

NORTH CAROLINA INFANT-TODDLER PROGRAM REQUIREMENTS FOR SERVICE PROVIDER AGENCY EMPLOYEES / SUBCONTRACTORS

As specified in Attachment 1 to the Provider Agreement, Number 15, all service provider agencies shall provide and review this document with all agency employees / subcontractors. This document must be signed by both the service provider agency employee / subcontractor and supervisor and submitted to the CDSA prior to the provision of any N.C. ITP services.

Service Providers are required to comply with all N.C. ITP requirements, and all periodic amendments and additions thereto, found at the following websites:

<https://beearly.nc.gov/index.php/staff/policies>

<https://beearly.nc.gov/index.php/staff/procedures>

N.C. ITP requirements include but are not limited to the following requirements:

1. Abide by all enrollment agreements and state/federal laws that apply to Service Providers who deliver services to Medicaid beneficiaries and comply with the Medicaid False Claims Act (31 U.S.C. § 3729).

(NC Division of Medical Assistance Medicaid and Health Choice - Outpatient Specialized Therapies Clinical Coverage Policy No: 10A) https://ncleg.net/EnactedLegislation/Statutes/PDF/ByChapter/Chapter_108C.pdf

(NC Division of Medical Assistance Medicaid and Health Choice – Clinical Coverage Policy No: 8-J)
<https://files.nc.gov/hcdma/documents/files/8j.pdf>

July 2004 DMA Specialized Bulletin on CBRS

2. Report immediately any sanctions or exclusions by the Division of Medical Assistance (DMA) against the agency or any direct service provider.
3. Comply with Federal Office of Inspector General (“OIG”) Regulations for Service Providers.
<https://oig.hhs.gov/compliance/101/index.asp>
4. Accept or decline referral from CDSA within two (2) business days. Acceptance of a referral means that Service Provider will meet the 30-day timeline for starting services as reflected on the Individualized Family Service Plan Service Delivery Page and the Provider Referral Form.
5. Follow Individualized Family Service Plan as written. Services on an IFSP shall not be modified or ended except through the CDSA’s Service Coordinator and through an IFSP review meeting that is scheduled with appropriate prior notice and includes the family and other appropriate members of the IFSP Team. All IFSPs meetings require prior written notice (at least ten (10) days, unless waived by the parent), which includes both initial and any subsequent review IFSP meetings.
6. Comply with all N.C. ITP policies and procedures.
7. Complete any requests for Assistive Technology equipment through the Service Coordinator in compliance with the N.C. ITP Assistive Technology Policies and Procedures.
8. Submit children’s evaluation report(s) and therapy treatment plans to the CDSA within five (5) business days of completing the evaluation and within five (5) business days of developing the plan.

9. Submit progress notes and/or monthly summaries to the CDSA no later than the fifteenth (15) day of the following month.
10. Provide services in accordance with the N.C. ITP's Vision and Mission. <https://beearly.nc.gov>
11. Notify the Service Coordinator upon becoming aware of any changes in public or private insurance coverage.
12. Report immediately any complaints registered with a licensing board that result in action taken against any direct service provider.
13. Refrain from completing direct referrals of the child/family to any other services and from making recommendations for other services directly to families. Notify the Service Coordinator assigned to the child of any perceived needs.
14. Participate in provider meetings, N.C. ITP provided trainings, or CDSA activities as required by the CDSA.
15. Refrain from soliciting families for products and/or services.

Failure by employees / subcontractors to follow any of the above requirements for Service Provider Employees / Subcontractors may constitute just cause for termination of continued provision of N.C. ITP services under the Service Providers' Agency Provider Agreement. The CDSA may remove an employee / subcontractor of the Service Provider Agency from the Service Provider Roster for failing to fulfill obligations under this Agreement without terminating the Agreement with the Service Provider Agency. If any procedures are violated with any CDSA resulting in removal from a Service Provider Agency's Roster, such violations may be cause for immediate removal from the Service Provider Agency's Roster with all other CDSAs with whom the Service Provider Agency has an agreement.

By signing below, I indicate that I have read, understand and agree to abide by all requirements contained in this North Carolina Infant-Toddler Program Requirements for Service Provider Agency Employees / Subcontractors as well as by all requirements of the N.C. ITP.

Service Provider Agency Employee / Subcontractor Signature

Date

Service Provider Agency Employee / Subcontractor Printed Name

Service Provider Agency Employee / Subcontractor Supervisor Signature

Date

Service Provider Agency Employee / Subcontractor Supervisor Printed Name