

VALLEY AREA AGENCY ON AGING	PROCEDURE Provider Probation Policy	
Implementation Dates	Departments Planning & Contract Management Department	
Manual	Distribution	
Purpose: Description of Provider probation process that describes the right to implement corrective action plans, probationary status, or contract termination.		
Procedures: <p>Step 1 – All issues should first be attempted to be resolved between the supports coordinator/provider/participant (and any additional applicable staff person, i.e., billing)</p> <p>Step 2 – If the problem is not resolved via Step 1, an Incident Report should be completed and given to the contract manager (or designee) and the appropriate supervisor if applicable.</p> <p>Step 3 – Should five (5) or more Incident Reports be written regarding the same issue and agency within a 6-month period, a monitoring visit (Provider Audit) will be scheduled, and a Corrective Action Plan (also called a “work plan”) will be requested. The Corrective Action Plan should: state the issue(s), request resolution(s), provide technical assistance (if applicable), and have a due date. A provider may be deemed an “at-risk” provider (See below for a description of an “at-risk” agency.)</p> <p>Step 4 – The Corrective Action Plan will be reviewed and monitored for compliance by the Contracts Manager (or designee). The Contracts Manager may request information from the Supports Coordinators or other staff in order to gauge compliance. If the issue is not resolved within 30 days (or otherwise specified) the following actions will be taken:</p> <p>A. Written notification will be sent to the provider stating compliance issues have not been resolved, and a second date of resolution will be given. No new clients will be given to the Provider.</p> <p>B. If there is no resolution by the date listed in “A,” the provider will be placed on a Probationary Status for a period of at least 90 days. Providers will be notified in writing of the length of the probationary period, the adverse actions, and any other requirements. During said probationary status:</p> <ul style="list-style-type: none"> • New clients will not be given to the provider; • Monthly reporting may be required; • Current clients may be moved to another provider; and • Funding may be reduced to Subcontractor <p>C. If there is no resolution by the date listed in “B,” the following actions may be taken:</p> <ul style="list-style-type: none"> • Extension of probationary period (extended if progress is being made and more time is needed, as determined by the Contract Manager and/or his/her Supervisor). • Recommendation of termination of the provider’s contract – must be approved by the President/ CEO prior to contract termination. All clients must have services placed with another provider prior to contract termination. The provider has the right to dispute the contract termination in writing within five (5) business days of receiving notification of contract termination. In the event of a dispute, the President/CEO has the final decision regarding the dissolution of contracts. <p>The OIG has the authority to exclude individuals and agencies from receiving Medicaid or Medicare funding. If a</p>		

provider is excluded from receiving Medicaid or Medicare funded payments by the OIG, VAAA is prohibited from paying with funds for goods and services furnished by an excluded person or agency during the exclusion period.

To apply for reinstatement, an excluded individual or agency must send a written request or fax to the OIG at:

HHS, OIG, OI
Attn: Exclusions
P.O. Box 23871
Washington, DC 20026 or
Fax: (202) 691-2298

Upon receipt of a request for reinstatement, if the individual is eligible to apply for reinstatement, OIG will mail Statement and Authorization forms that must be completed, notarized, and returned to the OIG via mail. This process generally requires up to 120 days to complete but can take longer. If reinstatement is denied, the excluded individual or agency is eligible to reapply after one (1) year.

A former OIG excluded provider may reapply to contract with VAAA after reinstatement from the OIG. VAAA's President/CEO will make the final decision to extend a provider contract to a reinstated provider.

VAAA reserves the right to immediately deem a provider At-Risk and institute immediate probationary status or contract termination before initiating the steps included in this policy. At-Risk status may be immediately imposed for reasons including but not limited to:

- Substantiated concerns for participant's health, safety, and welfare;
- Failure to comply with mandatory reporting requirements;
- Failure to adhere to provider contract requirements;
- Fraud, Waste or Abuse;
- Office of Inspector General disciplinary actions;
- Licensing and Regulatory Affairs disciplinary actions
- Recurrent (related to timeliness/accuracy/consistency of billing) or serious financial issues;
- Issues of non-compliance with Federal, State or VAAA standards.

Policy References	Cross Reference