

## PROVIDER NETWORK: CONTRACT EXAMPLES

The following are several examples of various contract provisions related to the provider network for a state MLTSS program. The first example, from Arizona's contract shows how a court mandate can be incorporated into contractor expectations for establishing adequate provider networks. The second example shows how Hawaii articulated its contractual requirement that the network develop and evolve to meet the LTSS needs of the population. The third example includes language Pennsylvania used to mandate specific provider training for a target population (in this case, adults with Autism). And the final sample text, from Texas, provides an example of language related to building a transition period that protects fee-for-service providers.

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### Arizona Long Term Care System (ALTCS)

*From Arizona Health Care Cost Containment System Administration, Contract Amendment, Section D.28, Network Development*

#### ***Ball v Betlach***

In compliance with Orders by the District Court in *Ball v Betlach* the Contractor is responsible for establishing a network of contracted providers adequate to ensure that critical services are provided without gaps. The Contractor shall resolve gaps in critical services within two hours of a gap being reported. The Contractor shall have back-up caregivers available on-call to substitute for those times when an unforeseeable gap in critical service occurs.

The term "critical services" is inclusive of tasks such as bathing, toileting, dressing, feeding, transferring to or from bed or wheelchair, and assistance with similar daily activities. A "gap in critical services" is defined as the difference between the number of hours of home care worker critical service scheduled in each member's HCBS care plan and the hours of the scheduled type of critical service that are actually delivered to the member. Also see AMPM Chapter 1600, Policy 1620, Standards IV (I) for an explanation of "critical services."

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### Hawaii QUEST Expanded Access (QExA)

*From Hawaii QExA, Section 40, 750, Requirements to expand capacity.*

#### *40.750.4 Expanded Personal Assistance Services Level I Capacity*

The health plan shall provide all personal assistance services Level I to members receiving these services prior to enrollment in the health plan.

The health plan shall expand provision of personal assistance services Level I according to the following annual thresholds:

- SFY 2009 (first eight (8) months of implementation): reduce by one-half (1/2) the number of members on the State waiting list by providing these persons personal assistance services Level I, as appropriate;
  - SFY 2010: eliminate the remaining one-half (1/2) of members on the State waiting list by providing these persons personal assistance services Level I, as appropriate, AND increase by 2% above the previous SFY the number of members receiving personal assistance services Level I;
  - SFY 2011: 3% increase in the number of members receiving personal assistance services Level I above the previous SFY AND all members placed on the waiting list in the previous SFY must be taken off the waiting list and provided appropriate personal assistance services Level I; and
  - SFY 2012: 4% increase in the number of members receiving personal assistance services Level I above the previous SFY AND all members placed on the waiting list in the previous SFY must be taken off the waiting list and provided appropriate personal assistance services Level I.
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## **Pennsylvania Adult Community Autism Program (ACAP)**

*From Pennsylvania ACAP, Section 2.1 E (in section on "Functions and duties of contractor").*

Contractor's staff and Network Providers:

1. Demonstrate competence to deliver the services they are to provide to a Participant;
  2. Are appropriately trained and oriented to work with persons with ASD and co-occurring diagnoses prior to contact with Participants. Training and orientation include at a minimum: provider training developed by the Department (see Appendix E), CPR, and crisis prevention and intervention including training on Seclusion and Restraint consistent with the requirements in Section 2 .2. Section 2.5.G H. Provider Selection 1.
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## **Texas Star+Plus**

*From Texas Star+Plus, section 8.2.3, Medicaid Significant Traditional Providers.*

In the first three (3) years of a Medicaid HMO Program operating in a Service Area, the HMO must seek participation in its Network from all Medicaid Significant Traditional Providers (STPs) defined by HHSC in the applicable Service Area for the applicable HMO Program...For STAR+PLUS HMOs, the Medicaid STP requirements apply to all Service Areas, except Harris County within the Harris Service Area.

Medicaid STPs are defined as PCPs and, for STAR+PLUS, Community-based Long

Term Care providers in a county, that, when listed by provider type by county in descending order by unduplicated number of clients, served the top 80% of unduplicated clients. Hospitals receiving Disproportionate Share Hospital (DSH) funds are also considered STPs in the Service Area in which they are located. Note that STAR+PLUS HMOs are not required to contract with Hospitals for Inpatient Stays, but are required to contract with Hospitals for Outpatient Hospital Services...