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Instructions for Recredentialing APPLICATIONS

for the following programs:

KATIE BECKETT (Part b), 1915c HOME AND COMMUNITY-BASED SERVICES (HCBS) waivers, AND employment and community first (ECF) choices

All questions and correspondence regarding the recredentialing application should be directed to the DIDD Recredentialing Unit via email at [DIDDProvider.Application@tn.gov](mailto:DIDDProvider.Application@tn.gov).

# INTRODUCTION:

This application must be completed by an entity (e.g., individual, group, agency, or other type of organization) who is currently contracted through the Katie Beckett- Part B program, the 1915c Home and Community Based Services (HCBS) waivers, or Employment and Community First (ECF) CHOICES program.

# RECREDENTIALING APPLICATION SUBMISSION GENERAL GUIDELINES

1. To begin the recredentialing process, please complete this application in its entirety and submit it with all appropriate documentation.
2. Please select the type of application: recredentialing
3. Please select **each** service your organization is contracted to provide.
4. The applicant must provide a signature and date where indicated; an electronic signature is acceptable.
5. If any changes in ownership and /or structure, please notify the DIDD Provider Support team

for further direction via email at [DIDDProvider.Application@tn.gov](mailto:DIDDProvider.Application@tn.gov).

1. Only one set of supporting documents should be submitted, regardless of the number of programs/services requiring the same document.
2. Graphic files such as:  JPEG (photo) or TIFF, will not be accepted.
3. Reference the [www.tn.gov/didd](http://www.tn.gov/didd) website for application, instructions, tools, and forms to be submitted with your application.  This includes, but is not limited to, specific supporting documents required.

# SUPPORTING DOCUMENTATION:

## Please see the tn.gov/didd website <https://www.tn.gov/didd/providers/provider-credentialing-application.html> under Provider Resources for requirements per service type and links to supplied documents.

### Information reviewed via the Recredentialing Application and other DIDD resources and systems:

**Administrative:**

Verification of Contact Information

Verification of Approved Services and Counties

Verification of Services and Counties (actually providing services)

National Provider Identifier (if applicable)

Medicaid ID Number

Tax Identification Number (TIN)

**Training:**

Information for the DIDD Learning Management System (Relias)

**Licensure:**

Applicable Service License(s)

Professional Support Service License

### Please ensure you attach the following supporting documents for review:



# Home & Community-Based Services (HCBS) Settings Rule:

All existing providers proving residential, day or personal assistance service(s) and/or region(s) are required to show compliance with the Centers for Medicaid and Medicare Services (CMS) at the time of recredentialing. This requirement includes completing and submitting an **updated self-assessment** on each setting/service you are being recredentialed. This self-assessment must ensure 100% compliance with the HCBS Settings Rule:

1. As an existing provider providing services you are answering questions related to future **and** current sites **and** how you plan to implement Federal guidelines.
2. In the “evidence” section of the self-assessments, please note **where** proof of your compliance may be found. Please verify evidence is documented where indicated. Do not provide just a statement of your plan to comply on the self-assessment. This includes, but is not limited to the following:

* Employment application
* Lease
* Picture of MapQuest/Google Maps/Google Earth showing location meets requirements
* Resident handbook
* Satisfaction survey
* Specific name of policy
* Tenant agreement
* List of all licensed homes showing not located on the same street, etc.

1. HCBS Self-Assessments are not required for Clinical and Ancillary or the Katie Beckett program.

**TN Residential Provider Self-Assessment: Click** [**HERE**](https://www.tn.gov/content/dam/tn/didd/documents/providers/how-to/long-term-services-supports-coordination/TN_Residential_Provider_Self-Assessment.docx)

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

**TN Non-Residential Provider Self-Assessment: Click** [**HERE**](https://www.tn.gov/content/dam/tn/didd/documents/providers/how-to/long-term-services-supports-coordination/TN_Non-Residential_Provider_Self-Assessment.docx)

* Only **one** TN Non-Residential Provider Self-Assessment is required for **all** non-residential services provided.
* **1915c Waiver Services:** Community Participation Supports, Intermittent Employment & Community Integration Wrap-Around Supports, Non-Residential Homebound Support Services, and Supported Employment.
* **ECF CHOICES**: Community Integrated Support Services, Independent Living Skills Training, Supported Employment (Individual Employment Support and Small Group), Co-Worker Supports, Discovery, Exploration, Job Coaching, Job Development Plan, Self-Employment Plan, Job Development Startup, Self-Employment Startup, Situational Observation and Assessment, Integrated Employment Path Services, Employment Discovery and Customization, Career Advancement, and Benefits Counseling *(CWIC, Self Employed or Provider Employed).*

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