

## Vendor Credentialing Requirements

### **Requirements for Enrolling Self-Direction Vendors**

Before using any Vendor, **please call Xerox (1-866-916-0310) to make sure all required vendor paperwork has been processed** and that the vendor has been set up on your Plan. If you use a vendor before their paperwork has been processed, they may not be paid for those dates. If a Criminal Background Check (CBC) is required, the vendor may not begin working until they have passed their Consolidated Online Registry (COR) initial background check. If a vendor provides services before passing their COR background check (if required), **they will not be paid for those dates**.

Please make sure that all enrollment paperwork (with the exception of the final criminal background check) has been processed before the vendor provides services. **Medicaid will not pay for any services if the vendor enrollment process has not been completed.**

If a vendor provides only goods (not services), you will usually only need to complete the Vendor Information Form (VIF); in other words, the vendor will probably not need to complete the entire Vendor Packet. The purpose of the VIF is to show that you will be using this vendor on your Plan. For vendors that provide goods (only), it is not necessary to get their signature on the VIF. Some examples of “goods” are vitamins, memberships, monthly phone/internet charges, bus passes and conferences. If you are not sure about if what you want to purchase is a “good” or a “service,” please call Xerox for assistance.

<b>Vendors that provide SERVICES: Independent Contractors (IC) and Agencies</b>				
<b>Service Code</b>	<b>Service Code Description</b>	<b>Billing Method</b>	<b>Vendor Packet Required?</b>	<b>License and/or Additional Requirements</b>
<b>97810</b>	Acupuncture <u>Allowed Providers:</u> Group Practice or Individual Specialized Therapist	Per 15 min	<b>Agency:</b> Yes <b>IC:</b> Yes	<b>Agency:</b> Business License <b>IC:</b> Acupuncture and/or oriental medicine license
<b>T2031</b>	Assisted Living – Daily <u>Allowed Providers:</u> Assisted Living Provider Agency/Facility	Daily	<b>Agency:</b> Yes	<b>Agency:</b> Business License
<b>H2019</b>	Behavior Support Consultation <u>Allowed Providers:</u> Individual Behavior Support Consultant (BSC) or BSC Group Practice	Per 15 min	<b>Agency:</b> Yes <b>IC:</b> Yes	<b>Agency:</b> Business License <b>IC:</b> Licensed (MD, Clinical Psychologist, Psychologist Associate, SW, LPCC, LPC, Psychiatric Nurse, NM licensed marriage and family therapist, NM licensed art therapist)
<b>90901</b>	Biofeedback <u>Allowed Providers:</u> Group Practice or Individual Specialized Therapist	Visit	<b>Agency:</b> Yes <b>IC:</b> Yes	<b>Agency:</b> Business License <b>IC:</b> License in Health Care Profession whose scope of practice includes Biofeedback
<b>98940</b>	Chiropractic <u>Allowed Providers:</u> Group Practice or Individual Chiropractor	Visit	<b>Agency:</b> Yes <b>IC:</b> Yes	<b>Agency:</b> Business License <b>IC:</b> Chiropractic Physician License
<b>T1999CE-I</b>	Coaching Education for Parents, Spouse or Other <u>Allowed Providers:</u> Vendor	Each	<b>Agency:</b> Yes <b>IC:</b> Yes	<b>Agency:</b> Business License <b>IC:</b> Pre-Hire Packet

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<b>T1999CS-I</b>	Coaching Education for Parents/Spouse: Conferences and Seminars ONLY <u>Allowed Providers:</u> Vendor	Each	<b>Agency:</b> No <b>IC:</b> No	VIF is required (goods only)
<b>T1999CL-I</b>	Coaching Education for Parents/Spouse: Classes ONLY <u>Allowed Providers:</u> Vendor	Each	<b>Agency:</b> No <b>IC:</b> No	VIF is required (goods only)
<b>97532</b>	Cognitive Rehab Therapy <u>Allowed Providers:</u> Group practice or Individual Specialized Therapist	Per 15 min	<b>Agency:</b> Yes <b>IC:</b> Yes	<b>Agency:</b> Business License <b>IC:</b> License in Health Care Profession whose scope of practice includes Cognitive Rehab Therapy
<b>H2021</b>	Community Direct Support/Navigation <u>Allowed Providers:</u> Community Direct Support Provider or Community Access Provider Agency	Per 15 min	<b>Agency:</b> Yes <b>IC:</b> Yes	<b>Agency:</b> Business License <b>IC:</b> Pre-Hire Packet
<b>S5100</b>	Customized Community Support <u>Allowed Providers:</u> Adult Day Health Agency or Adult Day Habilitation Agency	Per 15 min	<b>Agency:</b> Yes	<b>Agency:</b> Business License
<b>T2033</b>	Customized In-Home Living Supports <u>Allowed Providers:</u> Customized Living Provider Agency or Individual Customized Living Provider	Daily	<b>Agency:</b> Yes <b>IC:</b> Yes	<b>Agency:</b> Business License <b>IC:</b> Pre-Hire Packet
<b>S5160</b>	Emergency Response Testing and Maintenance <u>Allowed Providers:</u> Emergency Response Provider (Agency)	Each	<b>Agency:</b> No	<b>Agency:</b> VIF is required
<b>S5161</b>	Emergency Response Monthly Service Fee <u>Allowed Providers:</u> Emergency Response Provider (Agency)	Monthly	<b>Agency:</b> No	<b>Agency:</b> VIF is required
<b>T2019</b>	Employment Supports (includes Job Coach) <u>Allowed Providers:</u> Supported Employment Provider Agency or Individual	Each	<b>Agency:</b> Yes <b>IC:</b> Yes	<b>Agency:</b> Business License <b>IC:</b> Pre-Hire Packet
<b>S5165</b>	Environmental Modifications (EMOD) <u>Allowed Providers:</u> Individual or Company (Agency)	Each	<b>Agency:</b> Yes <b>IC:</b> Yes	<b>Agency:</b> Appropriate License <b>IC:</b> Appropriate License
<b>T1999CP-I</b>	Fees and Memberships <u>Allowed Providers:</u> Vendor	Each	<b>Agency:</b> No <b>IC:</b> No	VIF is required (goods only)

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<b>T1999HR-I</b>	Health-Related Equipment & Supplies <u>Allowed Providers:</u> Vendor	Each	<b>Agency:</b> No <b>IC:</b> No	VIF is required (goods only)
<b>T1999AE-I</b>	Adaptive Equipment and Supplies <u>Allowed Providers:</u> Vendor	Each	<b>Agency:</b> No <b>IC:</b> No	VIF is required (goods only)
<b>T1999EE-I</b>	Exercise Equipment and Related Items <u>Allowed Providers:</u> Vendor	Each	<b>Agency:</b> No <b>IC:</b> No	VIF is required (goods only)
<b>T1999NS-I</b>	Nutritional Supplements <u>Allowed Providers:</u> Vendor	Each	<b>Agency:</b> No <b>IC:</b> No	VIF is required (goods only)
<b>T1999OM-I</b>	Over-the-Counter Medications <u>Allowed Providers:</u> Vendor	Each	<b>Agency:</b> No <b>IC:</b> No	VIF is required (goods only)
<b>S8940</b>	Hippotherapy <u>Allowed Providers:</u> Group Practice or Individual Specialized Therapist	Visit	<b>Agency:</b> Yes <b>IC:</b> Yes	<b>Agency:</b> Business License <b>IC:</b> License in Healthcare profession whose scope of practice includes hippotherapy.
<b>S9122</b>	Home Health Aide <u>Allowed Providers:</u> Home Health Agency/Homemaker Agency	Hour	<b>Agency:</b> Yes	<b>Agency:</b> Business License
<b>99509</b>	Homemaker/Direct Support <u>Allowed Providers:</u> Individual Homemaker/Direct Support Provider or Home Health Agency/Homemaker Agency	Hourly	<b>Agency:</b> Yes <b>IC:</b> Yes	<b>Agency:</b> Business License <b>IC:</b> Pre-Hire Packet
<b>T1999HG-I</b>	Household Related Goods Item/Invoice <u>Allowed Providers:</u> Vendor	Each	<b>Agency:</b> No <b>IC:</b> No	VIF is required (goods only)
<b>T1999AI-I</b>	Appliances for Independence Item/Invoice <u>Allowed Providers:</u> Vendor	Each	<b>Agency:</b> No <b>IC:</b> No	VIF is required (goods only)
<b>T1999AF-I</b>	Adaptive Furniture Item/Invoice <u>Allowed Providers:</u> Vendor	Each	<b>Agency:</b> No <b>IC:</b> No	VIF is required (goods only)
<b>T2019JD</b>	Job Developer <u>Allowed Providers:</u> Supported Employment Provider Agency or Individual	Each	<b>Agency:</b> Yes <b>IC:</b> Yes	<b>Agency:</b> Business License <b>IC:</b> Pre-Hire Packet
<b>97124</b>	Massage Therapy <u>Allowed Providers:</u> Group Practice or Individual Specialized Therapist	Per 15 min	<b>Agency:</b> Yes <b>IC:</b> Yes	<b>Agency:</b> Business License <b>IC:</b> Massage Therapist License

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<b>S8990</b>	Naprapathy <u>Allowed Providers:</u> Group Practice or Individual Specialized Therapist	Visit	<b>Agency:</b> Yes <b>IC:</b> Yes	<b>Agency:</b> Business License <b>IC:</b> Naprapathic Physician License
<b>S9445</b>	Native American Healers <u>Allowed Providers:</u> Group Practice or Individual Specialized Therapist	Session	<b>IC:</b> Yes	<b>IC:</b> Pre-Hire Packet
<b>S9470</b>	Nutritional Counseling Adults <u>Allowed Providers:</u> Group Practice or Individual	Hourly	<b>Agency:</b> Yes <b>IC:</b> Yes	<b>Agency:</b> Business License <b>IC:</b> Registered Dietician License
<b>G0152</b>	Occupational Therapy <u>Allowed Providers:</u> Individual Occupational Therapist or Group Practice	Per 15 min	<b>Agency:</b> Yes <b>IC:</b> Yes	<b>Agency:</b> Business License <b>IC:</b> OT License
<b>T1007</b>	Personal Plan Facilitation <u>Allowed Providers:</u> Personal Plan Facilitator -- Sole Proprietor or Personal Plan Facilitation -- Agency	Each	<b>Agency:</b> Yes <b>IC:</b> Yes	<b>Agency:</b> Business License <b>IC:</b> Proof of Certification in Planning Tool
<b>G0151</b>	Physical Therapy <u>Allowed Providers:</u> Group Practice or Individual Physical Therapist	Per 15 min	<b>Agency:</b> Yes <b>IC:</b> Yes	<b>Agency:</b> Business License <b>IC:</b> PT License
<b>H2032</b>	Play Therapy <u>Allowed Providers:</u> Group Practice or Individual Specialized Therapist	Per 15 min	<b>Agency:</b> Yes <b>IC:</b> Yes	<b>Agency:</b> Business License <b>IC:</b> License in a mental health profession whose scope of practice includes play therapy
<b>T1003</b>	Private Duty Nursing LPN <u>Allowed Providers:</u> Home Health Agency, Rural Health Clinic, FQHC or Individual	Per 15 min	<b>Agency:</b> Yes <b>IC:</b> Yes	<b>Agency:</b> Business License <b>IC:</b> LPN License
<b>T1002</b>	Private Duty Nursing RN <u>Allowed Providers:</u> Home Health Agency, Rural Health Clinic, FQHC or Individual	Per 15 min	<b>Agency:</b> Yes <b>IC:</b> Yes	<b>Agency:</b> Business License <b>IC:</b> RN License
<b>T1005HHA</b>	Respite Home Health Aide <u>Allowed Providers:</u> Respite Agency	Per 15 min	<b>Agency:</b> Yes	<b>Agency:</b> Business License
<b>T1005SD</b>	Respite Standard <u>Allowed Providers:</u> Individual Provider (not RN, LPN or HHA) or Respite Provider Agency	Per 15 min	<b>Agency:</b> Yes <b>IC:</b> Yes	<b>Agency:</b> Business License <b>IC:</b> Pre-Hire Packet

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Service Code	Service Code Description	Billing Method	Vendor Packet Required?	License and/or Additional Requirements
<b>T1005LPN</b>	Respite LPN <u>Allowed Providers:</u> Respite Provider Agency or Individual LPN	Per 15 min	<b>Agency:</b> Yes <b>IC:</b> Yes	<b>Agency:</b> Business License <b>IC:</b> LPN License
<b>T1005RN</b>	Respite RN <u>Allowed Providers:</u> Respite Provider Agency or Individual RN	Per 15 min	<b>Agency:</b> Yes <b>IC:</b> Yes	<b>Agency:</b> Business License <b>IC:</b> RN License
<b>G0153</b>	Speech/Language Pathology <u>Allowed Providers:</u> Individual Speech Language Pathologist (SLP) or Group Practice	Per 15 min	<b>Agency:</b> Yes <b>IC:</b> Yes	<b>Agency:</b> Business License <b>IC:</b> Business License
<b>T1999TS</b>	Technology for Safety and Independence <u>Allowed Providers:</u> Vendor	Each	<b>Agency:</b> No <b>IC:</b> No	VIF is required (goods only)
<b>T1999CR</b>	Computer Purchase (item) <u>Allowed Providers:</u> Vendor	Each	<b>Agency:</b> No <b>IC:</b> No	VIF is required (goods only)
<b>T1999PR</b>	Printer Purchase (item) <u>Allowed Providers:</u> Vendor	Each	<b>Agency:</b> No <b>IC:</b> No	VIF is required (goods only)
<b>T1999FX</b>	Fax Machine Purchase (item) <u>Allowed Providers:</u> Vendor	Each	<b>Agency:</b> No <b>IC:</b> No	VIF is required (goods only)
<b>T1999CPEP</b>	Cell Phone and Related Equipment Purchase (item) <u>Allowed Providers:</u> Vendor	Each	<b>Agency:</b> No <b>IC:</b> No	VIF is required (goods only)
<b>T1999IS</b>	Internet Service <u>Allowed Providers:</u> Vendor	Each	<b>Agency:</b> No <b>IC:</b> No	VIF is required (goods only)
<b>T1999CELL</b>	Cell Phone Service <u>Allowed Providers:</u> Vendor	Each	<b>Agency:</b> No <b>IC:</b> No	VIF is required (goods only)
<b>T1999LS</b>	Landline Service <u>Allowed Providers:</u> Vendor	Each	<b>Agency:</b> No <b>IC:</b> No	VIF is required (goods only)
<b>T1999ICL</b>	Internet/Cell Phone/Landline Service (bundled) <u>Allowed Providers:</u> Vendor	Each	<b>Agency:</b> No <b>IC:</b> No	VIF is required (goods only)
<b>T1999IC</b>	Internet/Cell Phone Service (bundled) <u>Allowed Providers:</u> Vendor	Each	<b>Agency:</b> No <b>IC:</b> No	VIF is required (goods only)
<b>T1999IL</b>	Internet/Landline Service (bundled) <u>Allowed Providers:</u> Vendor	Each	<b>Agency:</b> No <b>IC:</b> No	VIF is required (goods only)
<b>T1999CPL</b>	Cell Phone/Landline Service (bundled) <u>Allowed Providers:</u> Vendor	Each	<b>Agency:</b> No <b>IC:</b> No	VIF is required (goods only)

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<b>T1999OS</b>	Office Supplies (purchased as items) <u>Allowed Providers:</u> Vendor	Each	<b>Agency:</b> No <b>IC:</b> No	VIF is required (goods only)
<b>T2004</b>	Transportation Commercial Carrier Pass <u>Allowed Providers:</u> Transportation Commercial Carrier	Each	<b>Agency:</b> No <b>IC:</b> No	VIF is required (goods only)
<b>T2007</b>	Transportation Time <u>Allowed Providers:</u> Transportation Agency or Individual Driver	Hourly	<b>Agency:</b> Yes <b>IC:</b> Yes	<b>Agency:</b> Business License <b>IC:</b> Transportation Appendix, Pre-Hire Packet
<b>T2003</b>	Transportation Trip <u>Allowed Providers:</u> Transportation Agency or Individual Driver	Each	<b>Agency:</b> Yes <b>IC:</b> Yes	<b>Agency:</b> Business License <b>IC:</b> Transportation Appendix, Pre-Hire Packet
<b>T2049</b>	Transportation Mile <u>Allowed Providers:</u> Transportation Agency or Individual Driver	Per Mile	<b>Agency:</b> Yes <b>IC:</b> Yes	<b>Agency:</b> Business License <b>IC:</b> Transportation Appendix, Pre-Hire Packet

If the vendor has a professional license (such as a registered nurse or therapist), their licensing board has already completed a background check. They do not need to do another one for Self-Direction. Provider agencies are responsible for completing criminal background checks (CBC) on all their staff. Confirmation of the CBC must be available to the State and Xerox for review as requested.

Please remember that for any vendor providing services, a Vendor Agreement must be completed before payment can be made for any service. If a vendor's pay rate needs to be changed (for vendors providing services), a new Vendor Agreement must be completed and submitted to Xerox at least 15 days before the pay rate change will become effective.

The above grid provides an overview of general vendor credentialing requirements. In certain specific cases, additional licensing or other documentation may be required.

Please contact Xerox (1-866-916-0310) or your Support Broker/Consultant if you have any questions.