ICWP (Category 660) Provider Application Checklist

Appendix A-1

ICWP Specialty Codes

197 – PSS, Personal Support Services

243- RSP-IH, Respite, In-Home

244-RSP-OH, Respite, Out-of-Home

010- ALS, Alternative Living Services

- Group Homes (7-24 beds) not allowed.
- ALS MA- ALS Management agencies must apply to become a provider. See column 010-MA.
- ALS PCH- Management agencies (MA) must submit packets to apply for a Medicaid # for each 2-6 bed PCH they manage. See column 010-PCH.

005- ADS, Adult Day Services

030-CM, Case Management- (Contact ICWP Specialist for requirements and approval)

- CM-T- Traditional Case Management (will not have enhanced rates on file)
- CM-E- Traditional and Enhanced Case Management
- CM-A-Enhanced agency model

058-DME, Specialized Medical Equipment and Supplies

064-ERS, Emergency Response Services

249-SN, Skilled Nursing Services

- PD- Per Diem only nursing (will not have hourly rates on file)
- H- Per Diem plus hourly nursing.

216-FI, Fiscal Intermediaries – Must complete the process in Appendix P1 of the ICWP Manual and have prior approval from DCH

289-BM, Behavior Management

041-CSL, Counseling

067-EMOD, Environmental Modifications

275-Vehicle Adaptations

Required documents or information at enrollment. Yes-Y or No-N	197- PSS	243- RSP IH	244- RSP OH	010- ALS MA	010- ALS PCH	005- ADS	030- CM T	030- CM E	030 CM A	058 DME	064 ERS	249- SN PD	249- SN H	216 Fl	289 BM	041 CSL	067 емор	275 V- Adapt
Completed ICWP Application Addendum (Appendix A in the ICWP Manual)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
IRS Form W-9. The payee name on the W-9 must match the business name as registered with the IRS	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
147-C Letter from the IRS	Y	Y	Y	Y	Y	Y	Y	Υ	Y	Y	Y	Y	Y	Υ	Y	Y	Υ	Υ
Power of Attorney for Payee. Must be completed if the designated payee is different from the applicant (signed and notarized).	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
National Plan and Provider Enumeration System and taxonomy code (NPPES)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Electronic Funds Transfer Agreement. The EFT is in GAMMIS under Provider Enrollment.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Voided check or a letter from the bank for the account in which funds are to be deposited	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Local County or City Business license	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
General Liability Insurance Certificate - Must have 1,000,000 in coverage	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Management Capacity - Enrolling Entity must have three years operating in current business form. Verified with license or other business document. Also, an individual with ownership stake must have three years of management experience in health care. Verified with resume	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Policies and Procedures - All service providers must have written member care (602.1 -F), performance (602.1-G), and member protection assurance (602.1-L) policies and procedures. Policies and Procedures must also cover specific service responsibilities listed for each service in Chapter 900 of the ICWP manual. ALS providers must include policy listed in Section 1254.2 of the ALS manual.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Υ	Y	Y	Υ	Y
Standard Assurance Forms	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Active DCH HFRD Private Home Care Permit	Y	Y	N	N	N	N	N	Ν	N	N	N	Y	Y	Ν	N	N	Ν	N
Active DCH HFRD Private Home Care Permit with Nursing listed on permit	N	N	N	N	N	N	N	N	N	N	N	Y	Y	Ν	Ν	Ν	Ν	N
Current Worker's Compensation Insurance certificate	Y	Y	N	N	N	N	N	N	N	N	Ν	Y	Y	Ν	Ν	N	Ν	Ν
Proof of one-year active experience providing EDWD PSS, or NOW/COMP CLA waiver services. Provide active Medicaid #	Y	Y	N	N	N	N	N	N	N	N	N	N	N	Ν	N	N	Ν	N
Resume for Registered nurse on staff detailing experience providing services to severely disabled and TBI individuals	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Y	Y	Ν	N	N	N	N
RN License-Supervisory nurse	Y	Y	Y	Y	Y	Y	Ν	Ν	N	N	N	Y	Y	Ζ	N	N	Ν	Ν

Total number of LPN's and RN's that you have on staff to provide skilled nursing services. Include licenses and resumes for each that detail experience in caring for severely disabled patients and/or TBI patients with special health care needs. Nurses should also have experience in home health services, public health, geriatrics, long-term care or a related field	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	N	N
Your back-up plan or your agency's plan to provide coverage in the event the nurse that is scheduled to provide services is unable to work his/her schedule.	N	N	N	N	Ν	N	Ν	N	N	N	N	N	Y	N	N	N	Ν	N
Staff Training Plan with topics and timelines	Y	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	N	N	Ν	N
Licensed as a Medicaid certified nursing facility, a certified hospital, a licensed respite care facility, or Personal Care Home	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Description of facilities including the number of available beds and a staff coverage plan to accommodate overnight services	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Owners Resume must include one year of ALS Management experience under another waiver	Ν	N	N	Y	Ν	N	Ν	N	N	Ν	N	N	N	Ν	Ν	Ν	Ν	Ν
Pre-placement screening form (Appendix A from the ICWP-ALS manual)	N	N	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	N	N
Subcontract with PCH	Ν	Ν	Ν	Ν	Y	Ν	Ν	Ν	Ν	Ν	Ν	N	Ν	Ν	Ν	Ν	Ν	Ν
Fire Safety Inspection	Ν	Ν	Ν	Ν	Y	Y	Ν	Ν	Ν	Ν	Ν	N	Ν	Ν	Ν	Ν	Ν	Ν

PCH permit that lists only 2 – 6 beds	Ν	Ν	Ν	Ν	Y	Ν	Ν	Ν	Ν	Ν	Ν	N	N	Ν	Ν	Ν	Ν	Ν
Diagram of PCH Floor Plan	N	N	N	N	Y	Ν	Ν	N	Ν	Ν	Ν	N	N	Ν	Ν	Ν	Ν	Ν
License and resume for one of the following: 1) Psychologist with a specialty in Cognitive Remediation 2) Certified Rehabilitation Counselor 3) Certified Rehabilitation Registered Nurse (CRRN) 4) Licensed Professional Counselor (LPC) 5) An individual with a master's degree and two years of experience providing services to individuals with a major neurological deficit.	N	N	N	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	N
Include your maximum capacity in your policies and procedures	N	N	N	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	N
Licensed as a registered nurse or have a BA or BS degree in a health care or human services related discipline from an accredited college or university	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
Three years of experience in healthcare service delivery or human services case management pertinent to the disabilities and conditions of the populations served by the ICWP; severely disabled adults and adults with traumatic brain injuries	N	N	N	N	N	N	Y	Y	Y	N	N	N	N	N	N	N	N	N
Bachelor of Science degree in	Ν	Ν	Ν	Ν	Ν	Ν	Ν	Y	Ν	Ν	Ν	Ν	Ν	Ν	Ν	Ν	Ν	Ν

nursing or Master or Doctoral level degree in other related discipline such as social work, psychology, or counseling from an accredited college or university and be certified in rehabilitation or case management. RN license can substitute for the degree.																		
Five years of experience in healthcare service delivery or human services case management pertinent to the disabilities and conditions of the populations served by the ICWP; severely disabled adults and adults with traumatic brain injuries	N	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N
Individual Enhanced Case Management Providers must hold the following: Nurse Practice Act OCGA.43-26-1 for all registered nurse case managers or, Licensure under the Georgia Composite Board for counselors, social workers and marriage and family therapists or, Licensure in psychology	N	N	N	N	N	N	N	Y	Y	N	Ν	Ν	Ν	Ν	Ν	Ν	N	N
List the type of supplies you plan to provide such as vehicle adaptions, specialty medical equipment, or other supplies such as gloves, incontinence supplies, etc.	N	N	N	N	N	N	N	N	N	Y	Ν	N	N	Ν	Ν	Ν	N	Y
Two years' experience in the area of medical supplies and equipment.	Ν	N	N	N	Ν	N	Ν	Ν	Ν	Y	Ν	N	Ν	Ν	Ν	Ν	Ν	Y
Statement certifying that the devices your agency uses meet	Ν	N	N	Ν	Ν	Ν	Ν	Ν	Ν	Ν	Y	N	N	Ν	Ν	Ν	Ν	Ν

Underwriter's Laboratory or Federal Communications Commission standards.																		
Proof of good standing with the local Better Business Bureau	N	N	N	N	N	N	N	N	N	N	Y	N	Ν	N	N	N	Ν	Ν
Provide documentation that all requirements listed in Appendix P-1 of the ICWP manual are met.	N	N	N	N	N	N	N	N	N	N	N	N	Ν	Y	N	N	Ν	N
Documentation of direct clinical oversight and supervision by a psychiatrist who has one year providing neurobehavioral services or a licensed psychologist, certified rehabilitation counselor, or licensed professional counselor who has one year of experience in providing neurobehavioral services or traumatic brain injury services. (The psychologist, psychiatrist or counselor must be licensed in Georgia and readily available to the member unless the member has been approved to receive services out of state.)	Ν	N	N	N	N	N	N	N	N	N	N	Ν	Ν	N	Y	N	Ν	Ν
Documentation that the behavior specialists has at least one-year experience working with individuals with traumatic brain injuries, other disabilities, and/or behavioral difficulties.	Ν	N	N	N	N	N	N	N	N	N	N	N	Ν	N	Y	N	Ν	N
Documentation that behavior specialists successfully complete 40 hours of training in TBI,	Ν	N	N	N	Ν	N	N	N	N	N	N	N	Ν	N	Y	N	Ν	Ν

behavior analysis, and crisis intervention techniques provided by a Behavior Management																		
program Individuals that provide counseling services must have at least a Masters degree in one of the Behavioral sciences and one year of related counseling experience	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	N
(counseling to disabled individuals or individuals with TBI's). Provide degree and resume.																		
Building license or Contractor license	N	Ν	N	Ν	N	N	N	N	Ν	N	Ν	N	Ν	Ν	Ν	Ν	Y	Ν
Resume of owner that details relevant experience providing home modifications such as installation of ramps and grab-bars, widening of doors, modification of bathrooms facilities, and installation of specialized plumbing and electrical systems necessary to accommodate medical equipment	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	N
If licensed, the agency will maintain the license as applicable in home health, private homecare, neurobehavioral center, or other. If out-of-state, must provide a letter of recommendation from current oversight agency along with the last audit/review	N	N	N	N	N	N	N	N	Y	N	N	Ν	Ν	N	N	N	N	N
Must employ or contract with at least one Medical/Clinical Supervisor who has the following qualifications and experience: Registered Nurse, physical or	N	N	N	N	N	N	N	N	Y	Ν	N	N	Ν	Ν	Ν	Ν	N	Ν

occupational therapist, physician assistant or other mid-level healthcare provider. Minimum of 2 years' experience in acute care, long term care, or medical rehabilitation. Must have at minimum three (3) years' experience providing home and community- based case management services for individuals with disabilities. Must have a minimum of 2 years professional experience with individuals with complex medical issues in a setting related to individuals with, specialty clinics, or other rehabilitation/habilitati on settings.																		
Must employ or contract with at least one Behavioral Clinical Supervisor who has the following qualifications and experience: Board Certified Behavior Analyst, Psychologist, Licensed Professional Counselor, Licensed Associate	N	N	N	N	N	N	N	N	Y	N	N	N	N	N	N	N	N	N

Professional										
Counselor, Licensed										
Clinical Social										
Worker, Licensed										
Master Social Worker										
or a Registered Nurse										
Minimum of 2 years'										
experience in										
behavioral care,										
psychiatric setting,										
long term care, or										
neurobehavioral										
rehabilitation. Must										
have at minimum										
three (3) years'										
experience providing										
home and										
community- based										
case management										
services for										
individuals with										
disabilities. Must										
have a minimum of 2										
years professional										
experience with										
individuals with										
complex behavioral										
issues in a setting										
related to individuals										
with, specialty clinics,										
or other										
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