



"People  
helping people  
help  
themselves"

Mitchell E. Daniels, Jr., Governor  
State of Indiana

***Division of Mental Health and Addiction***  
402 W. WASHINGTON STREET, ROOM W353  
INDIANAPOLIS, IN 46204-2739  
317-232-7800  
FAX: 317-233-3472

Anne Waltermann Murphy, Secretary

Dear Prospective CA-PRTF Provider:

Thank you for your interest in becoming a provider of services in Indiana's Community Alternatives to Psychiatric Residential Treatment Facilities (CA-PRTF Grant). There are two steps to becoming a CA-PRTF Grant provider. The first step is to provide the Indiana Division of Mental Health and Addiction (DMHA) the necessary documentation to certify that you meet all of the requirements and standards to be a provider for the particular service(s) for which you are applying.

If you meet all standards and documentation is complete, you will receive an "Approval Form" which indicates your eligibility to enroll as CA-PRTF Grant service provider. When you have received your Approval Form, you are ready to enroll with EDS to receive your Medicaid provider number. Go to [www.indianamedicaid.com](http://www.indianamedicaid.com) > Provider Services > Provider Enrollment. You will enroll as a "Waiver" "Billing" provider. You may print the form or choose to enroll on-line.

You must enroll as a Medicaid provider under the CA-PRTF Grant program regardless of the status of you or your agency as a current Medicaid provider. Please feel free to call or e-mail if you have any questions. Thank you for your assistance and participation in Indiana's CA-PRTF Demonstration Grant.

Please read/sign the attached *Procedures and Guidelines for CA-PRTF Grant Service Provider Applicants*.

Beth Fetters  
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# Procedures and Guidelines for CA-PRTF Grant Service Provider Applicants

Go to the DMHA/CA-PRTF webpage <http://www.in.gov/fssa/dmha/6643.htm> to download the necessary information and forms to apply to become part of the CA-PRTF Grant provider network. If you do not have access to the internet, you may gain access to the forms through your local public library.

All required forms must be completed with documentation attached. Application packets are mailed to:

CA-PRTF Grant Provider Specialist  
Indiana Division of Mental Health and Addiction  
402 W. Washington Street Room W353  
Indianapolis, Indiana 46204-2739

**If the application packet is not complete, additional information will be requested by CA-PRTF Grant Provider Specialist.**

The following conditions represent an incomplete packet:

1. The packet is missing an attachment that has been requested;
2. Attachments are illegible or unclear (Copy of Driver's License must be recognizable);
3. Any part of the application is incomplete, has been left blank and not marked "na" if not applicable;
4. Information on the application is illegible;
5. Information on application forms and attachments is inconsistent or unclear (too vague);
6. Forms requiring signature are not signed;
7. The application is not original (Faxed applications will not be accepted).

Adequate experience with children with serious emotional disturbances will be examined and may require verification. A resume is required for individual habilitation providers including those with personal experience with children with SED. If information on the resume, does not match the information on the application, clarification will be requested by the Provider Specialist. Personal and professional experience must be detailed on the application including the relationship to the child/children, the type of interventions experienced and the dates of experience including month/year to month/year.

Once the application packet is submitted to DMHA:

1. Provider applicants will receive a notice that their application has been received by DMHA within two weeks of receipt date.
2. If the application is complete, it will be processed on a first come first serve basis.
3. If a potential provider does not meet all requirements, the application will be denied and the reason will be noted and a denial letter will be mailed to the applicant.

## **Procedures and Guidelines for CA-PRTF Grant Service Provider Applicants**

4. If the packet is complete and the provider is eligible, an approval letter will be mailed or emailed to the provider instructing the provider to apply to EDS/Medicaid for their provider number (LPI).
5. If the application is incomplete, additional information will be requested in writing by the Provider Specialist. If the additional information is not received by DMHA within 30 days, the application will be considered to be voluntarily withdrawn by the applicant and purged.
6. Calls and emails from providers inquiring about the status of their application may not receive a response unless there is an issue that requires a response from DMHA. Only call DMHA regarding your provider application if it has been longer than 14 business days since you mailed your packet or if we have requested that you contact us for clarification or more information.
7. Providers who call or email DMHA inquiring about the status of their enrollment with EDS will be instructed to contact EDS provider enrollment at 1-877-707-5750 if they have not received a response from EDS within 30 days.
8. When a provider is enrolled, the provider and DMHA are notified of the enrollment in the same week. New providers will be activated on Friday of their week of enrollment.
9. Newly enrolled providers will receive information regarding CA-PRTF Grant procedures from DMHA within 10 working days.

The DMHA approved provider should become familiar with the Indiana Health Coverage Program website at [www.indianamedicaid.com](http://www.indianamedicaid.com). Providers who have submitted enrollment forms to EDS or need assistance with enrollment may contact EDS enrollment staff (information is available at [www.indianamedicaid.com](http://www.indianamedicaid.com) or phone is 1-877-707-5750). DMHA staff and Wraparound Facilitators have no information regarding the enrollment until the provider is actually enrolled. DMHA is notified of the enrollment at the same time as the provider.

I have read the above Procedures and Guidelines for CA-PRTF Grant Service Provider Applicants and agree to abide by these procedures.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**If you have read and agree to these procedures, sign the next page and return with your application packet. Keep the first three pages for your records.**

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