

PerformCARE®		Policy and Procedure
Name of Policy:	Expansion Request Process for State Plan Service for Providers	
Policy Number:	PR-029	
Contracts:	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton	
Primary Stakeholder:	Provider Relations Department	
Related Stakeholder(s):	None	
Applies to:	Providers	
Original Effective Date:	09/15/11	
Last Revision Date:	11/01/24	
Last Review Date:	11/04/24	
OMHSAS Approval Date:	N/A	
Next Review Date:	11/01/25	

Policy: This policy will:

1. Describe a pre-application assessment process to identify providers with the highest level of experience and/or have a unique skill set that will contribute to the clinical depth of the network.
2. Describe a process for a new or existing provider to expand a State-Plan Service in any County where PerformCare is the HealthChoices Behavioral Health Managed Care Organization.

Purpose: PerformCare is committed to offering Members access to a high quality, comprehensive network of providers in each county managed by PerformCare. In order to assure the highest level of quality, PerformCare collaborates and consults with our County Oversight in network development and expansion decisions.

Definitions: **Provider:** This word may be used generically to mean either an organization, a group, a practitioner who has a group practice, or an individual practitioner.

State-Plan Services: Services that are required to be provided by PerformCare per PerformCare's Agreement with the Counties and the per the Department of Human Services (DHS) HealthChoices Agreement. State-plan services include, Outpatient (MH and SA), Inpatient (MH and SA), Partial (MH and SA), Targeted Case Management, Crisis Intervention, Peer Support, JCAHO and Non-JCAHO Residential Treatment Services, FBMHS, IBHS, Non-Hospital Detox, Rehab and Halfway House, and Methadone Maintenance. State-plan services change from time to time at the direction of DHS and are further defined by procedure codes and provider types indicated on Attachment G of the HealthChoices Behavioral Health Services Reporting Classification Chart

(BHSRCC) and the Performance Standards and Requirements document which is updated by OMHSAS as the Department deems necessary.

State-Plan Service Expansion Request Form: A tool that helps PerformCare to gather important information about the provider's experience and training to determine if a specific network need is met by including the provider in the PerformCare Network. Only providers that meet a network need will be approved to receive a Credentialing Application or, in the case of a currently credentialed provider, invited to submit documentation to add a program or site (Part II of the Credentialing Application). Individuals and groups submit an Individual Application Request and Checklist form, or a Provider Data Update form.

Credentialing Application: The Credentialing Application contains all elements required to review each providers' credentials towards consideration of inclusion in the provider network. PerformCare has a standard credentialing procedure for admitting providers into the network.

Acronyms: None

Procedure: State-Plan Service Expansion Request Form

1. All Providers will complete a State-Plan Service Expansion Request Form as the initial step to receive a Credentialing Application to expand or initiate services in a PerformCare managed county. The tool helps PerformCare and the County of the service location to gather important information about the provider's experience and training to determine if a specific network need is met by including the provider and service. Information gathered on the State-Plan Service Expansion Request Form will at a minimum include:
 - 1.1. The service or services provider proposes to offer
 - 1.2. A brief description of the service, target population and capacity
 - 1.3. Need Analysis (Market Analysis)
 - 1.4. Projected timeline
 - 1.5. Clinical Expertise to support the populations provider proposes to serve
 - 1.6. Experience and education supporting the clinical expertise
 - 1.7. Service location(s)
 - 1.8. Payer Mix
 - 1.9. If provider has staff that speaks a language other than English, directly related to the target population to be served
 - 1.10. Additional information as deemed necessary by PerformCare or County Oversight
2. The Provider Relation Department will review the completed State Plan Service Expansion Request Form and:
 - 2.1. Assess the request against the current network in the county or counties identified by the provider.
 - 2.2. Research the PerformCare provider database to see if PerformCare has any past experience with the applicant. If so, the Credentialing

Specialist will review any existing material to ascertain if there were any quality or administrative compliance concerns such as quality of care referrals, complaints, provider profiling and credentialing referrals. PerformCare Clinical and Provider Relations staff will report experiences with the provider via the analysis section of the State Plan Service Expansion Request Form.

- 2.3. Identify questions or gaps in information on the form.
3. The State-Plan Service Expansion Request Form and assessment along with PerformCare questions and recommendation regarding the providers' participation will be provided to the respective county oversight for input.
 - 3.1. Although they can vary by contract, general guidelines for approval include meeting any one of the following conditions:
 - 3.1.1. Continuity of care considerations, including the replacement of individual practitioners within a group practice.
 - 3.1.2. Meeting a geographic access gap or need.
 - 3.1.3. Meeting a specialty service or population need, especially those related to evidence-based and empirically supported treatments.
4. Questions from PerformCare and the respective county or counties will be posed to the Provider. PerformCare will gather the additional information from the provider and submit to the respective county or counties with a final recommendation from PerformCare.
5. The forum for discussion will be determined by the HealthChoices County Oversight entity or entities.
6. If the County and PerformCare agree that the provider should be allowed to expand existing services in a county or into the County as a new provider, the County will notify PerformCare in writing or by electronic mail that they are in agreement with the provider expansion request.
7. PerformCare will notify and direct the provider on the next steps. Depending on current network status, the provider will be offered a credentialing application or will be advised to complete a Part II or a Provider Data Update form to add a new service or site.
8. In the event regulatory requirements dictate that the Provider must secure a Letter of Support from the county that the program will be located in, PerformCare will request the provider submit a copy with their application. Letters of Support are in addition to and not intended as a Professional Reference.
9. In the event PerformCare and the Primary Contractor decide to decline the request, the provider will be notified in writing with clear rationale for the decision. Providers may re apply using the In Plan application process after one full year from the denial date. PerformCare may reconsider a provider's denial based on frequency of Out of Network agreements completed.

10. PerformCare will defer to the County decision in the event that the County disagrees with PerformCare's support of the requested expansion. If the County declines the provider and there is a demonstrated lack of access, PerformCare may ask the County to assume responsibility for fines or monetary penalties that may be imposed related to the County decision to decline the provider/expansion. In such cases, PerformCare will clearly state this position and concern in writing to the County.

Related Policies: *QI-CR-001 Credentialing and Re-credentialing Criteria-Facilities*
QI-CR-002 Credentialing and Re-credentialing Criteria-Practitioners

Related Reports: None

**Source Documents
and References:** None

**Superseded Policies
and/or Procedures:** None

Attachments: None

Approved by:



Primary Stakeholder