NC MEDICAID
HIV CASE MANAGEMENT (HIV CM)
Provider Recertification Application

Policy References in this document are in regard to Clinical Coverage Policy No: 12B HIV Case Management.

SECTION 1: DEMOGRAPHIC INFORMATION

Provider Contact Information

Application Date:	NPI:	
Agency Name:		
Office Phone:	Other Contact Number:	Office Fax:
Certification Site Address:		
City:	State:	ZIP Code:
Mailing Address:		
City:	State:	ZIP Code:
Agency E-mail Address:		

Point of Contact Information

Agency Contact Name and Title:		
Phone:	E-mail:	Fax:

Owner/Director Contact Information

Owner/Director Contact Name and Title:		
Phone:	E-mail:	Fax:

Preparer Contact Information (Individual Completing the Application)

Preparer Contact Name and Title:		
Phone:	E-mail:	Fax:

SECTION 2: GENERAL REQUIREMENTS

1) Action:

List the names of all current HIV Case Management staff with hire dates.
Exclude supervisors in this section.

Name of Case Manager:	Date of Hire:

2) Action:

List the names of all current HIV Case Management Supervisors with hire dates.

Name of Case Manager:	Date of Hire:

3) Action:

List the counties in which your Agency/Organization provides HIV Case Management services:

4) Action:

List all services provided through your Agency/Organization: (i.e. Substance Abuse Counseling, etc.)

5) Action:

What are your agency's hours of operation for providing HIV Case Management?
How do you provide for client coverage when the HIV Case Managers are out of the office or the agency is closed (Emergency after hours' plan)?

6) Action:

By which approved body is your agency accredited?
What is the accreditation effective and expiration date? If not currently accredited, explain below.

7) Action:

How frequently does your Agency administer the satisfaction survey tool? How are these results used?

8) Action:

How many active HIV Case Management clients does your agency currently serve through Medicaid and /or Ryan White? Provide the total Medicaid case management clients and the total Ryan White case management clients.

SECTION 3: ATTACHED DOCUMENTS

9) Action:
The following policies, plans, and documents must be included in the Recertification Packet. Insert the required documentation behind the application. Be sure that documents are separated by divider pages labeled with the application section and document title.

Per CCP: 12B, section 6.2.4 "Submit copies of all items in Subsection 6.2.3 that have changed since the initial certification". However, if a document has not changed since the last certification; provide the relevant document effective date.

Policies	**Effective Date:**	**Policies**	**Effective Date:**
A) Confidentiality		G) Electronic Records	
B) Beneficiary Grievances		H) Medical Records	
C) Beneficiary Rights		I) Freedom of Choice	
D) Non-Discrimination		J) Transfer and Discharge	
E) Code of Ethics		K) Identification of abuse, neglect, & exploitation	
F) Conflict of Interest			
Plans	**Effective Date:**	**Other Documents**	**Effective Date:**
a) Quality Improvement Plan		1) HR Policies, Procedures, or Plans, as specified in CCP# 12B: 6.2.3	
b) Emergency After Hours Response Plan		2) Persons with 5% or more ownership in all or one agency	
c) Business Plan		3) Community Resources	
d) Networking Plan: apply, obtain, & maintain access to the NCCCN, Inc's web-based applications		4) Quality Improvement Activities Annual Summary and outcome metrics	
		5) Organizational Chart	

SECTION 4: COMPLIANCE

- ✓ The agency/organization agrees that NC Medicaid may review beneficiary records and any other HIV Case Management information as part of the overall monitoring and evaluation of the program and agrees to submit to an on-site recertification visit.
- ✓ It is the responsibility of the provider to verify staff background qualifications and credentials prior to hiring, and assure during the course of employment, that the staff member continues to meet the requirements set forth in this policy.
- ✓ The agency/organization agrees to provide regular monitoring by a supervisor who meets the requirements as specified in policy.
- ✓ Provider must maintain a business plan and computer capabilities to comply with clinical policy mandates.
- ✓ Providers shall comply with all applicable federal, state, and local laws; regulations; and agreements, including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

Signing below indicates that your agency/Organization agrees with the above and certifies that the information contained in this application is true and accurate to the best of your knowledge.

_____	_____
Typed/Printed Name of Preparer	Typed/Printed Name of Owner/Director
_____	_____
Signature of Preparer	Signature of Owner/Director
_____	_____
Date	Date