1. PURPOSE

This procedure sets out a system for the Developmental Disabilities Administration (DDA) to track and share information on availability of active, licensed clinical or therapeutic providers for people in the Home and Community Based Services waiver for people with Intellectual and Developmental Disabilities (HCBS IDD waiver) in the following areas: Creative Arts Therapies, Behavior Supports, Family Training, Occupational Therapy, Physical Therapy, Speech Hearing and Language Therapy, and/or Wellness Services.

2. APPLICABILITY

This procedure applies to designated staff members of the DDA Operations Unit and to all HCBS providers that provide clinical and/or therapeutic services as part of the DDA service delivery system, funded by DDA and/or the Department of Health Care Finance (DHCF).

3. PROCEDURES

A. License Validation

1. Within thirty days (30) of the implementation date of this procedure, the DDA Operations Unit shall send notice to all new and currently enrolled HCBS waiver clinical and therapeutic providers of the requirement to complete the service specific Clinical Provider Capacity Tool under the provider profile in MCIS, including provision of their license number and expiration date. This shall apply
to all therapeutic providers, whether employed by an HCBS IDD waiver provider
or independent, in the following areas: Creative Arts Therapies, Behavior
Supports, Family Training, Occupational Therapy, Physical Therapy, Speech
Hearing and Language Therapy, and/or Wellness Services. All use of MCIS
shall be in accordance with the MCIS Utilization policy and procedure.

2. DDA Information Technology (IT) shall provide training and information on the
tool to therapeutic providers on an ongoing basis and as needed.

3. All DDA HCBS waiver clinical therapeutic providers shall update their Clinical
Provider Capacity Tool in MCIS by the first of each month for each specific
service. The update must include the following:

- The name of the clinician;
- The clinician’s license number;
- The license’s expiration date; and
- The provider’s capacity to accept new people into services.

4. Medicaid Waiver Unit staff or designated DDA staff member shall complete
reports by the fifth business day of each month to identify that all clinical licenses
are current.

5. If a clinician’s license has expired, the Medicaid Waiver Unit shall contact the
provider within three (3) business days and will be notified of the following:

a. The provider must submit evidence of current licensure (e.g., valid and current
license or copy of the District of Columbia Health Regulation and Licensing
Administration documentation indicating license is current)
b. Pending the receipt of evidence that the license is current the clinician shall
not continue to provide supports/services through the HCBS IDD waiver.
c. Continued submission of claims to District of Columbia Medicaid for these
services shall place the clinician (and employer provider, if applicable) out of
compliance with the Centers for Medicare and Medicaid Services (CMS)
federal guidelines of Medicaid reimbursement and any paid claims would be
subject to repayment.

6. Clinical and/or therapeutic providers will have five (5) business days to respond
to this inquiry.

7. Medicaid Waiver Unit staff or designated DDA staff member will update MCIS
by the twenty (20th) calendar day of the month to remove the clinical or
therapeutic provider from the active provider listing until the provider submits
evidence of current licensure to Medicaid Waiver Unit.

B. Tracking Therapeutic Provider Capacity

1. The Clinical Provider Capacity tool shall collect information on HCBS IDD
waiver clinical or therapeutic providers’ capacities to accept new people into
services.
2. Clinical or therapeutic providers shall update the Clinical Provider Capacity Tool in MCIS on a monthly basis, by the first business day (1st) of each month. Providers shall indicate their capacity to accept new people into services, including providing information on each clinician's availability.

3. Providers shall review their information on a monthly basis, provide updates as needed, and, if there are no changes, validate that the information is up to date and accurate.

4. The tool will update automatically as changes are made by the clinical or therapeutic provider.

5. If the provider indicates that they do not have capacity to accept new people into services, MCIS will automatically notify the clinical or therapeutic provider that they will receive no further referrals until they fall back under the capacity levels. The following DDA business units will also be notified: Service Coordination; Medicaid Waiver Unit, Business Unit, and Provider Relations Management Unit.

C. Evaluation of Utilization of Services

1. The DDA Medicaid Waiver Unit, or other designated staff, shall conduct a review of services based on the recent authorization for each service, annually for each clinical or therapeutic provider in the HCBS IDD waiver program.

2. If a specific service for a given provider has not been authorized within the last year, the DDA Medicaid Waiver Unit, or other designated staff, shall contact the provider to determine whether they still wish to be an active provider.

3. The clinical or therapeutic provider shall inform Medicaid Waiver Unit staff or designated DDA staff member within five (5) business days if the service is still being provided.

4. If the clinical or therapeutic provider does not respond within this timeframe, the provider Medicaid Waiver Unit staff or designated DDA staff member will notify DHCF and MCIS will be updated to remove the provider from the active provider list for the particular service.

D. Imposition of Sanctions

DDS may sanction providers who do not comply with the requirements of this policy and procedure in accordance in with Imposition of Sanctions policy and procedure.