County Rural Offices of Social Services

Non-Traditional Provider
Responsibility: Case Managers and Disability Service Coordinators

A non-traditional provider may be an individual, organization and/or business who deliver services in the consumer's home and/or other community setting. Non-traditional providers typically are individuals, organizations, or businesses which do not provide MH/ID/DD services as a part of their normal business. These services are not to provide treatment but are supportive and may be rehabilitative in focus, and are initiated when there is a reasonable likelihood that such services will benefit the consumer's functioning in, assist them in maintaining community tenure, and act as an alternative way to achieve the consumer's stated goals or outcomes. A request for funding can be made by any consumer, or the consumer's authorized representative, to utilize non-traditional providers for services as approved in the CROSS Regional Management Plan. Non-traditional providers may be subject to certain licensing, certification, accreditation or other state approval standards.

Criteria for Selecting a Non-traditional Provider:

1. The service outcome(s) achieved by the non-traditional provider, as identified by the consumer, must be comparable to services provided by traditional licensed providers.
2. Any non-traditional provider who is expected to work directly with consumers having residency in the CROSS Region will be subjected to the following checks paid by CROSS Region:
    a. A check of the criminal registry
    b. A check of the sexual predators registry
    c. A check of the child abuse/dependent adult abuse registry.
3. The CROSS care coordinator will fund only if the Department of Human Services approves the hiring of the individual based on the registry information.
4. Any non-traditional provider who works directly with CROSS Region consumers may be required to pass a drug-screening test and a communicable disease test as conducted by a medical doctor. The applicant is responsible for payment of these tests.
5. The applicant shall provide evidence of applicable insurance (including liability insurance), and the mental/physical abilities or other qualifications needed to perform the service (e.g.: a driver's license, or the ability to lift, or the ability to read medication labels, etc.)
6. Providers of licensed services must be licensed.

Process for Approving a Non-traditional Provider:

1. The applicant (individual, organization or business) will submit a proposal addressing the following information.
    a. Personal or organizational information (values statement/mission statement)
    b. Description of their experience working with individuals with disabilities
    c. Training and previous experience in providing the service the consumer needs
    d. Description of service to be provided
    e. Frequency and duration of services
    f. Description of the skills that qualify them to be a provider
    g. Provision of transportation if applicable
    h. Three references that can provide information on the applicant's experience in job situations similar to the service needs of the consumer.
    i. Cost per unit breakdown

2. Prior to being accepted as a non-traditional provider, the applicant will meet with, and be screened by, the Care Coordinator.
3. The Care Coordinator (or designee) will check:
    a. The registries mentioned above
    b. References
    c. Review evidence of applicable insurance, licenses, and/or any other qualifications required.

Plan for Continuous Quality Improvement:

1. The consumer (or authorized representative) and the Care Coordinator (or designee) shall agree to monitoring (type, frequency and duration) the performance and quality of services conducted.
2. Quality Assurance assessments will be made by the Care Coordinator in the same manner as with traditional providers.

Process for Reimbursement of Services:

1. The applicant shall be informed of and comply with all rules for rate setting and reimbursement as stated in the CROSS Region Management Plan.
2. Verification of and payment for services will be individually arranged between the Care Coordinator, the consumer and the non-traditional provider through a voucher mechanism.
3. The Care Coordinator shall make the decision on funding all requests for non-traditional providers, subject to the appeals process.
4. Services that can be funded by another funding source, such as Medicaid, are not eligible for this program. County funding is the payer of last resort

Statement of Confidentiality and Non-traditional Provider Agreement:

1. The applicant will be asked to sign a statement of confidentiality and will hold in the strictest confidence all information provided to them and will not disclose the information unless authorized pursuant to Chapter 228 of the Iowa Code.
2. The applicant will be asked to sign a three-way Non-Traditional Provider Agreement between the consumer, CROSS Region, and the non-traditional provider.
3. Any variations from the standard agreement will be reviewed by the County Attorney's Office in the county of the Care Coordinator processing the application.

The CROSS Technical Assistance Committee will review the request for funding of an out-of-plan provider and will make a recommendation to the CROSS Region Governing Board to authorize funding. The time frame of this process is dependent upon receiving a complete application, the results of the background check and the approval of the CROSS Region Governing Board.