

Western Highlands Network (WHN) Provider Endorsement of Enhanced Benefit Services

You can access the following documents as they are listed on either the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH) or the Division of Medical Assistance (DMA) websites. Web addresses are provided below.

Documents	Websites
<p>Policy and Procedures for Endorsement of Providers of Medicaid Reimbursable MH-DD-SA Services. Revised, effective December 3, 2007. For reference, explains endorsement process.</p>	<p>DMH website. On the Provider Endorsement Information page, Under Policies.</p>
<p>DMA Enrollment Package Required to initiate endorsement process with WHN. There are three basic types of enrollment applications used for enhanced services; Community Intervention Services (CIS), Community Alternatives Program (CAP), & Residential Services (RS). See below concerning submission of a full enrollment package versus and addendum or re-enrollment application.</p>	<p>DMA website. Provider Enrollment page, Choose Provider Type to select the appropriate enrollment package. (Further explanation provided below.)</p>
<p>Core Rules Self Study Core Rules Self Study is required for Corporate Verification. See below for exclusions to submission of the Core Rules.</p>	<p>DMH website. On the Provider Endorsement Information page, Under Forms.</p>
<p>MOA Between LME & Provider Memorandum of Agreement (MOA) that will be issued to your agency once endorsement has been approved. For reference only, do <u>not</u> submit to WHN.</p>	<p>DMH website. On the Provider Endorsement Information page, Under Forms.</p>
<p>Service Specific Check Sheets For reference. Recommended for use as a self study. These are the same check sheets that will be used for your agency's on-site endorsement review. Please note: The requirements for client records will <i>not</i> be reviewed at the initial endorsement site review; those elements will be reviewed 60 days post the beginning of service delivery. (See aforementioned Endorsement Policy for further information)</p>	<p>DMH website. On the Provider Endorsement Information page, Under Check Sheets.</p>
<p>Web Addresses for Endorsement Information:</p>	
<p>DMH: http://www.ncdhhs.gov/mhddsas/stateplanimplementation/providerendorse/index.htm DMA: http://www.dhhs.state.nc.us/dma/provenroll.htm</p>	

Instructions for Completion & Submission of the DMA Enrollment Package

1. Please notify Melissa Faulkner at faul0852@westernhighlands.org of your intentions to submit your enrollment package, listing which endorsements you are pursuing (Corporate Verification and/or Site/Service Specific) and an estimated time of submission.

2. Complete all required documents thoroughly:

▪ **DMA Enrollment Package.**

This completed package will need to be submitted to the LME if you are a provider that has not provided Enhanced Services in the NC Medicaid Program before, or if your agency wishes to receive endorsement and be enrolled with Medicaid at a location that has not previously been endorsed and enrolled.

For CIS Providers: If you have already enrolled with DMA for other Community Intervention Services and you are only adding a service to a currently enrolled location, you will only need to complete the DMA Addendum for CIS Providers. This Addendum can be found on the DMA website as indicated above.

For CIS or RS Providers: If your CIS or RS Provider Number for any location or service is set to expire you will want to complete the appropriate Re-Enrollment Addendum.* Do not use this form to seek endorsement or enrollment of new services. Both Addendums can also be found on the DMA website as indicated above.

*For submission of a Re-Enrollment Addendum: Be sure to allow time for processing with both the LME and DMA prior to your enrollment expiration.

- **Core Rules Self Study**

Required for Corporate Verification.

Please Note: The submission of a core rules self study is not necessary if any of the following apply:

1. The business entity is accredited by an accrediting agency approved by the Secretary as set forth in 10A NCAC 27G.0211
2. At least one MH-DD-SAS service offered by the provider organization is provided in a facility licensed in accordance with G.S. 122C
3. At least one of the services already offered by the provider organization is licensed under G.S. 131 D and an Endorsing Agency has conducted a review within the last twelve months and determined the provider organization is in compliance with the requirements of the core rules; **or**
4. The Endorsing Agency or a contract agency of the Endorsing Agency has conducted a review within the last twelve months and determined the provider organization is in compliance with the requirements of the core rules, or an equivalent review by a like entity.

If your agency is not submitting the Core Rules, you must submit evidence that the agency meets one of the above criteria when the enrollment application is submitted to WHN.

3. When all documents are complete, submit the following to the address indicated below:

Corporate Verification for Providers with Corporate Offices within the WHN catchment area:

- Copy of Appropriate DMA Enrollment Package
- Core Rules Self Study or evidence of exemption to Core Rules (See above to determine if submission of core rules is required).

Site/Service Specific Endorsement only (Corporate office is outside of WHN catchment area):

- Copy of Appropriate DMA Enrollment Package
- Documentation of Corporate Verification from another LME

4. Submit a copy of your completed enrollment package via a third party tracking agency (UPS, Fed Ex, Certified Mail, etc.) to:

Melissa Faulkner
Western Highlands Network
356 Biltmore Avenue
Asheville, NC 28801

You may submit by hand delivery to Melissa Faulkner or a Provider Specialist at the above address. If you choose to hand deliver, please call our office first so we can arrange to be available to receive your packet.

5. Your enrollment package will be reviewed and once it is determined to be complete, the Endorsement review for your agency will be assigned to a team of two Provider Specialists. You will receive prompt notification of the date of your site visit. The on-site review will include the following elements:

- Provider organization requirements
- Staffing requirements
- Service type/ Setting requirements
- Clinical requirements
- Documentation requirements

Please refer to the Policy & Procedures for Endorsement of Providers of Medicaid Reimbursable MH/DD/SA Services Effective December 3, 2007 for further details on the timeline and process of endorsement.

If you have any questions throughout this process please contact Melissa Faulkner at faul0852@westernhighlands.org, or the appropriate Provider Specialist.

We look forward to meeting with Providers and visiting program sites.