

PREFACE - INTENDED USERS OF THE PROVIDER POLICY MANUAL

REVISION DATE: 12/6/2023, 10/1/2021, 7/14/2017, 5/31/2017

EFFECTIVE DATE: May 26, 2017

The Division provides all Home and Community Based Services (HCBS) for members except Physical Therapy for members aged 21 and over and members receiving therapy services through a Multi-Speciality Interdisciplinary Clinic (MSIC). The Division contracts with Health Plans to provide all Behavioral Health services, Physical Health services, Physical therapy to members aged 21 and over, and services provided through an MSIC.

As specified in the table below, the Provider Policy Manual applies to these intended users:

- Tribal Health Program/Fee-For-Service (THP/FFS) providers
- Qualified Vendors/Qualified Vendor Applicants (QV/QVA)
- Acute Health Plans/Administrative Services Subcontractors (Acute/AdSS)
- State-contracted Developmental Homes, through 06/30/2024
- Individual independent providers.

Ch	apter # / Title	THP/ FFS	QV/ QVA	Acute/ AdSS	State- Contracted Developmental Home	Individual Independent Provider
1	Introduction to the Division of Developmental Disabilities	X	X	x	X	×
2	Provider Responsibilities and Expectations		X		X	х
3	Provider Customer Service and Network Support	X	х	X	X	х
4	Covered and Non-Covered Services	X	Х	X	х	х
5	Emergency Room Utilization	Х	X	X	Х	Х
6	Early and Periodic Screening, Diagnostic and Treatment	X		×		
7	Dental/Oral Health Care	Х	X	X	Х	Х
8	Maternity and Family Planning	Х		Х		
9	PCP Assignments	Х		Х		
10	Referrals to Specialists	X		Х		



Ch	apter # / Title	THP/ FFS	QV/ QVA	Acute/ AdSS	State- Contracted Developmental Home	Individual Independent Provider
11	ALTCS Inquiries, Grievances, Claim Disputes, and Appeals	Х				×
12	Billing and Claim Submission	Х	×	Х	Х	Х
13	Utilization Management	Х	×	X	Х	Х
16	Remittance Advice, Eligibility, and Cost Sharing	х	Х	Х	х	х
17	Prior Authorization Requirements	X	Х	X	Х	Х
18	Claims Medical Review	Х	×	Х	Х	X
19	Concurrent Review	Х		х		
20	Fraud, Waste and Abuse	Х	Х	Х	Х	Х
21	False Claims Act	Х	Х	Х	X	X
22	Formulary Information	Х		Х		
23	Appointment Standards	Х	Х	Х	Х	X
24	Americans with Disabilities Act	Х	Х	Х	Х	X
25	Enrollment Verification			X		
26	Cultural Competency and Member and Family Centered Care	Х	×	x	х	х
27	Peer Review and Inter-Rater Reliability	×		Х		
28	Member Rights	X	Х	Х	Х	X
29	Advising or Advocating on Behalf of a Member	х	X	Х	х	X



Ch	apter # / Title	THP/ FFS	QV/ QVA	Acute/ AdSS	State- Contracted Developmental Home	Individual Independent Provider
30	Clinical Practice Guidelines	Х	X	Х	Х	Х
31	Change of Contractor			X		
33	Assessment Requirements for Members Placed in Residential Settings		Х		X	
34	Provider Publications		Х			
35	Progress Reporting Requirements		Х		Х	Х
36	Fire Safety		X			
37	Therapy Services (Occupational, Physical, and Speech-Language)		×			
38	Emergency Communication When Transporting a Member		X		x	x
40	Insurance		Х			
41	Termination of a Qualified Vendor Agreement Upon Request of the Qualified Vendor		Х			
42	Electronic Monitoring in Program Sites		Х			
43	Respite Provided at Camp to ALTCS Members		Х			
46	Agency With Choice		Х			
47	Managing Vendor Call Lists, Vendor Directories, Scope of Services and Reporting Requirements	х	x		x	x

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48	Credentialing of Contracted Providers		x			×
49	Responsible Driving		x		X	X
50	Vendor Call Requirements for Qualified Vendors		Х			
51	Oversight and Monitoring of Developmental Home Services		х		×	
52	Habilitation Staffing Schedule Requirements and Annual Review		X			Х
53	Supporting Children in Care of the Department of Child Safety in Community Residential Settings		х		Х	
54	Group Home Requirements		X			
57	Third Party Liability Waiver Requests		X			
58	Medication Management Services	X		X		
59	Benefit Coordination and Fiscal Responsibility for Behavioral Health Services and Physical Health Services	X		X		
60	Notification to Qualified Vendors		Х		Х	Х
61	Home and Community Based Services (HCBS) Certification and Provider Enrollment	×	х	X	X	X

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Ch	Chapter # / Title		QV/ QVA	Acute/ AdSS	State- Contracted Developmental Home	Individual Independent Provider
62	Electronic Visit Verification		×			X
63	Workforce Development		Х			
64	Preventing Member Abuse, Neglect, and Exploitation		Х			
65	Requirements for Qualified Vendors and Providers on Providing Medicaid Services Outside the States and Country		×		x	X
66	Behavioral Health	Х	X	Х		
67	General and Informed Consent	Х	X	Х	Х	X
68	Advance Directives	x	X	x	x	X
69	Care Coordination	Х	Х	Х	Х	X
70	Qualified Vendor Incident Reporting		Х		Х	Х
App	ox A QV Provider Instructions - Agency with Choice Option DDD		х			
App	ox B Agency with Choice User Guide - FOCUS Vendor Medicaid		×			
App	x C Encounter Data Validation		Х	Х	Х	Х