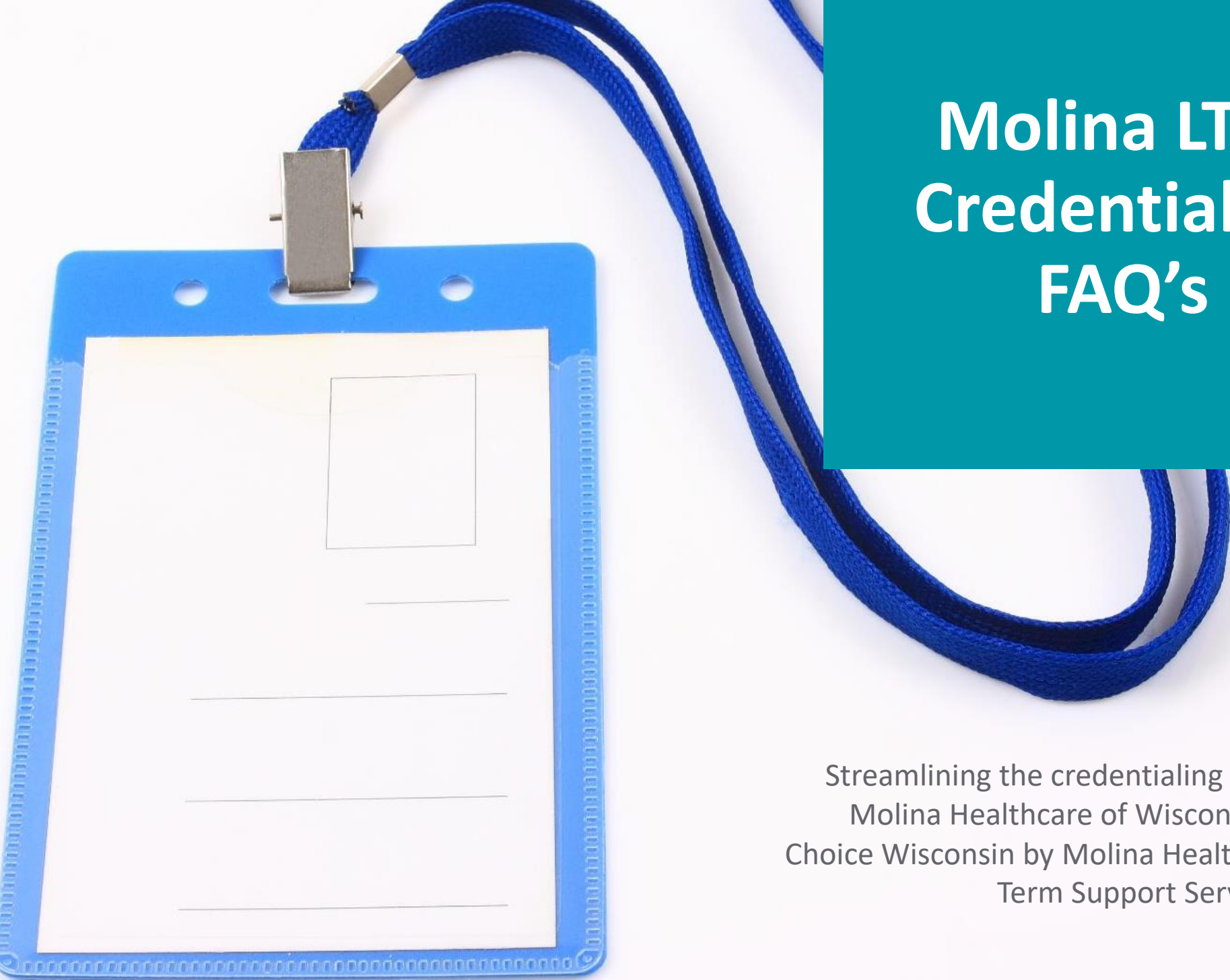


Molina LTSS Credentialing FAQ's



Streamlining the credentialing process for
Molina Healthcare of Wisconsin and My
Choice Wisconsin by Molina Healthcare Long
Term Support Services (LTSS)

What are the requirements for Molina LTSS Credentialing?



HDO Application

LTSS providers must complete pages 1-7 of the [Molina Healthcare HDO Application](#).

License to Practice in Wisconsin

Molina LTSS Credentialing requires providers to hold a current and unrestricted license or certification to practice in Wisconsin when applicable.

Malpractice Insurance

Providers seeking Molina LTSS Credentialing must have malpractice insurance that meets specified requirements. See slide 4 for required insurance types and minimums.

Attestation Form

Providers must complete the [My Choice Wisconsin \(MCW\) Attestation form](#) at initial credentialing and annually thereafter.

Medicaid Enrollment Form

Providers must complete the Wisconsin Medicaid Program Provider Agreement and Acknowledgement of Terms and Participation form at initial credentialing.

LTSS Program Credentialing Criteria

Providers must fulfill the credentialing criteria for the specific LTSS program in which they are seeking participation.

LTSS Frequently Asked Questions

Why is Credentialing requesting a roster?

Per WI Admin Code DHS 12 and 13, Molina Healthcare of WI (MHWI) is required to ensure that providers are meeting licensure, certification, accreditation, criminal background checks and training requirements. The roster is used to verify licensure of licensed employees during the credentialing and recredentialing process. Rosters may also be used to audit for required trainings and mandatory background checks.

What is the purpose of the MCW Attestation?

Per WI Admin Code DHS 12 and 13, MHWI is required to verify annually the provider is conducting required trainings, maintaining and practicing required Policies and Procedures, and completing mandatory background checks.

What is the purpose of the Disclosure Questions?

These questions attest that the owner and facility applying are eligible for employment/services and receive Medicaid funding for home and community-based waiver services.

Why do I need to complete the Medicaid Enrollment Form?

Per WI Admin Code DHS 12 and 13, MHWI must ensure that providers complete the Medicaid Enrollment Form which indicates the provider understands Medicaid requirements and is acknowledging they will follow these requirements to receive Medicaid funding.

Why are you asking about our Accreditation?

Per WI Admin Code DHS 12 and 13, MHWI is required to ensure that providers are meeting licensure, certification, accreditation, criminal background check and training requirements to be eligible to receive Medicaid funding for home and community-based waiver services.

What is a Program Statement?

An LTSS program statement is a document that outlines the specific services and supports provided under the LTSS program. It typically includes details about the types of assistance offered, eligibility requirements, and the goals of the program. The program statement helps ensure that providers meet the necessary licensure, certification, accreditation, criminal background check, and training requirements to be eligible for Medicaid funding for home and community-based waiver services. Additional details on what contents is required to be included in your Program Statement can be found in the DHS Standards.

How often do I need to renew my Molina LTSS Credentialing?

Molina completes LTSS Recredentialing every year.

How is My Choice Wisconsin (MCW) and MHWI related?

Molina Healthcare of Wisconsin acquired MCW in September of 2023. The MCW and MHWI credentialing departments were integrated. Some LTSS required documentation still references MCW.

Why are additional documents being requested that weren't during previous credentialing events?

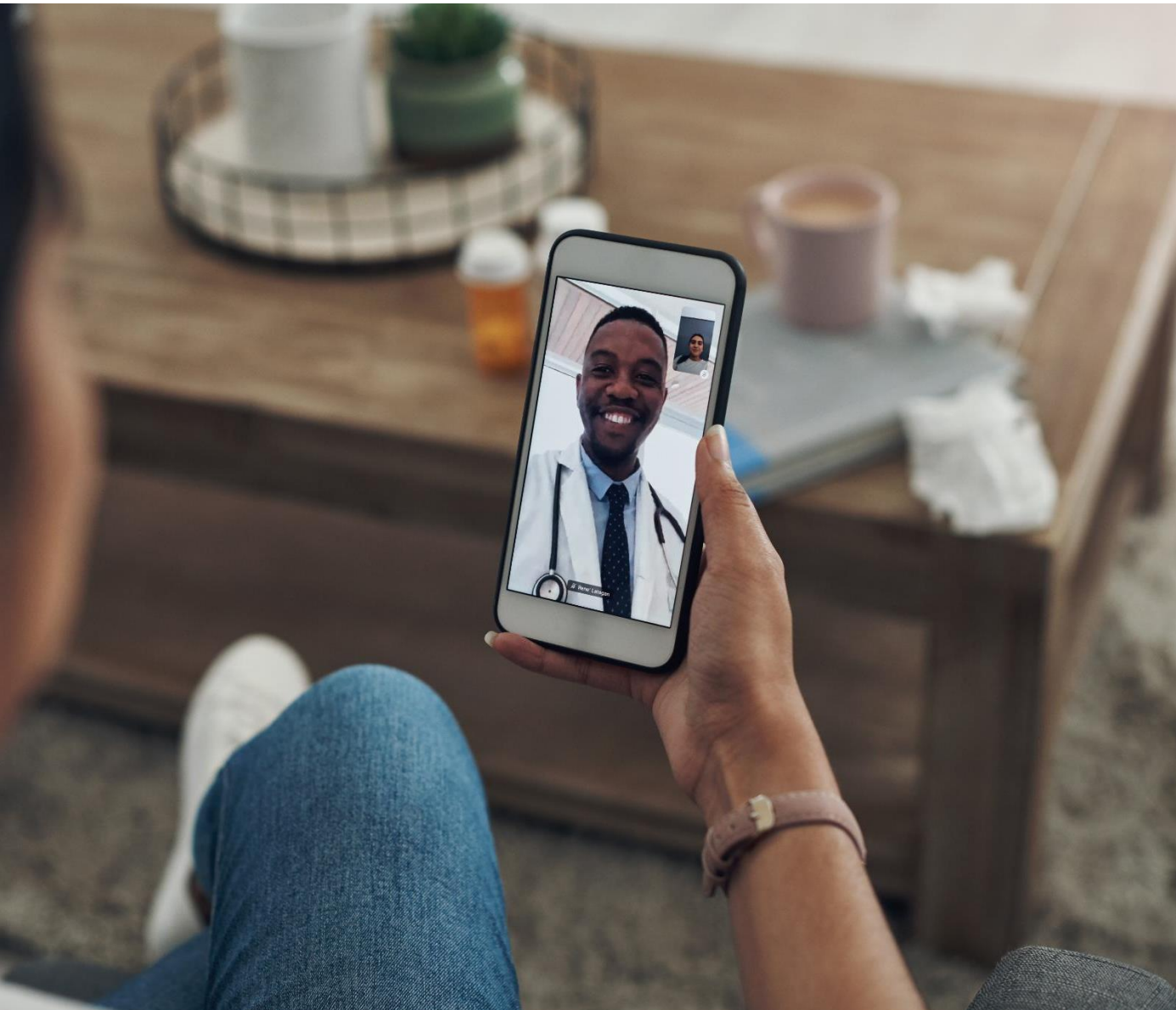
MHWI is required to validate the accuracy of attestation statements including, but not limited to, the completion of caregiver background checks and training materials from a portion of the network each year. You will only be asked to submit these documents if you have been selected at random for validation.

What type of insurance coverage am I required to have?

Molina verifies that all providers have appropriate insurance, depending on provider type, at initial and recredentialing. These requirements are outlined in the Provider Handbook. Providers are required to provide Molina a copy of their Certification of Insurance.

Provider Type	Automobile Liability	General Liability	Umbrella Liability	Professional Liability	Workers Compensation
Adult Day Care- Less than 25 Employees	\$500,000	\$500,000	Not required	\$500,000	Required
Adult Day Care- More than 25 Employees	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	Required
AFH- 1-4 Bed- Non-Owner Occupied	\$1,000,000	\$1,000,000	Not required	\$500,000	If workers are contracted WC may be required
AFH- 1-4 Bed- Owner Occupied	\$100,000 (Leased) \$300,000 Owned	500,000	Not required	\$500,000	Not Required
CBRF- Less than 100 beds	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	Required
CBRF- More than 100 beds	\$1,000,000	\$1,000,000	\$2,000,000	\$1,000,000	Required
DMS/DME/Pharmacy- Less than 25 employees	\$500,000	\$500,000	Not required	\$500,000	Required
DMS/DME/Pharmacy- More than 25 employees	\$1,000,000	\$1,000,000	Not required	\$1,000,000	Required
Home Health- Less than 25 employees	\$500,000	\$500,000	Not required	\$500,000	Required
Home Health- More than 25 employees	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	Required
Lawn and Snow	\$1,000,000	\$1,000,000	Not required	Not required	If Applicable
Personal care- Less than 25 employees	\$500,000	\$500,000	Not required	\$500,000	Required
Personal care- More than 25 employees	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	Required
Prevocational - Less than 25 employees	\$500,000	\$500,000	Not required	\$500,000	If workers are contracted and not full employee's WC may not be required

Prevocational - More than 25 employees	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	Required
RCAC- Less than 100 Beds	\$1,000,000	\$1,000,000	\$1,000,000	Not required	Required
RCAC- More than 100 Beds	\$1,000,000	\$1,000,000	\$2,000,000	Not required	Required
Skilled Nursing Facility- Less than 25 employees	\$500,000	\$500,000	Not required	\$500,000	Required
Skilled Nursing Facility- More than 25 employees	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	Required
Supportive Home Care- Less than 25 employees	\$1,000,000	\$1,000,000	Not required	\$1,000,000	If workers are contracted and not full employee's WC may not be required
Supportive Home Care- More than 25 employees	\$1,000,000	\$1,000,000	Not required	\$1,000,000	If workers are contracted and not full employee's WC may not be required
Transportation- Less than 25 employees	\$1,000,000	\$1,000,000	Not required	Not required	If workers are contracted and not full employee's WC may not be required
Transportation- More than 25 employees	\$1,000,000	\$1,000,000	Not required	Not required	If workers are contracted and not full employee's WC may not be required
Health Care – Facility Level		\$1,000,000 (Occurrence)/ \$3,000,000 (Aggregate)		\$1,000,000 (Occurrence)/ \$3,000,000 (Aggregate)	Required
Health Care Practitioner Level				\$1,000,000 (Occurrence)/ \$3,000,000 (Aggregate)	
Financial Management/ Rep Payee /	\$500,000	\$500,000	Not required	\$500,000	Required
Guardianship – Less than 25 employees					
Financial Management/ Rep Payee / Guardianship – More than 25 employees	\$1,000,000	\$1,000,000	Not required	\$1,000,000	Required
Other- Counseling and Therapeutic Resources – Less than 25 employees	\$500,000	\$500,000	Not required	\$500,000	Required
Other- Counseling and Therapeutic Resources – More than 25 employees	\$1,000,000	\$1,000,000	Not required	\$1,000,000	Required



How do I contact Molina/My Choice for help with LTSS Credentialing?

Providers can contact Molina Healthcare's Provider Network Department for assistance with LTSS Credentialing. The Provider Network Department can provide guidance on the credentialing process, answer questions, and provide support.

MHWPProviderNetworkManagement@MolinaHealthCare.Com