IHCP bulletin

INDIANA HEALTH COVERAGE PROGRAMS BT202456 MAY 2, 2024

IHCP provides instructions for OMPP HCBS Certification Portal

As announced in *Indiana Health Coverage Programs (IHCP) Bulletin* <u>BT202442</u>, the Office of Medicaid Policy and Planning (OMPP) will begin processing Home- and Community-Based Services (HCBS) provider certification requests for the Indiana PathWays for Aging, Traumatic Brain Injury, and Health and Wellness waivers in May 2024. The IHCP is providing more instructions on accessing the portal and completing an application.

Creating an account

Complete these steps to create a new account:

1. Go to the OMPP HCBS Certification Portal (the link will be added upon launch).

If you are new to the certification portal, you will register. If you already have a provider account, you will log in.

| salesforce | |
|------------------------------------|--|
| Lisername | |
| Password | |
| Log in | |
| Forgot Password? Need to Register? | |

Figure 1 – OMPP HCBS Certification Portal login screen

2. To register, enter your first name, last name and email address. You will be sent an email to proceed with creating your account.

Note: If you do not see an email, check your junk/spam folders.

3. Click on the link in the email. You will be routed to the certification portal to enter your business information and create your password.

Important note: You will use this account for any future changes or additions to services, so be sure to save your login information.

4. At the certification portal homepage, you can complete various activities related to applications including submitting an inquiry, submitting a new application, adding a service, adding a county, disenrolling or checking the status of a submitted application (see <u>Table 1</u> for the list of actions available).

Figure 2 – OMPP HCBS Certification Portal homepage

| Home Applications 🗸 Inquiry | |
|--|-------------------------------------|
| Indiana Home- and Community-Based Services (HCBS) Waivers | |
| This portal will be used for provider agencies to become HCBS waiver providers for the following programs: Indiana PathWays for Aging Health & Wellness Waiver Traumatic Brain Injury (TBI) Waiver | |
| New Applicants Returning Providers Explanation of Terms | Quick Links |
| If you're seeking certification as an HCBS provider, you'll be required to complete three steps: • STEP 1: Become certified by OMPP to provide HCBS waiver services • You'll follow the prompts through this portal to complete an initial application. • You'll be saked about the services you wish to provide and will be required to attach all required documentar | Provider Enrollment Application Fee |

Providers can take the actions defined in Table 1 through the OMPP HCBS Certification Portal.

| Table 1 – Provider actions available in C | OMPP HCBS | Certification Portal |
|---|-----------|----------------------|
|---|-----------|----------------------|

| Action | Definition |
|------------------|---|
| Inquiry | This is for questions regarding certification process, services or required documents prior to starting the application process. |
| New Application | This is for a brand new service location or HCBS provider. |
| Adding a Service | This is for an existing HCBS provider that is seeking to add more certified services. |
| Adding a County | This is for an existing HCBS provider that is expanding their service area to include additional counties. |
| Disenrolling | This is for an existing HCBS provider to alert the OMPP that they will no longer be offering any services or are selling the business with no stake left in the business. |
| Checking Status | This is for providers that have submitted an application that is currently in the certification approval process. |

Submitting a new application

Complete these steps to submit a new application for provider certification:

- 1. At the certification portal homepage, navigate to the Applications option on the header and choose **Apply for New Application**.
- 2. Select New Application from the drop-down menu.
- 3. Enter the new provider enrollment application information prompted.

Figure 3 – New Provider Enrollment Application screen

| | New Provider Enrollment Application | |
|---|-------------------------------------|---|
| Business and Contact Information | | |
| CEO/Administrator/Owner | Primary Contact Person | |
| | | |
| Business Phone | Primary Contact's Title | |
| | | |
| Legal business name should match Line 1 of your W-9 form. | Primary Contact's Email | |
| Legal business name of applicant | you@example.com | |
| | IDOH License Number | |
| Tax Classification should match Line 3 of your W-9 form | | |
| * Tax Classification | LDOH License Issued To | |
| None | \$ | _ |
| DBA Name of Applicant | Mailing Address | |
| | | |
| | | |
| | * Physical Address | |
| | | |
| | | |
| Type of waiver the business wishes to provide | | |
| | | |
| Pathways/Health and Wellness | I raumatic brain injury | |

- 4. Answer questions regarding involvement with the Community Integration and Habilitation (CIH) and Family Supports Waiver (FSW) appropriately.
- 5. Answer questions regarding the settings rule to demonstrate an understanding of each rule and indicate how you will be in compliance with them.
- 6. Select the services that you are wanting to provide.

Important note: Be sure you understand what each service is that you are applying for and what is required to provide that service.

| Provider Services - Enrollment Application | |
|---|------|
| Select the Provider Services to Add to this Application | |
| Showing 29 of 29 items | |
| Provider Service Name | ~ |
| Home and Community Assistance | |
| Integrated Healthcare Coordination | |
| Adult Family Care | |
| Respite Services | |
| Structured Day Program | |
| Supported Employment | |
| Care Management | |
| Home Modification Assessment | |
| Adult Day Services | |
| Assisted Living | • |
| Previous | Next |
| | |

Figure 4 – Service selection for enrollment application

- 7. You will then be prompted with the list of documents required. If you apply for more than one service, duplicated documents will only be required to be uploaded one time.
- 8. You will upload each document individually, until all documents are uploaded.

Important note: If you are missing a document, you will not be able to continue with the application.

Figure 5 – Uploading documents for enrollment application

| This is an Optional File Upload. You r Upload File Upload File Or drop file | y proceed withtout attaching a document. | | | |
|---|--|--------------|------|---------------|
| | | | | Previous Next |
| | | Upload Files | × | |
| | Test.docx DOC 12 KB | | - 0 | |
| | 1 of 1 file uploaded | | Done | |
| | | _ | _ | |
| vider Services - Enrollment Appl | ation | | | |
| I have uploaded the following | les: | | | |

9. Choose the counties you wish to serve. For each service you applied for, choose the counties in which you plan to serve.

Figure 6 – County selection for enrollment application

| u are making selections for the Service: Home and Community Assistance | | |
|---|--------------------|---|
| Please Select only those counties you wish to serve in the future. This will delete any counties served that you do not select. | Q Search this list | |
| howing 93 of 93 items | | |
| County Name | | ~ |
| 01 - Adams County | | Â |
| 02 - Allen County | | |
| 03 - Bartholomew County | | |
| 04 - Benton County | | |
| 05 - Blackford County | | |
| 06 - Boone County | | |
| 07 - Brown County | | |
| 08 - Carroll County | | |
| 09 - Cass County | | |
| 10 - Clark County | | • |

10. After you select the counties for each service and click **Next**, your application is complete and submitted to the provider certification queue. The application will be assigned to an analyst to begin review within four business days. You will receive an email notification and the status will be updated in the provider portal when an analyst begins their review.

Resuming an incomplete application

If you begin your application and need more time to collect documents or need to step away from the application, your progress will be saved. When you are ready to resume the application, you will be able to pick up where your left off. Incomplete applications will expire after 30 days. Complete these steps to resume your application:

- 1. At the certification portal homepage, navigate to the Applications option on the header and choose **Continue Not Yet Submitted Application**.
- 2. Open the application you wish to continue working on. In the top right corner of the application record, select **Continue Application**.

| Provider Application PAN-24-03-0059 | | | - | + Follow | Continue Application | Edit |
|--|---|------|----------|----------|----------------------|-------|
| Account Assigned To Pacers Programs | Type of application Status New Not Yet Submitted | | | | | |
| DETAILS RELATED | | Post | | | | |
| Date of Application 3/8/2024 | Assigned To | | Share an | update | | Share |

Figure 7 – Continue application screen

3. The beginning of the application with the information you already provided will be displayed. Edit this information as needed. Then submit all required documents and submit the application.

Checking status of an application

Complete these steps to check the status of your application:

- 1. At the certification portal homepage, navigate to the Applications option on the header and choose **All Applications**.
- 2. Open the application you wish to check. You will be able to see if an analyst has been assigned yet, who the analyst is and the status of the application.

| | 04-0137 | | | |
|---|-------------|------|---|---------------------|
| Account | Assigned To | Type | of application | Status In Review |
| DETAILS | RELATED | | | |
| | | | | |
| Date of Application | | | Assigned To | |
| Date of Application 4/16/2024 Provider Application PAN-24-04-0157 | Name | | Assigned To | |
| Date of Application 4/16/2024 Provider Application PAN-24-04-0157 Type of application | Name | | Assigned To Status In Review Effective Dat | * |

Figure 8 – Checking status on an application

Chatter

Chatter functions similarly to an instant messenger. This allows you to communicate directly with your certification analyst within the application record as questions come up. To ensure the analyst gets your message, you will @mention the analyst's name. When an analyst chatters with a provider, you will receive an email notification and a notification in the portal.

Figure 9 – Chatter in OMPP HCBS Certification Portal

| | ci | are an undate | | | - |
|----------------|--------------------|----------------|----------------|---------|---------|
| | 31 | iare an update | | | Stielle |
| Ŷ4 + | Q Search | this feed | | | • • C* |
| Nar | (Employ | yee) | | | |
| 6m a | igo | | 10 | church | |
| (a) Receiver N | ame(Customer) Plei | ase send updat | ed Organizatio | n Chart | |
| In Like | Comment | | | | Tview |
| 0 | n | | | | |
| ſ | Name |)Employe | e) | | |
| | 0 | | | | |
| | | | . 🖪 🖉 | 0 20 | |
| d | | | | | |

Returning a document

When an analyst determines a document submitted is incorrect, missing information or does not meet standards for approval, this document will be returned to the provider. An email will be sent indicating that a document has been returned along with the reason for return.



| | Sandbox: An Update on Your Provider Enrollment Application: Corrections Needed for Background Check 🕨 🔤 🕬 |
|---|--|
| • | Do Not Reply salesforceadmin@fssa.in.gov <u>via</u> 51v8w0jp27f4fbqt.7yugca8xh9grvwij.tr/22dn.3s-9wtkua2.cs133.bnc.sandbox.salesforce.com to ← ● ● @gmail.com ▼ |
| | Hello, |
| | An analyst is reviewing your Provider Enrollment Application and has update a provided document with the following status: |
| | Document: Background Check |
| | Status: Incorrect Document - Wrong Document Uploaded |
| | Please click here to upload a corrected document within two business days so that we can proceed with your enrollment. |
| | |

Complete these steps to upload a corrected document:

- 1. Open the document from the link within the email or log in to the portal, navigate to the application and the specific document needing correction.
- 2. If you have any questions regarding the returned document, chatter message the analyst for clarification.
- After you have the corrected document ready to upload, go to the related section of the document. Select Add Files to upload the new document. This will trigger an email to the analyst so they can review the new document.

| Provider Application Document Background Check | |
|--|--|
| DETAILS RELATED | |
| Provider Application Document Name Background Check | Status Incorrect Document - Wrong Document Uploaded |
| Provider Application PAN-24-03-0126 | Document Approved Date |
| Provider Service Document Background Check | Document Approved By |
| | |
| | |

| Provider Application Docu Background Check | ment | |
|---|------------------------------------|-----------|
| DETAILS RELATED | | |
| Files (2) | | Add Files |
| Test 2 DOC Apr 1, 2024 • 12KB • docx | Test Mar 25, 2024 • 12KB • docx | |
| | | View All |
| Notes (0) | | |
| Approval History (0) | | |
| | | |

Please note that you will receive a separate email for each returned document. To ensure efficiency with this process, the OMPP requests you to return the documents within two business days. After five days, you will receive a reminder email. **After 10 days, your application will expire,** and you will need to start a new application when you are ready to continue. A document will be returned a total of two times for correction. If the document is still not able to be approved, the application will expire, and you will need to start a new application when you are ready to continue.

Certification approval

After all documents have been approved by an analyst, you will receive a certification approval letter via email. This letter will contain instructions for the next steps.

QUESTIONS?

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