Provider Recredentialing Protocol

Effective February 1, 2023, The Department of Developmental and Intellectual Disabilities (DIDD) serves as the recredentialing authority for all 1915c, Employment and Community First (ECF) Waiver program, Katie Beckett (KB) Services- Part A and B (collectively "provider services"), and ECF Providers who provide CHOICES Waiver Services . Effective June 1, 2024, DIDD serves as the credentialing authority for CHOICES Providers who also provide 1915c, and/ or Katie Beckett services. This protocol describes the mandatory process for recredentialing.

Purpose

As part of on-going recredentialing requirements, DIDD Provider Support shall conduct provider reviews to ensure providers remain in compliance with credentialing standards per TennCare' s Contract Risk Agreement (CRA) and National Committee for Quality Assurance (NCQA) requirements. DIDD will work with the three MCOs to coordinate joint reviews to ensure providers are only audited by one entity.

Recredentialing Steps with Time Frames

Recredentialing Date Established

- The 1915c, ECF, CHOICES, and KB providers shall have a recredentialing or "Re-Cred" date established by DIDD when a contract is signed between the provider and the MCO.

A. 180-calendar days (no later than 90-calendar days) prior to Recredentialing Date

1 The DIDD Provider Support team (PST) member initiates recredentialing of providers prior to the provider's recredentialing due date by emailing the provider the "Recredentialing Packet," which consists of the following:

a. Outreach letter
b. Licensure Requirements
c. Recredentialing Process for Providers PowerPoint --to assist with explaining expectations of the process.
d. Link to the DIDD Recredentialing Application
e. Instructions for completing the DIDD Recredentialing Application
f. Recredentialing Review Checklist
g. Employee Roster
h. Personnel Checklist

B. 150-calendar days (no later than 60-calendar days) prior to Recredentialing Date

1. Recredentialing applications are to be received by DIDD 150 calendar days (and no later than 60-calendar days) of the provider's Recredentialing Due Date.
2. DIDD receives the application and supporting documentation as requested.
3. The Recredentialing application and supporting documents are submitted to the recredentialing email inbox.

45-calendar days prior to Re-Cred Date

1. The DIDD Provider Support team member shall complete a desk review of the application and submitted documents utilizing the Recredentialing Checklist and Recredentialing Review Tool at least 45 calendar days prior to Recredentialing date.
2. Once the review is complete, the Provider Support team member will make a recommendation to RQMC regarding recredentialing of the 1915c, ECF, CHOICES, and/or KB provider.

30-calendar days prior to Re-Cred Date

1. RQMC reviews the recommendation and determines recredentialing.
2. The Provider Support Team member will send the provider a Recredentialing Letter.

Completion of Recredentialing Review

1. If the provider is compliant with all elements of the recredentialing review, the PST member will upload the recredentialing checklist and tool into each Provider's folder located in SharePoint.
2. If the provider is not compliant with all components of the recredentialing review, the DIDD PST member will communicate the results of the review in writing and will request a corrective action plan with resolution of findings within 14-calendar days of the provider receiving notification.
3. The PST member will conduct a second desktop review after the completion of the Corrective Action Plan to determine if the provider has met requirements.
4. If the provider fails to respond and/or submit a Corrective Action Plan within fourteen (14) business days as requested, the PST team member will send a second request and/or contact the provider by phone to request Corrective Action Plan (CAP), allowing seven (7) business days to comply.
5. If DIDD does not receive a CAP in response to the second request, the provider will be submitted to RQMC and SQMC for the determination of next steps.
6. The provider's failure to respond to the resolution of findings may result in further administrative actions up to termination.
7. Once the review is completed, the Provider Support Team Reviewer will issue a letter to the provider regarding their recredentialing status.

Recredentialing Review

The DIDD Provider Support Team Member shall complete a desk review of the application and submitted documents utilizing the Recredentialing Tool.

❖ *Verification of Contact Information*

1. *Address, phone, email for site locations*
    a. *Employment, if applicable*
    b. *Reportable Events*
    c. *Recredentialing*
    d. *Billing*
2. *Verification of Approved Services and Counties*
3. *Verification of Services and Counties (actually providing services)*
4. *Medicaid ID Number*
5. *National Provider Identifier (if applicable)*
6. *Tax Identification Number (TIN)*
7. *Organizational (Org.) Chart*
8. *Job Descriptions*

❖ *Licensure:*

1. *State and/or County of TN Business License as applicable*
2. *Applicable Service License(s)*
3. *Applicable Professional Licenses and/or Certifications per applicable employee.*
4. *Professional Support Service License*

❖ *Insurance:*

1. *General Liability Insurance*
2. *Professional Liability Insurance, if applicable*
3. *Automobile Coverage, if applicable*
4. *Worker's Compensation Insurance*

❖ *REM Process Review:*

1. *Reportable Events Management policy*
2. *Assess REM training compliance*
3. *Assess Background Check/ registry review compliance*

❖ *Policy Review*

1. *Advocacy**
2. *Conducting criminal background/registry checks**
3. *Personal Funds Policy**
4. *Crisis Intervention Policy**
5. *Complaint and Appeal Policy**
6. *Emergency/ Urgent Care Policy**
7. *Fire, Sanitation and Emergency Precautions**
8. *Health Care Needs**
9. *Quality assessment, assurance, and improvement**
10. *Person Supported Records Management**
11. *Employee Records Management**
12. *Good Nutrition**
13. *EVV**
14. *Succession Planning**
15. *Employee/Volunteer/Sub-Contract Screenings**
16. *Transportation for Persons Supported**
17. *Back-Up Staff**
18. *Hiring Practices**
19. *Title VI**
20. *Person Centeredness**
21. *Use of Positive Approaches**
22. *Well Trained Staff Policy**
23. *HCBS Settings Rule*
24. *Deficit Reduction Act (DRA)*