

DDP Provider Enrollment Addendum

The Qualified DDP Provider agrees to deliver each category of developmental disabilities community services that are marked in this Attachment A (“Attachment”). If the Department requires qualified provider status to deliver a category of service, the Qualified DDP Provider may not deliver services for which the Qualified DDP Provider does not have the required status. Only the Department may designate a Provider’s qualified provider status.

This Scope of Work contains performances and requirements that are particular for this Qualified DDP Provider and Service(s). Items in this Attachment may include those referenced in the rules to be included in the contract, previously negotiated items, and items which address current concerns or incorporate future planning of the Qualified DDP Provider or Department. These items may be based on an assessment of need. They may include training requests, corporation management objectives, contract compliance concerns, fiscal concerns, or services the Department agrees to provide to the Qualified DDP Provider.

This addendum includes services that may be funded with non-Medicaid funds.

The DDP Qualified Provider may operate as an “Organized Health Care Delivery System” (OHCDS). The term "organized health care delivery system" is a term appearing in a federal regulation, 42 C.F.R. 447.10(b), concerned with the payment of Medicaid monies to providers of services. As an OHCDS, the DDP qualified provider is authorized to subcontract for the provision of allowable 0208 home and community-based services. The subcontractors do not have to be enrolled Montana Medicaid providers. The DDP qualified provider is responsible on behalf of the subcontractor for the billing of Medicaid monies for the services provided by the subcontractor and for the receipt of payment on behalf of the subcontractor. The subcontractor remains responsible for compliance with all legal and administrative requirements, inclusive of DDP provider requirements, pertaining to the expenditure of Medicaid monies and the delivery of the services procured through the qualified provider process. Subcontracting does not relieve the qualified provider from its responsibility and liability for performance of all qualified provider obligations. The DDP qualified provider will be as fully responsible for the acts or omissions of any subcontractor as it is for its own acts or omissions and must hold the subcontractor accountable for compliance with all legal and administrative requirements pertaining to the expenditure of Medicaid monies and the delivery of the services procured through their subcontract(s). Those requirements include, but are not limited to, federal requirements for purposes of accounting, audit, civil rights compliance, debarment and suspension, and prohibitions on expenditures for lobbying. Furthermore, the DDP qualified provider must assure that the subcontractor provides indemnification and insurance in accordance with the provisions of this contract as they pertain to indemnification and insurance.

In order to be an OHCDS, the DDP qualified provider must provide at least one Medicaid funded health care service to its members directly through its own employees. Only services designated to subcontract by the DDP qualified provider in this addendum may be subcontracted. A provider authorized to function as an OHCDS agrees to provide OHCDS activities to whomever they serve in any area or waiver if it is needed and appropriate. A provider may opt in or out of the OHCDS designation by an addendum amendment. As an OCHDS the qualified provider must:

- Ensure that the rate for the Medicaid service is paid at a rate equal to or less than the rate established for that service.
- Maintain the documentation verifying the credentials of the subcontracting entity.

- Maintain the funding and service delivery documentation.
- Must ensure subcontracts contain a sign-off clause stating that the subcontractor understands that the subcontractor has the option of becoming a qualified provider and becoming a DDP qualified provider.
- That any payment received is payment in full.
- Assure the waiver is the payer of last resort and assure that the service or item is not otherwise covered and/or denied by other funding sources if applicable.

The Developmental Disabilities Region(s) number for the services are listed below in which the Provider is Qualified to Provide Services. For those services that the Provider expects to subcontract via OHCDs, enter the region number and an "s" for each service to be subcontracted (i.e. "1s" Physical Therapy).

Mark one box below:

- YES** the Qualified DDP Provider wishes to be designated as a qualified OHCDs.
- NO** the Qualified DDP Provider wishes NOT to be designated as an OHCDs.

Mark **X** if Provider Agency will offer **Agency With Choice** self-direct option. If not, leave the box blank.

0208 Comprehensive Waiver

<u>Self-Direct Agency with Choice (mark with X)</u>	<u>Self-Direct Participant Employer Authority (mark with X)</u>	<u>Region(s) number for the service provided</u>	<u>Service</u>
			Companion
			Adult Foster Support
			Assisted Living
			Behavioral Support Services level I
			Behavioral Support Services level II
			Caregiver Training & Support (CTS)
			Community Transition Services
			Day Support and Activities
			Environmental Mods

		Homemaker
		Individual Goods & Services (IGS)
		Intensive Behavior Assistant
		Meals
		Nutritionist
		Occupational Therapy
		Personal Care
		Personal Emergency Response System (PERS)
		Personal Supports
		Physical Therapy
		Private Duty Nursing
		Psychological Evaluation, Counseling, & Consultation
		Registered Behavior Tech
		Remote Monitoring
		Remote Monitoring Equipment
		Residential Habilitation
		Residential Training Support (must also do Adult Foster)
		Respite
		Retirement Services
		SE - Co-Worker Support
		SE – Follow Along Support
		SE – Individual Employment Support
		SE – Small Group Employment Support
		Specialized Medical Equipment & Supplies
		Speech Therapy
		Supports Brokerage
		Transportation

General Requirements

Facility shall meet Federal Home and Community-Based Services (HCBS) settings requirements.

HCBS Congregate Living / WORK SETTINGS DETAIL DESCRIPTIONS

1. Licensed Community Home(s) or Licensed Assisted Living Detail Information,
Licensed Adult Foster

Adult Foster Support must follow applicable Administrative Rules of Montana (ARM) Rules.

Please provide the name of each community home include the complete address, county, the type of residential service: children's community home, adult community medical home, adult community home, adult foster, or assisted living facility; and the number of licensed beds.

1. _____
2. _____
3. _____
4. _____

1. Supported Living Settings

Please list the congregate supported living sites owned, leased, rented, or controlled by the by the corporation. Provide the name of the site, the complete address, county and the number of residents that can be served at each site.

1. _____
2. _____
3. _____
4. _____

2. Work, Day, or Retirement Settings

Please provide the name of each service site or program include the complete address, county. *

1. _____
2. _____

3. _____

4. _____

* Service sites can be defined minimally by different geographical locations, or by different physical settings within one building or groupings of persons served. These definitions should be agreed upon between the Qualified DDP Provider and DDP.

Please read and initial the following:

____ This program follows the State Fiscal Year (SFY), July 1 of one calendar year to June 30 of the following calendar year. (Ex: July 1, 2023 to June 30, 2024)

____ Claim submission by the provider is verification that requested payment is true, accurate, and appropriate, and that services were delivered and documented in accordance with Department rules and requirements, federal and state regulations, and service plans. Providers have 365 days from the date of service to submit a clean claim for payment.

____ Our Care Management system, MedCompass is required for managing members and their services. Per the DDP Program manual.

____ The Qualified Provider must deliver to each person the types, quantities, and quality of services that the Qualified Provider is responsible for the delivery of as specified in the person's Individual Cost Plan (ICP), Personal Support Plan (PSP) and related documents. The Qualified Provider must assure the appropriate and consistent delivery of the services authorized in the person's ICP and for which the Qualified Provider is responsible, inclusive of the number of direct service hours per month, staffing ratios, special assistance, supervision, training and support, and one-time purchases. Only services on the member's prior authorization can be submitted for payment.

____ Medicaid rules and processes apply to non-Medicaid members serviced through the Developmental Disabilities Program.

____ I have reviewed the DDP Billing Manual/Fee Schedule

____ I have reviewed the DDP Program Manual

____ I have reviewed the General Information for Providers Manual

____ Any changes to ownership, management, list of services, OHCDs, changes to ownership or management of sites or settings must be reported on a new addendum within 10 business days of the change. Please contact Program with any questions before the change is scheduled.

Name of organization: _____ DDP PID: _____

Name of Owner/Authorized Personnel: _____

Signature: _____

Date: _____