ensure accuracy and clarity.
- **Department Name:** Make sure your policy reflects the appropriate State of Tennessee Department Name. We are the Department of Disability & Aging (DDA), not the Department of Intellectual and Developmental Disabilities (DIDD).

# Attachment 3 – Provider Credentialing Policy Requirements

Please see [ATTACHMENT 3- Provider Credentialing Policy Requirements](#) for policy requirements per service type

## ATTACHMENT 3 – POLICY & PROCEDURE CREDENTIALING REQUIREMENTS KATIE BECKETT (PART A), KATIE BECKETT (PART B), 1915c HCBS WAIVERS, EMPLOYMENT AND COMMUNITY FIRST (ECF) CHOICES, AND CHOICES

*Column 1 is the required program and row one is the service category. See the [Minimum Required Policies & Review Guidelines](#) for the critical element requirement for each service category*

SERVICE CATEGORIES:	Residential	Day	Employment See Initial Credentialing Requirements below	Personal Assistance	Support Coordination	Respite	Therapy/ Clinical Services	Ancillary Services	*Enabling Technology Also submit the ADDITIONAL REQUIREMENT SPECIFIC TO ENABLING TECHNOLOGY below	Transportation	**Other Services
Accounting for Personal Funds	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Advocacy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Back-up Staffing Plan	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Complaint Resolution	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Criminal Background Check**	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Crisis Intervention including Use of Positive Approaches	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Deficit Reduction Act	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Documentation of Services	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Electronic Visit Verification (EVV)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Emergency/Urgent Care	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fire, Sanitation and Emergency Precautions	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
HCBS Setting Rule	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
• TN Residential	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Provider Self-Assessment and TN Non-Residential Provider Self-Assessment	Residential	Day	Employment	Personal Assistance	Support Coordination	Respite	Therapy/ Clinical Services	Ancillary Services	*Enabling Technology	Transportation	**Other Services
Good Nutrition	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Health Care Needs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medication Safety	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Organization's Person-Centered Approach	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Personnel Procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Person Supported Records Management	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Protection and Promotion of Rights	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Quality Assessment, Assurance, and Improvement	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Reportable Event Management (REM)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Respect to Person Supported	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Succession Planning	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Title VI	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Transportation to people Supported	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Well Trained Staff	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

*requirement for each service category*

*For example: Residential and Day providers are required to have all policies except EVV.*

# Minimum Required policies & Review Guidelines Tool

## Please complete and submit the Minimum Required Policies & Review Guidelines Tool:

When developing your policies, make sure to:

- **Include Critical Elements:** Clearly demonstrate all critical elements in each policy. These elements are essential for setting standards and expectations to ensure health, safety, and accessibility.
- **Concepts and Expectations:** Outline the key concepts and expectations that your agency will adhere to.
- **Outcomes:** Define the desired outcomes to measure the effectiveness and success of your policies.

By thoroughly addressing these aspects, you can create robust policies that meet the required standards and effectively support your agency's mission.

# Minimum Required policies & Review Guidelines Tool Example



## Minimum Required Policies & Review Guidelines

The following policies and critical elements are being provided to aid the applicant in developing standards and expectations to ensure health, safety, and accessibility. The provider must ensure the concepts, expectations, and outcomes are clearly demonstrated in each policy.

<b>ACCOUNTING OF PERSONAL FUNDS .....</b>	<b>1</b>	<b>MEDICATION SAFETY .....</b>	<b>13</b>
<b>ADVOCACY .....</b>	<b>2</b>	<b>ORGANIZATION'S PERSON-CENTERED APPROACH .....</b>	<b>13</b>
<b>BACK-UP STAFFING PLAN .....</b>	<b>3</b>	<b>PERSON SUPPORTED RECORDS MANAGEMENT .....</b>	<b>14</b>
<b>COMPLAINT RESOLUTION .....</b>	<b>4</b>	<b>PERSONNEL PROCEDURES .....</b>	<b>15</b>
<b>CRIMINAL BACKGROUND CHECK.....</b>	<b>4</b>	<b>PROTECTION &amp; PROMOTION OF RIGHTS.....</b>	<b>18</b>
<b>CRISIS INTERVENTION INCLUDING USE OF POSITIVE APPROACHES .....</b>	<b>6</b>	<b>QUALITY ASSESSMENT, ASSURANCE, AND IMPROVEMENT.....</b>	<b>19</b>
<b>DEFICIT REDUCTION ACT (DRA) POLICY ON FRAUD, WASTE, AND ABUSE .....</b>	<b>8</b>	<b>REPORTABLE EVENT MANAGEMENT (REM).....</b>	<b>21</b>
<b>DOCUMENTATION OF SERVICE DELIVERY .....</b>	<b>8</b>	<b>RESPECT TO PERSONS SUPPORTED.....</b>	<b>32</b>
<b>ELECTRONIC VISIT VERIFICATION (EVV).....</b>	<b>8</b>	<b>SUCCESSION PLANNING.....</b>	<b>32</b>
<b>EMERGENCY/URGENT CARE .....</b>	<b>10</b>	<b>TITLE VI.....</b>	<b>33</b>
<b>FIRE, SANITATION, AND EMERGENCY PRECAUTIONS .....</b>	<b>11</b>	<b>TRANSPORTATION TO PEOPLE SUPPORTED .....</b>	<b>34</b>
<b>GOOD NUTRITION .....</b>	<b>12</b>	<b>WELL-TRAINED STAFF (PAID AND UNPAID) .....</b>	<b>34</b>
<b>HEALTH CARE NEEDS .....</b>	<b>12</b>		

# Critical Elements

## TITLE VI

Required for ALL service [categories](#)

REQUIRED CRITICAL ELEMENT(S)	PLEASE INDICATE POLICY NAME, PAGE #, AND LOCATION
1. Ensures the person receives equal treatment, equal access, equal rights, and equal opportunities without regard to race, color, national origin or Limited English Proficiency (LEP).	
2. Agency has a designated Title VI Local Coordinator.	
3. Addresses a system to ensure people know who the Local Coordinator is and how to contact him/her.	
4. Addresses employee training to ensure Title VI compliance during service provision, recognition of and Employee progressive disciplinary actions Title VI violations, complaint procedures and appeal rights pertaining to violations and governing response to employees who do not maintain Title VI compliance in interacting with people.	
5. Provides meaningful access and arranges language assistance to persons of limited English proficiency (interpreters and/or language appropriate written materials).	
6. Discusses how people supported are informed of Title VI.	
7. Describes a mechanism for advising people of their options for filing a Title VI complaint.	
8. Title VI materials are displayed in conspicuous places accessible to all.	
9. Residential providers must ensure room assignments and transfers are made without regard to race, color, or national origin.	
10. Employees are oriented to their Title VI responsibilities and the penalties for noncompliance within the first sixty (60) days of employment with documentation placed in personnel files.	
11. Annual Title VI in-service training is completed and documented in personnel file.	
12. All providers must ensure that vendors, subcontractors, and other contracted entities are clearly informed of Title VI responsibilities and are required to maintain Title VI compliance.	
13. All providers must complete and submit an annual Title VI self-survey.	

# Policy Critical Elements

## CRIMINAL BACKGROUND CHECK

Required for ALL service categories

**NOTE:** The applicant can elect to use the [Criminal Background Check Sample Policy](#) or develop its own policy. For the applicant to develop its own policy, each critical element below must be incorporated in the policy.

Critical Element(s)	Indicate policy name, page # and location
1. Does agency policy address criminal background check and registry check requirements for all employees, subcontractors, and volunteers?	
2. For employees, subcontractors, and volunteers of providers who will be providing direct contact with, or direct responsibility for, members, the criminal background check and registry check must have been performed within thirty (30) days of the first day the employee, subcontractor, or volunteer begins providing direct contact with, or direct responsibility for, members.  As it relates to volunteers providing direct contact, providers may accept a criminal background check conducted by an agency which has provided the volunteer instead of conducting an additional background check on the volunteer, as long as the criminal background check meets the provider's criteria (e.g., goes back the same number of years the provider requires for checks of its staff), and was conducted no later than three hundred and sixty-five (365) calendar days earlier from the date the volunteer will begin assisting any member. However, even if the provider is relying on the results of a criminal background check conducted by the volunteer agency, the provider shall still conduct the required registry checks of the six registries listed above itself prior to the volunteer providing direct contact with, or direct responsibility for, a member.	
3. All applicants for employment must be informed of the fingerprint sample and/or the criminal background check requirement.	
4. Employment applications must require that applicants list any and all prior convictions, or if they have been required to register as a sexual offender.	
5. A signed release authorizing information from the background check to be disclosed to the provider	

# Sample Policies

- Use SAMPLE policies supplied.
- Remove “sample” watermark.
- Amend “amended date” to current date.
- For the EVV policy, please address the areas highlighted.

These may be found on the website:

[HERE](#)

- [Minimum Required Policies and Review Guidelines](#)
- [Criminal Background Check Sample Policy](#)
- [Electronic Visit Verification \(EVV\) Sample Policy](#)
- [Reportable Event Management \(REM\) Sample Policy](#)

# Sample Policies – Criminal Background Check



[AGENCY NAME]

## Criminal Background Check

- Place your name on the policy
- Remove Watermark
- Place “today’s date” in the footer

*\*By placing your name on this document, you state the following:*

1. *You have made no changes to the document.*
2. *You agree to the implementation of the requirements noted within.*
3. *You agree to maintain policies to ensure all updates are reflected.*

# EVV Sample Policy

## AGENCY NAME

\*By placing your name on this document, you state the following:

1. You have made no changes to the document.
2. You agree to the implementation of the requirements noted within.
3. You agree to maintain policies to ensure all updates are reflected.

Policy No. [INSERT#]	<b>Electronic Visit Verification (EVV)</b>
Definition	<b>Electronic Visit Verification System:</b> An electronic system paid caregivers use to check-in at the beginning and check out at the end of each period of service delivery (shift). The system is used to monitor the person's receipt of specified services and to generate claims for submission by the provider.

### Policy:

Dedicated Staff	[AGENCY NAME] will have at least one (1) dedicated staff assigned to work EVV during and after business hours.
	In addition, [AGENCYNAME] knows there must be at least one (1) backup staff to manage the EVV system as it relates to billing, exception handling, and late and missed visit reporting. [TITLE/NAME] will act as the primary backup for [AGENCYNAME]
	The Provider is expected to have a dedicated office staff that will perform system maintenance in the EVV system to validate and confirm services were provided.
	Providers must have an on-call process outlined for afterhours monitoring of EVV.  [explain your process in detail]
Timelines	[AGENCYNAME] will ensure we have sufficient staff to provide services in accordance with the person's plan of care. [AGENCYNAME] is responsible for having adequate backup staff in the event the originally

For EVV, please be sure to note agency name and processes in highlighted sections



Department of

**Disability & Aging**

**Closing**

Contacts, and Questions

# Contracting

The final step to authorize the 1915C WAIVERS SERVICE(S) AND KATIE BECKETT- PART B is to **immediately register in the TennCare Provider Registration Portal -Data Management System (PDMS) portal.** [PDMS User Login](#)

- The Provider Agreement (DDA Contract) is generated electronically via the PDMS portal.
- An email will be sent to you using the email address listed above which will include instructions as well as a link to the portal and your application number (25-000-00) that you will need to use to connect to DDA services.
- Once you have completed the DDA sections in the portal, uploaded required documents (e.g. certificate(s) of required insurance policies, etc.), electronically signed the Provider Agreement, DDA Office of Business Services will review the information. If there are any discrepancies or concerns, you will be contacted via email.

# Contracting Continue

- At that point, DDA and TennCare will each conduct a final review and approval of your account information in the portal and sign the Provider Agreement. Once all three signatures have been obtained and your Edison account is set up, DDA will send your agency information to Therap to be set up and you will be contacted by DDA's Regional Office with any additional instructions needed.
- Once you have finalized your provider agreement in the TennCare Provider Registration Portal.

***Completion of credentialing is not a guarantee of contract with the MCOs.***



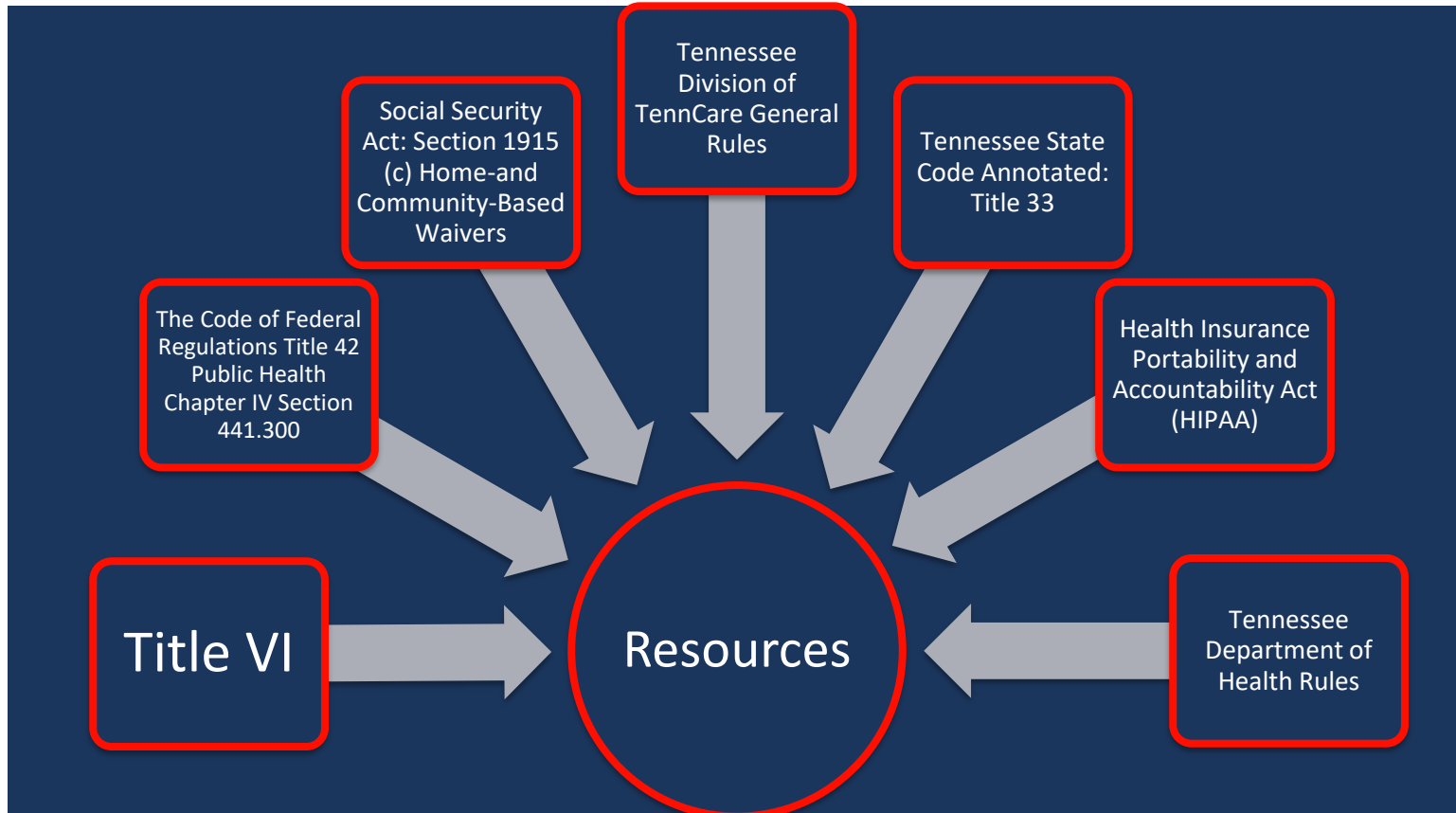
# DDA Website Information

To complete the application process, you can refer to the [How to Become a Credentialed Provider](#) website. This resource provides all the necessary information and tools, including:

- Applications
- Available service rates
- HCBS Settings Rule (Residential and Non-Residential Self-Assessment Tools)
- Minimum Required Policies & Review Guidelines
- Service definitions
- Service License requirements

This website will guide you through each step of the process and ensure you have all the information you need. If you have any further questions or need assistance, feel free to ask!

# Additional Resources



# DDA Credentialing Unit Regional Contacts

All questions and correspondence should be directed to:

[DDAProvider.Application@tn.gov](mailto:DDAProvider.Application@tn.gov)

## **DDA Central Office**

DDA • 500 James Robertson Parkway  
Davy Crockett Tower, Second Floor  
Nashville, TN 37243

### **Linda Maurice, Statewide Provider Enrollment Coordinator**

Phone: 615-532-6568

Email: [DDAProvider.Application@tn.gov](mailto:DDAProvider.Application@tn.gov)

### **Sandra Wise, Statewide Director Provider Supports & Services**

Phone: 615-741-6159

Email: [Sandra.Wise@tn.gov](mailto:Sandra.Wise@tn.gov)

## **Middle Regional Office**

Stamps Building, 2<sup>nd</sup> Floor  
291 Stewarts Ferry Pike  
Nashville, TN 37214

### **Karen Johnson, Provider Development Coordinator**

Phone: 615-231-5021

Email: [Karen.Johnson@tn.gov](mailto:Karen.Johnson@tn.gov)

### **Janelle Houpt, Provider Credentialing Support**

Phone: 615-231-5094

Email: [Janelle.Houpt@tn.gov](mailto:Janelle.Houpt@tn.gov)

### **KaRae Frierson, Director of Operations**

Phone: 615-231-5516

Email: [KaRae.Frierson@tn.gov](mailto:KaRae.Frierson@tn.gov)

## **West Regional Office**

11437 Milton Wilson Rd  
Arlington, TN 38002

### **Tamika Anderson, Provider Development Coordinator**

Phone: 901-371-3019

Email: [Tamika.Anderson@tn.gov](mailto:Tamika.Anderson@tn.gov)

### **Linda Hall, Director of Operations**

Phone: 901-745-7553

Email: [Linda.Hall@tn.gov](mailto:Linda.Hall@tn.gov)

## **East Regional Office**

520 West Summit Hill Drive, Suite 201  
Knoxville, TN 37902

### **Lori Kieffer, Provider Enrichment Coordinator**

Phone: 865-594-9296

Email: [Lorene.M.Kieffer@tn.gov](mailto:Lorene.M.Kieffer@tn.gov)

### **Carmel Beatty, Deputy Director**

Phone: 865-594-9339

Email: [Carmel.Beatty@tn.gov](mailto:Carmel.Beatty@tn.gov)

# Any Questions?

