

Life Cycle of a Provider (Initial to Closure)

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Purpose

The purpose of this procedure is to instruct staff in the processing of an application from the time it arrives (Initial Application or Recertification) to the time it leaves (Off Site Storage and Archiving). This includes the variety of information collected and in some cases what reports the information entered affects.

Glossary of Terms

Adobe Pro- any version of Adobe that is not Reader. Pro's features include file merging, splitting, page insertion or deleting, redacting and adding a footer plus many other useful tools

Archiving- this is only for closed providers either voluntary (7 year retention) or involuntary (10 year retention). After the retention on site has been met (1 year minimum) files can be sent to storage for the remaining time until destruction which is handled at the storage site. Archives should contact SDS and specifically the unit manager regarding files before actually destroying them.

CC- Care Coordinator

CIR – Critical Incident Report

COS- Category of Service, this is the variety of services provided under the HCB Waiver or alternately the type of PCA service the agency provides. Almost all agencies will have a Core Waiver or PCA COS but Care Coordinators will only have the Care

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Coordination (Individual) COS while contracted Residential Habilitation Homes will have none.

Date Stamper- this is the machine located in the copier room and is used to stamp incoming hard copy documents with SDS CERT and the date received

DME-Durable Medical Equipment, these providers are not certified by SDS but the Waiver workers who process the client applications and POCs use DS3 for reference for this type of provider. Providers provide services such as Lifeline which is a service that is important to many clients and these providers do show on the public Provider Search Tool

DS3- SDS' mainframe database built originally by Chris Hamilton and being replaced by the Harmony System in 2014-2017 in phases.

HCB-Home and Community Based Waiver, the federal program that serves a large percentage of our clients

ICF-Intermediate Care Facility, an out of state assisted living type facility for IDD clients who have SOA care coordinators. A specialized facility to handle a very specific population. These facilities have a separate certification process

Non-Certified Providers- includes the SME and DME providers who only have end dates and are maintained by the unit's SST to assist Waiver personnel who process POCs

OCS-Office of Children Services, these are foster homes for our CCMC youth clients and are Habilitation providers contracted to an agency. These providers NEVER have a start date on the Medicaid tab as there was a MOU with OCS that the homes would remain confidential in our system and if there was a start date the home will show on the PST. These homes are generally to a Foster Parent and will frequently be the parent's names instead of an agency. Despite this they are entered as an organization or they cannot be linked to their provider agency.

Off Site Storage – a form of archiving the older materials of an active provider to reduce hard file folder size. Files are sent off site and kept for 20 years.

Organization – the name of the provider type in DS3

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PCA – Personal Care Assistance, these agencies are either Agency Based or Consumer Direct and carry a designation of U3 for one of the two (which one?)
PST- Provider Search Tool, this is the public facing tool found on the state's website and used to find providers of services in a specific area or for a specific service. The exception should be that the res hab homes that are contracted to an agency should never show up especially OCS homes. Non-certified providers such as those who provide Lifeline or such as Geneva Woods which has durable medical equipment should show up. The Report manager has a report by the same name that is used to create the state wide list of Care Coordination Agencies and Care Coordinators list as well as a list of PCA Agencies which is used by Care Coordinators to provide client choice. The lists are posted in both PDF and XLSX formats to provide user friendly versions.

Res Hab – Residential Habilitation

RSL – Residential Supported Living or ALH, Assisted Living Home

SME – Specialized Medical Equipment

Tab - 

Important Icon – 

Arrows -

Note Titles

Provider - ALH – General Info: Entry is used for notes concerning general ALH or licensing issues or information that does not meet one of the other ALH note topics.

Provider - ALH - License Issued: Assisted Living licensing program issued a provisional or biennial license that has not been modified.

Provider - ALH - License Made Conditional: The existing or issued license had a condition placed on the license as part of an enforcement action.

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Provider - ALH - Modified License Issued: Assisted Living licensing program issued a provisional or biennial license that has been modified. A modification includes change in capacity, population served, administrator, ownership, physical address, mailing address, etc.

Provider - ALH - Report of Inspection Issued: Assisted Living licensing program completed an annual or renewal inspection and issued a notice of violations if requirements were not met. The notice may also include enforcement actions if applicable.

Provider - BCU General Info: Entry is used for notes concerning general BCU or variance issues or information. IS NOT USED for any type of Variance action.

Provider - BCU Variance - Approved: Provider has been granted a background check variance. In date field, enter the **effective date** of variance (this is the date the Commissioner signed the variance). In the body of the note, enter: end date of variance, Provider #, individual's name and barrier end date in text box. Add brief notes of any conditions, etc. regarding the variance if applicable.

Provider - BCU Variance - Continuance: Provider has been granted a background check variance continuance of an existing variance. In date field, enter the **effective date** of the variance (this is the date the Commissioner signed the original variance). In the body of the note, enter: end date of variance, Provider #, individual's name and barrier end date in text box. Add brief notes of any conditions, etc. regarding the variance if applicable.

Provider - BCU Variance – Denial/Closure: Provider's variance has either closed or a request was denied. If the variance closed, in the date field enter the **effective date** of the variance (this is the date the Commissioner signed the original variance). If the variance request was denied, enter the date the Commissioner denied the request. In the body of the note, enter: end date of variance, Provider #, individual's name and

Life Cycle of a Provider (Initial to Closure)

barrier end date in text box. Add brief notes of any conditions, etc. regarding the variance if applicable.

Provider - Certification - Application Complete: Application is signed and has all required attachments. Enter date in date field once application is complete. Indicate in text box the name of staff application is forwarded to and other applicable information.

Provider - Certification - Application Received: Applicant has submitted an initial, renewal, or additional service application. Enter date received by SDS in date field and indicate the type of application and services in text box.

Provider-Certification-Application Withdrawn: Applicant has chosen to withdraw their application or certification. Enter date written notification received by SDS.

Provider - Certification – Information Requested for Application Evaluation: Application is complete but applicant did not have the elements needed to evaluate or make determination that certification requirements are met, prompting a request for more information. Enter date requested in date field. Copy and paste pend letter into case note.

Provider - Certification – Issued Notice of Incomplete Application: Initial or renewal application was determined to be incomplete and applicant was sent written request to submit items and given due date. Enter date notice sent in date field and describe needed items and due date or may copy and paste email in text.box.

Provider - Certification – Information Received: Information was requested from a provider, either during the application or recertification process and was received. Information requested was not of a Compliance nature. Enter date requested in date field. Briefly describe requested items in text box, method of contact and due date to submit items or information

Life Cycle of a Provider (Initial to Closure)

Provider – Certification - Notice of Denial or Other Sanction*: Provider was issued notice to deny initial application, deny renewal of certification, terminate, suspend or other sanction described in 7AAC 105.410. Record date of notice in date field. Copy and paste denial letter into case note. *Disregard this part of the note, use appropriate sanction note type as described below.

Provider-Certification-Returned Incomplete Application: Entire application was returned to the provider as it was deemed incomplete because the provider either failed to submit the information when requested or failed to submit adequate information or documentation when requested.

Provider - Compliance - Certification Not Compliant: Substantiated that a provider does not meet certification requirements through a discovery made from critical incident or complaint investigation, onsite review, evaluation of renewal application, or other information received by the Department. This note category *does not* include applicant that is not currently certified. Record date of substantiation in date field (this becomes the tracking date for this compliance issue), and enter requirement(s) not met in text box.

Provider - Compliance - Corrective Action Complete: Provider has provided evidence corrected action was taken and requirement(s) is met. Enter the tracking date in the date field. Enter correction made in text box along with the date the evidence was provided to the department, along with any other applicable information. (Note: This note is used when all items identified using this tracking date have been corrected and the Non-Compliance Item can be closed. For non-compliant status update, use the “Provider – Compliance – Status Update” note entry.

Provider - Compliance - Issued Notice to Correct: Provider issued report of findings, email, or other written correspondence requesting correction and a timeline to correct. (This note category *does not* include applicant that is not currently certified.) Enter the tracking date in the date field. Record date sent to provider in the text box and briefly

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describe the method of notice, correction needed, date due and confirmation that provider received notice. Emails may be copied into text box.

Provider - Compliance – Status Update: Provider has provided an update on completing requirements identified in the “Notice to Correct” notification sent to the provider. Enter the tracking date in the date field. In text box, enter the information the provider has given on correcting the identified deficiencies. If the department allows a new due date, be sure this is indicated as well.

Provider – Provider - Audit/Overpayment Finding: State has issued notice that provider must reimburse the state of Alaska. Enter date issued to provider in date field and briefly describe the audit findings, which State entity issued the Notice (PIU, SDS, etc), amount owed, subsequent action(s), etc.

Provider – Provider - Contact: SDS has contacted the provider or provider has contacted SDS (examples; technical assistance, general concerns/question, clarification of requirement, resource need, etc.) Enter date of contact in date field and briefly describe contact method, issue and outcome in text field.

Provider-Record-Conversion: Provider hard copy file has been converted to established standardized format and is complete as of the date entered.

Provider-Record-Location: This is an internal tool so that files can be located within SDS among various employees in case the file needs to be located.

Provider - Sanction – Appeal: The provider was sanctioned and activated their appeal rights within the allotted 30 day time frame. The appeal is handled by AAGs in the AG office.

Provider - Sanction - Appeal – Resolution: The provider was sanctioned, appealed the sanction, and there is an outcome to report. Notes will include what those outcomes are.

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Provider - Sanction – Education: Provider has been sanctioned using 7 AAC 105.410 (6): Mandatory attendance at provider education sessions; including one-on-one sessions. This sanction comes with 30 days appeal rights.

Provider - Sanction - OIG Exclusion: The provider has been added to the Federal OIG Exclusion list by Program Integrity Unit (PIU).

Provider - Sanction – Other: The provider has been sanctioned using any other sanctions listed under 7 AAC 105.410 other than those described in this document and listed in DS3.

Provider - Sanction - Prepayment Review: Provider has been sanctioned using 7 AAC 105.410 (8): Department review of all claims submitted by a provider before payment to the provider. This sanction comes with 30 days appeal rights.

Provider - Sanction - Restriction/Withholding of payments: Provider has been sanctioned using 7 AAC 105.410 (3): Restriction or withholding of payments to a provider. This sanction comes with 30 days appeal rights.

Provider – Sanction - Suspension from Medicaid: Provider has been sanctioned using 7 AAC 105.410 (2): Suspension of participation in the Medicaid program. This is a temporary sanction with 30 days appeal rights.

Provider – Sanction - Termination from Medicaid: Provider has been sanctioned using 7 AAC 105.410 (1): Termination from participation in the Medicaid program. This sanction comes with 30 days appeal rights. Once terminated, provider will be added to the State of Alaska exclusion list by Program Integrity Unit (PIU).

Provider - Training – Care Coordination: Provider has attended SDS required Care Coordination training. Enter date of training in date field and the name of the training completed in text box.

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Provider - Training – Critical Incident Reporting: **Provider has attended Critical Incident Report training. Enter date of training in date field and the name of the individual who completed the training in the text box.**

Provider - Training – Personal Care Assistance: Administrator of PCA agency has attended SDS regulatory required training. Note of date of attendance in date field and in text identify the trainee

Provider - Training – Residential Supported Living: Administrator/Owner has attended SDS training specific to Residential Supported Living Service. Note of date of attendance in date field and in text identify the trainee

Provider – Waiver – CPR/FA: Provider has been granted a waiver of this requirement for an individual PCA staff. Note effective date of waiver in date field. Enter individual, city or town, and end date of waiver in text box and other applicable information.

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Application Received

Hard Copy (Front Desk or Fax)

Date Stamping Machine

All documents that come in via fax or front desk by drop off or mail need to be date stamped with SDS CERT <date rec'd>. The exact instructions for using the machine are posted by the machine.

Email

Adobe

Frequently applications and change forms come via email and before printing it is possible to use Adobe Pro to add a footer date stamp. (As of this writing there are only 2 copies of Pro in the unit, the SST and the unit Laptop have them but there is an Enterprise license available for everyone else pending management approval and request. When this is available for everyone the additional steps can be added here.)

- All pages of the application at the time of receipt and subsequent documents sent after the application is pended must be date stamped whether they are received by fax, hand delivered, mailed, or emailed.

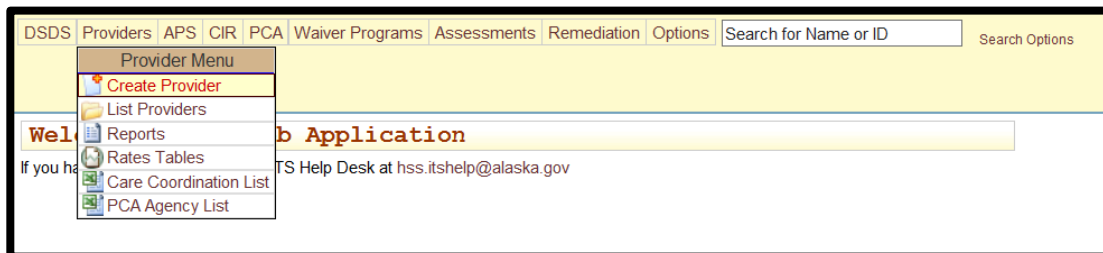
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New Providers

- Within two business days of application receipt, Administrative Support staff inputs provider/applicant information into DS3 including application received date.
- DS3 note is entered identifying assigned reviewer using the “Provider - Provider - Record Location” case note title.

This is for new Organizations (agencies), Care Coordinators (individuals) and for Habilitation Homes that are contracted to an agency (OCS and Assisted Living homes are setup as an Organization)

1. While logged into DS3
 - A. pull down the Provider Menu
 - B. click on Create Provider



2. For an Agency (Organization) select the Organization Tab
 - A. Add the Agency Name
 - B. Add the Region served

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Provider

Save Cancel

Create as Organization **Person**

Name	Minnie Mouse's Care Coordination		
Active	<input type="radio"/> Yes <input checked="" type="radio"/> No	Bed Count	<input type="text"/>
DSDS ID	Generated after creation	NPI	<input type="text"/>
Provider ID			
Region	Statewide	Secondary Region	-- Select One --
Business License	<input type="text"/>	Bus. Lic. Expiration	<input type="text"/>
Notes	<input type="text"/>		

3. For a Care Coordinator select the Person Tab
 - A. Add the person's Name
 - B. Add the Region served
- 4.

Provider

Save Cancel

Create as Organization **Person**

Last	First	Middle	Suffix
Smith	Katherine	D.	
Active	<input type="radio"/> Yes <input checked="" type="radio"/> No	Bed Count	<input type="text"/>
DSDS ID	Generated after creation	NPI	<input type="text"/>
Provider ID			
Region	Anchorage	Secondary Region	-- Select One --
Business License	<input type="text"/>	Bus. Lic. Expiration	<input type="text"/>
Notes	<input type="text"/>		

5. Save (both organization and person)
- 6.

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The screenshot shows a web application interface for managing providers. At the top, there is a navigation bar with tabs for DSDS, Providers, APS, CIR, PCA, Waiver Programs, Assessments, Remediation, and Options. A search bar is located on the right. Below the navigation bar, the header displays "Minnie Mouse's Care Coordination" and "[Provider]" with the DSDSID: 180914. A secondary navigation bar contains icons for Details, Contacts, Medicaid Codes, Rates, Consumers, Agents, Renderers, Agencies, Notes, and Prev. The main content area is titled "Provider" and includes a table with fields for Name, Active status, DSDS ID, Provider ID, Region, Business License, Bed Count, NPI, Secondary Region, and Bus. Lic. Expiration. Below this, there is a "Contact Information" section with a table for Physical Address, Mailing Address, Home, Business, Cell, Fax, and Email Address. At the bottom, there is an "Additional Contact Information" section with buttons for Add Address, Add Phone Number, and Add Email.

Provider			
Name	Minnie Mouse's Care Coordination		
Active	No	Bed Count	
DSDS ID	180914	NPI	
Provider ID			
Region	Statewide	Secondary Region	(none)
Business License		Bus. Lic. Expiration	
Notes			

Contact Information			
Physical Address		Mailing Address	
Home		Business	
Cell		Fax	
Email Address			

Additional Contact Information

No additional contact information has been added for this contact.

Details Tab

All providers

1. update
 - A. physical address
 - B. mailing addresses
 - C. phone, fax and e-mail information.

Life Cycle of a Provider (Initial to Closure)

DSDS **Providers** APS CIR PCA Waiver Programs Assessments Remediation Options Search for Name or ID Search

Mouse, Minnie [Provider]
DSDSID: 180900

Details Contacts Medicaid Codes Rates Consumers Agencies Notes Prev Next

Provider
Edit PCA: No ALH: No GR: No

Last	First	Middle	Suffix
Mouse	Minnie		

Active	No	Bed Count	
DSDS ID	180900	NPI	
Provider ID	CMX Start Date: End Date:		
Region	Anchorage	Secondary Region	(none)
Business License		Bus. Lic. Expiration	
Notes			

Contact Information

Physical Address		Mailing Address	
Address	600 Happy Lane	Address	PO Box 9876
Line 2		Line 2	
City, State Zip	Anchorage AK 99507	City, State Zip	Anchorage AK 99508
Save		Save	
Home		Business	907-296-9870
			Save
Cell		Fax	907-296-9877
			Save
Email Address	ise@minniecares.com x		
	Save		



Hint: you can have all the boxes open as pictured above and then hit save for each once they are all filled in. Using tab between fields speeds up the entry process too.

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DSDS Providers APS CIR PCA Waiver Programs Assessments Remediation Options Search for Name or ID Search

Mouse, Minnie [Provider]
DSDSID: 180900

Details Contacts **Medicaid Codes** Rates Consumers Agencies Notes Prev Next

Provider

Edit ☒ PCA: No ☒ ALH: No ☒ GR: No

Last	First	Middle	Suffix
Mouse	Minnie		
Active	<input checked="" type="checkbox"/> No	Bed Count	
DSDS ID	180900	NPI	
Provider ID	CMX Start Date: End Date:		
Region	Anchorage	Secondary Region	(none)
Business License		Bus. Lic. Expiration	
Notes			

Contact Information

Physical Address	Mailing Address
600 Happy Lane Anchorage, AK 99507	PO Box 9876 Anchorage, AK 99508
Home	Business (907) 296-9870
Cell	Fax (907) 296-9877
Email Address	minnie.mouse@minniecares.com

Additional Contact Information

Add Address Add Phone Number Add Email

No additional contact information has been added for this contact.

Medicaid Codes Tab

- In the first box, type CMAPP (care coordinator), CMGAPP (care coordination agency), HCAPP (all HCB services except assisted living and e-mods), RLAPP (Assisted living homes), PCGAPP (PCA Agencies) or EMAPP (E-mod providers) depending on the type of provider you are entering. For larger agencies you may have combinations of HC & RL etc based on what is allowed by regulations. These will have separate Medicaid Code entries.
- Do not enter any dates.
- Change the Status to "Inactive – Initial Application Pending".
- Click the "Add" button.

DSDS Providers APS CIR PCA Waiver Programs Assessments Remediation Options Search for Name or ID Search

Minnie Mouse's Care Coordination [Provider]
DSDSID: 180914

Details Contacts **Medicaid Codes** Rates Consumers Agents Renderers Agencies Notes Prev Next

Provider ID's

Medicaid Code	Start Date	End Date	Status
No records found.			
CMGAPP			Inactive - Initial Application Pending

Add

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Or for an agency

The screenshot shows the DSDS Providers page for 'Mouse, Minnie' (DSDSID: 180900). The page has a navigation bar with tabs: DSDS, Providers, APS, CIR, PCA, Waiver Programs, Assessments, Remediation, Options, and a search bar. Below the navigation bar, there are tabs for Details, Contacts, Medicaid Codes, Rates, Consumers, Agencies, and Notes. The 'Medicaid Codes' tab is active, showing a table with columns: Medicaid Code, Start Date, End Date, and Status. The table is currently empty, with a message 'No records found.' Below the table, there is a form with a text input for 'CMAPP', a date picker for 'Start Date', a date picker for 'End Date', a dropdown menu for 'Status' (currently set to 'Inactive - Initial Application Pending'), and an 'Add' button.

Notes Tab

Application Received

- A. Click on “Add Note”. Click on the Select button to the right of the Title field. Choose the “Provider – Certification – Application Received” title and enter a note that states “Initial app rec’d” or “Recert rec’d”.

The screenshot shows the 'Note Editor' form. It has a 'Save' button and a 'Cancel' button. The 'Title' field is set to 'Provider - Certification - Application Received'. The 'Date' field is set to '8/27/2015'. The 'Note' field contains the text 'Initial App Rec'd'. A dropdown menu is open next to the 'Title' field, showing a list of options: 'Provider - BCU Variance - Continuance', 'Provider - BCU Variance - Denied', 'Provider - Certification - Application Complete', 'Provider - Certification - Application Received' (highlighted in red), 'Provider - Certification - Application Withdrawn', 'Provider - Certification - Certification Ended While Noncompliant', 'Provider - Certification - Information Received', 'Provider - Certification - Information Requested for Application Evaluation', and 'Provider - Certification - Issued Notice of Incomplete'. The 'Cancel' button is also visible in the top right corner of the form.

Note: if you are late with your note entry you can change the date field to the needed date and the system will also display the current date with the note too.

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Record Location

- A. Click on “Add Note”. Click on the Select button to the right of the Title field. Choose the “Provider – Record – Location” title and enter a notice that states “to (initials of reviewer).”

The screenshot displays the DSDS Providers application interface. At the top, there is a navigation bar with tabs for DSDS, Providers, APS, CIR, PCA, Waiver Programs, Assessments, Remediation, and Options. A search bar is located to the right of the Options tab. Below the navigation bar, the header section shows "Minnie Mouse's Care Coordination" with a "[Provider]" link and "DSDSID: 179296". A secondary navigation bar contains icons for Details, Contacts, Medicaid Codes, Rates, Consumers, Agents, Renderers, Agencies, Notes, and a Prev button. A "Cancel" button is visible in the top right corner of the main content area.

The main content area is titled "Note Editor" and contains a form with the following fields:

- Title:** A text field containing "Provider - Record - Location" and a "Select" button. A dropdown menu is open, showing a list of titles. The selected title, "Provider - Record - Location", is highlighted in red.
- Date:** A text field containing "8/28/2015".
- Note:** A text area containing the text "to BR".

The dropdown menu for the Title field lists the following options:

- Provider - Compliance - Status Update
- Provider - Provider - Audit/Overpayment Finding
- Provider - Provider - Contact
- Provider - Record - Conversion
- Provider - Record - Location**
- Provider - Record - Location - Application
- Provider - Record - Location - Archives/Offsite
- Provider - Sanction - Appeal
- Provider - Sanction - Appeal - Resolution
- Provider - Sanction - Education
- Provider - Sanction - OIG Exclusion

Life Cycle of a Provider (Initial to Closure)

SharePoint Application Tracker

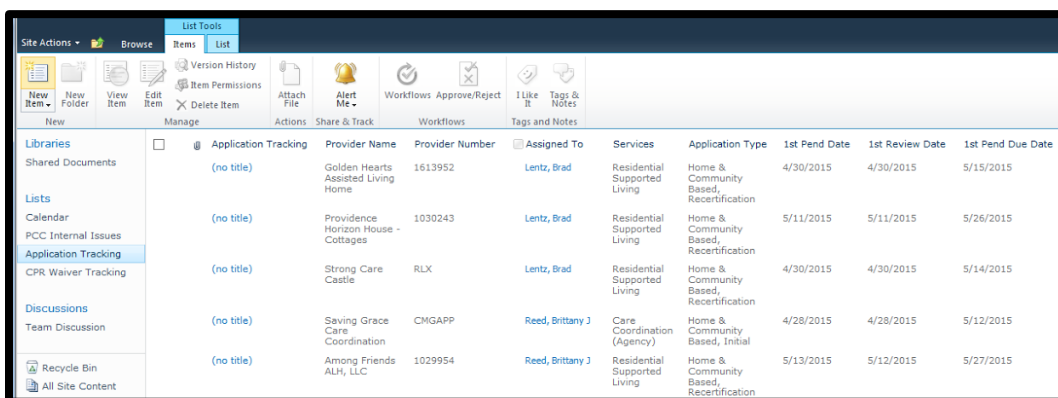
The application may now be entered as follows in the SharePoint Tracking Log found at <https://go.dhss.ak.local/dsds/main/PQA/Lists/Application%20Tracking/AllItems.aspx>

The Tracker is used for Initial Applications, Recertifications and other changes that DS3 does not track such as time lines for processing. The process is the same for adding any of the mentioned application types. The tracker is very wide and can be expanded across both screens, because of this some of the below diagrams may only show part of the screen or be in multiple pieces.

To enter a new application into the tracker:

1. The main screen list

A. New Item



Libraries	Application Tracking	Provider Name	Provider Number	Assigned To	Services	Application Type	1st Pend Date	1st Review Date	1st Pend Due Date
Shared Documents	(no title)	Golden Hearts Assisted Living Home	1613952	Lentz, Brad	Residential Supported Living	Home & Community Based, Recertification	4/30/2015	4/30/2015	5/15/2015
Lists	(no title)	Providence Horizon House - Cottages	1030243	Lentz, Brad	Residential Supported Living	Home & Community Based, Recertification	5/11/2015	5/11/2015	5/26/2015
Application Tracking	(no title)	Strong Care Castle	RLX	Lentz, Brad	Residential Supported Living	Home & Community Based, Recertification	4/30/2015	4/30/2015	5/14/2015
CPR Waiver Tracking	(no title)	Saving Grace Care Coordination	CMGAPP	Reed, Brittany J	Care Coordination (Agency)	Home & Community Based, Initial	4/28/2015	4/28/2015	5/12/2015
Discussions	(no title)	Among Friends ALH, LLC	1029954	Reed, Brittany J	Residential Supported Living	Home & Community Based, Recertification	5/13/2015	5/12/2015	5/27/2015
Team Discussion	(no title)								
Recycle Bin									
All Site Content									

2. Adding a New Provider

A. Enter the Provider Name

B. The number (if it is a recertification) or the CMGAPP, HCAPP etc for an initial

Life Cycle of a Provider (Initial to Closure)

Application Tracking - New Item

Edit

Save Cancel Paste Copy Attach File Spelling

Commit Clipboard Actions Spelling

Provider Name *

Provider Number *

Assigned To *

Services *

Can be more than one provider number as in a combo agency

You may assign this as a one person or more people if it needs to be teamed up on for a special reason. Anyone who is in the SOA address book can be assigned to this field

☒ Nursing Oversight

☐ Care Coordination (Agency)

☐ Care Coordinator (Individual)

☐ Chore

☐ Adult Day

☐ Residential Supported Living

☐ Day Habilitation (Site Based)

☐ Day Habilitation (Community Based)

☐ Residential Habilitation (FAMHB)

☐ Residential Habilitation (Supported Living)

☐ Residential Habilitation (GRPHM)

☐ Residential Habilitation (In Home)

☐ Supported Employment

☐ Intensive Active Treatment

☐ Respite

☐ Respite Family Directed

☐ Transportation (Agency)

☐ Transportation (Provider)

☐ Meals (Congregate)

☐ Meals (Home Delivered)

☐ Environmental Modifications

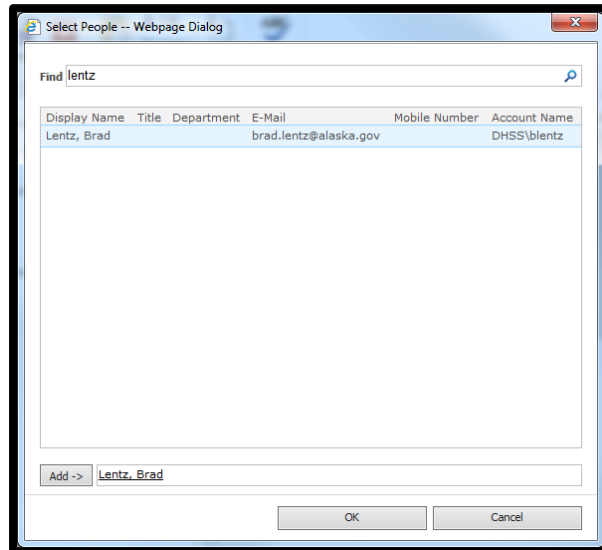
☐ PCA (Agency Based)

☐ PCA (Consumer Directed)

Life Cycle of a Provider (Initial to Closure)

3. Assigning to a worker













- A. Click the Open Book icon and search for the person the application will be assigned to
- B. Search for the person
- C. Add the person
- D. Click OK



4. Continued from 2 because the form is long

- E. Check the appropriate boxes for the services the individual or agency provides
- F. Check the boxes for the Application type
- G. Dates
- H. Enter the Rec'd Date
- I. Enter the date it will go to the staff member
- J. Enter the provider's end date if it is a recertification

Life Cycle of a Provider (Initial to Closure)

	<input type="checkbox"/> PCA (Agency Based) <input type="checkbox"/> PCA (Consumer Directed) <input type="checkbox"/> PCA (Both) <input type="checkbox"/> Specify your own value: <input type="text"/>
Application Type *	<input checked="" type="checkbox"/> Home & Community Based <input type="checkbox"/> PCA <input type="checkbox"/> Initial <input type="checkbox"/> Recertification <input type="checkbox"/> Change <input type="checkbox"/> Closure <input type="checkbox"/> Specify your own value: <input type="text"/> <small>Should be a combination of Program and application i.e. PCA & Recertification</small>
Rec'd Date *	<input type="text"/> 
Date to Staff	<input type="text"/> 
Provider's End Date	<input type="text"/> 
1st Review Date	<input type="text"/> 
1st Pend Date	<input type="text"/> 
1st Pend Due Date	<input type="text"/> 
2nd Review Date	<input type="text"/> 
2nd Pend Date	<input type="text"/> 
2nd Pend Due Date	<input type="text"/> 
3rd Review Date	<input type="text"/> 
3rd Pend Date	<input type="text"/> 
3rd Pend Due Date	<input type="text"/> 

5. Continued again
- K. Add additional notes regarding the application that might be helpful to the reviewer such as actions going on with other units or a site review
6. Continued for the last time
- L. If the application is for a new admin or other unique change that does not have a field above use the Application Tracking field otherwise ignore it
- M. Add the date the entry is being created (used to track application start to end processing time)
- N. Save

Life Cycle of a Provider (Initial to Closure)

3rd Pend Date	<input type="text"/>	
3rd Pend Due Date	<input type="text"/>	
Denial Date	<input type="text"/>	
Denial Due Date	<input type="text"/>	
Approval Date	<input type="text"/>	
Notes	<div></div>	
Application Tracking	<input type="text"/>	
	Default Field Ignore	
Date Created	<input type="text"/>	12 AM ▾ 00 ▾
	The date on which this resource was created	
<div>SaveCancel</div>		

Life Cycle of a Provider (Initial to Closure)

An Example

The screenshot shows a software window titled "Application Tracking - New Item". It features a menu bar with "Edit" and a toolbar with icons for Save, Cancel, Paste, Copy, Attach File, and Spelling. Below the toolbar are tabs for "Commit", "Clipboard", "Actions", and "Spelling". The form contains the following fields:

- Provider Name ***: Minnie's Care Coordination
- Provider Number ***: CMGAPP
Can be more than one provider number as in a combo agency
- Assigned To ***: Lentz, Brad ;
You may assign this as a one person or more people if it needs to be teamed up on for a special reason. Anyone who is in the SOA address book can be assigned to this field
- Services ***: A list of services with checkboxes:
 - ☐ Nursing Oversight
 - ☒ Care Coordination (Agency)
 - ☐ Care Coordinator (Individual)
 - ☐ Chore
 - ☐ Adult Day
 - ☐ Residential Supported Living
 - ☐ Day Habilitation (Site Based)
 - ☐ Day Habilitation (Community Based)
 - ☐ Residential Habilitation (FAMHB)
 - ☐ Residential Habilitation (Supported Living)
 - ☐ Residential Habilitation (GRPHM)
 - ☐ Residential Habilitation (In Home)
 - ☐ Supported Employment
 - ☐ Intensive Active Treatment
 - ☐ Respite
 - ☐ Respite Family Directed
 - ☐ Transportation (Agency)
 - ☐ Transportation (Provider)
 - ☐ Meals (Congregate)
 - ☐ Meals (Home Delivered)
 - ☐ Environmental Modifications
 - ☐ PCA (Agency Based)
 - ☐ PCA (Consumer Directed)

Life Cycle of a Provider (Initial to Closure)

<input type="checkbox"/> Specify your own value: <input type="text"/>	
Application Type *	<input checked="" type="checkbox"/> Home & Community Based <input type="checkbox"/> PCA <input type="checkbox"/> Initial <input type="checkbox"/> Recertification <input type="checkbox"/> Change <input type="checkbox"/> Closure <input type="checkbox"/> Specify your own value: <input type="text"/> <small>Should be a combination of Program and application i.e. PCA & Recertification</small>
Rec'd Date *	8/28/2015
Date to Staff	8/28/2015 x
Provider's End Date	<input type="text"/>
1st Review Date	<input type="text"/>
1st Pend Date	<input type="text"/>
1st Pend Due Date	<input type="text"/>
2nd Review Date	<input type="text"/>
2nd Pend Date	<input type="text"/>
2nd Pend Due Date	<input type="text"/>
3rd Review Date	<input type="text"/>
3rd Pend Date	<input type="text"/>
3rd Pend Due Date	<input type="text"/>
Denial Date	<input type="text"/>
Denial Due Date	<input type="text"/>
Approval Date	<input type="text"/>
1st Pend Due Date	<input type="text"/>
2nd Review Date	<input type="text"/>
2nd Pend Date	<input type="text"/>
2nd Pend Due Date	<input type="text"/>
3rd Review Date	<input type="text"/>
3rd Pend Date	<input type="text"/>
3rd Pend Due Date	<input type="text"/>
Denial Date	<input type="text"/>
Denial Due Date	<input type="text"/>
Approval Date	<input type="text"/>
Notes	<div>This is only a test agency</div>
Application Tracking	<input type="text"/> Default Field Ignore
Date Created	8/28/2015 x 12 AM ▾ 00 ▾ <small>The date on which this resource was created</small>
<div>Save Cancel</div>	

Life Cycle of a Provider (Initial to Closure)

Final Results

The first screenshot shows a software interface with a top navigation bar containing 'List Tools', 'Items', and 'List'. Below this is a toolbar with icons for 'Edit Item', 'Delete Item', 'Attach File', 'Alert Me', 'Workflows', 'Approve/Reject', 'I Like It', and 'Tags & Notes'. The main content area displays a table with the following columns: Application Tracking, Provider Name, Provider Number, Assigned To, Services, Application Type, 1st Pend Date, 1st Review Date, and 1st Pend Due Date. The data row shows '(no title)' with a 'NEW' status, 'Minnie's Care Coordination' as the provider name, 'CMGAPP' as the provider number, 'Lentz, Brad' as the assigned person, 'Care Coordination (Agency)' as the service, and 'Home & Community Based' as the application type.

The second screenshot shows a similar interface but with a different set of columns: 1st Pend Due Date, 3rd Review Date, 3rd Pend Date, 3rd Pend Due Date, Denial Date, Denial Due Date, Approval Date, Notes, Date Created, Rec'd Date, Date to Staff, and Provider's End Date. The data row shows '8/28/2015 12:00 AM' for Date Created, '8/28/2015' for Rec'd Date, and '8/28/2015' for Date to Staff. The Notes column contains the text 'This is only a test agency'.

Life Cycle of a Provider (Initial to Closure)

Checklists

G:\Provider Certification & Compliance\Provider Screening & Foldering Checklists

HCB

HCB Checklist NEW Regulations Updated -9-10-15 .xlsm This is a macro driven file but due to State computer setting it cannot be a template so do NOT hit save. Just print the final list.

Matrix sortable of Waiver Initial Cert new Regs 070115.xlsx this is a handy cheat sheet of the requirements for certification that is sortable.

1) Blank Checklist

- A) Clear all boxes clears the check boxes. This may need to be clicked more than once to ensure all the rows are hidden depending on the services used.
- B) Clear provider info clears the agency name and dates
- C) Help is for the person who needs to make modifications to the underlying code that drives this tool

Business Process- Life Cycle of a Provider (Initial to Closure) 9-2-15 SD.docx

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Life Cycle of a Provider (Initial to Closure)

2) An example of what happens when you click a service box

A) Choose Initial or Recert

<input type="checkbox"/> 1 - Nursing Oversight	<input checked="" type="checkbox"/> 2 - Care Coordination <input type="checkbox"/> Initial <input type="checkbox"/> Recert	<input type="checkbox"/> 2a - Individual Care	<input type="checkbox"/> 3 - Chore Services	<input type="checkbox"/> 4 - Adult Day
<input type="checkbox"/> 5 - Residential Supported Living	<input type="checkbox"/> 6 - Day Habilitation	<input type="checkbox"/> 7 - Residential Habilitation	<input type="checkbox"/> 8 - Supported Employment	<input type="checkbox"/> 9 - IAT Services
<input type="checkbox"/> Site & Comm				
<input type="checkbox"/> 10 - Respite	<input type="checkbox"/> 11 - Transportation	<input type="checkbox"/> 12 - Meals	<input type="checkbox"/> 13 - E-Mod	
				<input type="button" value="Clear All Boxes"/> <input type="button" value="Clear Provider Info"/> <input type="button" value="Help ?"/>

Agency Name & Provider Numbers:		Cert End Date:	
Pre-Screening Reviewer:		Date Rec'd:	
Certification Staff:		To Cert Staff:	
Notes:			

Services	
<input checked="" type="checkbox"/> 2 - CC Agency	

1st Rev	2nd Rev	3rd Rev	Items	Reference	File Sec.	Tag	Comments

3) Frequently additional options will come up based on the service

<input type="checkbox"/> 1 - Nursing Oversight	<input checked="" type="checkbox"/> 2 - Care Coordination <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Recert <input type="checkbox"/> Agenc <input type="checkbox"/> Sole-Practitioner	<input type="checkbox"/> 2a - Individual Care	<input type="checkbox"/> 3 - Chore Services	<input type="checkbox"/> 4 - Adult Day
<input type="checkbox"/> 5 - Residential Supported Living	<input type="checkbox"/> 6 - Day Habilitation	<input type="checkbox"/> 7 - Residential Habilitation	<input type="checkbox"/> 8 - Supported Employment	<input type="checkbox"/> 9 - IAT Services
<input type="checkbox"/> Site & Comm				
<input type="checkbox"/> 10 - Respite	<input type="checkbox"/> 11 - Transportation	<input type="checkbox"/> 12 - Meals	<input type="checkbox"/> 13 - E-Mod	
				<input type="button" value="Clear All Boxes"/> <input type="button" value="Clear Provider Info"/> <input type="button" value="Help ?"/>

Agency Name & Provider Numbers:		Cert End Date:	
Pre-Screening Reviewer:		Date Rec'd:	
Certification Staff:		To Cert Staff:	
Notes:			

Services	
<input checked="" type="checkbox"/> 2 - CC Agency	

Initial of below services

1st Rev	2nd Rev	3rd Rev	Items	Reference	File Sec.	Tag	Comments

Life Cycle of a Provider (Initial to Closure)

- 4) Once all the layers of choices are clicked the rows below will show up with the requirements for that service. If more than one service is chosen then more items will show on the list but each requirement will only show once.

<input type="checkbox"/> 1 - Nursing Oversight	<input checked="" type="checkbox"/> 2 - Care Coordination <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Agenc	<input type="checkbox"/> 2a - Individual Care	<input type="checkbox"/> 3 - Chore Services	<input type="checkbox"/> 4 - Adult Day
<input type="checkbox"/> 5 - Residential Supported Living	<input type="checkbox"/> 6 - Day Habilitation	<input type="checkbox"/> 7 - Residential Habilitation	<input type="checkbox"/> 8 - Supported Employment	<input type="checkbox"/> 9 - IAT Services
<input type="checkbox"/> Site & Comm				
<input type="checkbox"/> 10 - Respite	<input type="checkbox"/> 11 - Transportation	<input type="checkbox"/> 12 - Meals	<input type="checkbox"/> 13 - E-Mod	
				<input type="button" value="Clear All Boxes"/> <input type="button" value="Clear Provider Info"/> <input type="button" value="Help ?"/>

Initial of below services

Agency Name & Provider Numbers:		Cert End Date:		Services
Pre-Screening Reviewer:		Date Rec'd:		<input checked="" type="checkbox"/> 2 - CC Agency
Certification Staff:		To Cert Staff:		
Notes:				

1st Rev	2nd Rev	3rd Rev	Items	Reference	File Sec.	Tag	Comments
			Application Forms			Tag	
			-- Provider Certification Application Form	CERT-01 Form	2		
			-- Notice of Appointment: Program Administrator Form	CERT-04 Form	4	4-1	
			-- Care Coordination Services Application Service Declaration Form	CERT-06 Form	2		
			Other Forms				
			-- Provider Certification Application -- Worker Assurances (if applicable)	CERT-03 Form	2		
			Common Requirements				
			-- Business license (Expiration Date _____)	P.CoP-I.A.2.b.i	3	3-1	
			-- Certificate of Insurance (Expiration Date _____)	P.CoP-I.A.2.b.ii	3	3-2	
			-- Organization chart	P.CoP-I.A.2.c.i	3	3-3	
			-- Personnel list	P.CoP-I.A.2.c.ii	3	3-3	
			-- CIR Training Certificate	Service Form	2	2-2	

- 5) Recertification is a similar setup

Business Process- Life Cycle of a Provider (Initial to Closure) 9-2-15 SD.docx

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Life Cycle of a Provider (Initial to Closure)

6) After the service(s) are chosen simply enter the needed information

A) Agency Name and Number (124567 or CMGAPP or HCX etc)

B) The end date if it applies

C) The date received

D) Who the application is being assigned to

E) The date it was given to the staff member

F) Any notes regarding the provider or application

<input type="checkbox"/> 1 - Nursing Oversight	<input type="checkbox"/> 2 - Care Coordination	<input type="checkbox"/> 2a - Individual Care	<input type="checkbox"/> 3 - Chore Services	<input type="checkbox"/> 4 - Adult Day
<input type="checkbox"/> 5 - Residential Supported Living	<input checked="" type="checkbox"/> 6 - Day Habilitation <input type="checkbox"/> Initial <input type="checkbox"/> Site & Comm	<input checked="" type="checkbox"/> Recert <input checked="" type="checkbox"/> Site & Comm	<input type="checkbox"/> 7 - Residential Habilitation	<input type="checkbox"/> 8 - Supported Employment
<input type="checkbox"/> 10 - Respite	<input type="checkbox"/> 11 - Transportation	<input type="checkbox"/> 12 - Meals	<input type="checkbox"/> 13 - E-Mod	<input type="checkbox"/> 9 - IAT Services

Clear All Boxes
Clear Provider Info
Help ?

Agency Name & Provider Numbers: ACME Day Services

Pre-Screening Reviewer:
Certification Staff: BR

Cert End Date: 12/31/2015
Date Rec'd: 9/11/2015
To Cert Staff: 9/11/2015

Notes: Can contain observations or things to keep in mind about the provider or this app

ReCertification of below services

1st Rev	2nd Rev	3rd Rev	Items	Reference	File Sec.	Tag	Comments
			Recertification Forms				
			- Provider Certification Renewal Form	CERT-21 Form	2		
			- Day Habilitation Services Renewal Service Declaration Form	CERT-28 Form	2		
			Other Forms				
			- Provider Certification Application - Worker Assurances (if applicable)	CERT-03 Form	2		
			Common Requirements				
			- Business license (Expiration Date _____)	P CoP-I.A.2 b.i	3	3-1	
			- Certificate of Insurance (Expiration Date _____)	P CoP-I.A.2 b.ii	3	3-2	
			- Organization chart	P CoP-I.A.2 c.i	3	3-3	
			- Personnel list	P CoP-I.A.2 c.ii	3	3-3	
			SDS Internal Documents				
			- BCU Verification Form *** Also Check OIG & EPLS Listing	PC&C Procedure	3	3-3	

Life Cycle of a Provider (Initial to Closure)

<input type="checkbox"/> 1 - Nursing Oversight	<input type="checkbox"/> 2 - Care Coordination	<input type="checkbox"/> 2a - Individual Care	<input checked="" type="checkbox"/> 3 - Chore Services <input checked="" type="checkbox"/> Initial	<input type="checkbox"/> 4 - Adult Day
<input type="checkbox"/> 5 - Residential Supported Living	<input type="checkbox"/> 6 - Day Habilitation	<input type="checkbox"/> 7 - Residential Habilitation	<input type="checkbox"/> 8 - Supported Employment	<input type="checkbox"/> 9 - IAT Services
<input type="checkbox"/> Site & Comm				
<input checked="" type="checkbox"/> 10 - Respite <input checked="" type="checkbox"/> Initial	<input type="checkbox"/> 11 - Transportation	<input type="checkbox"/> 12 - Meals	<input type="checkbox"/> 13 - E-Mod	
<input type="button" value="Clear All Boxes"/> <input type="button" value="Clear Provider Info"/> <input type="button" value="Help ?"/>				

Initial of below services

Agency Name & Provider Numbers:	ACME Chore & Respite Services	Cert End Date:	12/31/2015
Pre-Screening Reviewer:		Date Rec'd:	9/11/2015
Certification Staff:	BL	To Cert Staff:	9/11/2015
Notes: Can contain observations or things to keep in mind about the provider or this app			

1st Rev	2nd Rev	3rd Rev	Items	Reference	File Sec.	Tag	Comments
			Application Forms			Tag	
			-- Provider Certification Application Form	CERT-01 Form	2		
			-- Notice of Appointment: Program Administrator Form	CERT-04 Form	4	4-1	
			-- Chore Services Application Service Declaration Form	CERT-07 Form	2		
			-- Respite Care Services Application Service Declaration	CERT-16 Form	2		
			Other Forms				
			-- Provider Certification Application -- Worker Assurances (if applicable)	CERT-03 Form	2		
			Common Requirements				
			-- Business license (Expiration Date _____)	P.CoP-I.A.2.b.i	3	3-1	
			-- Certificate of Insurance (Expiration Date _____)	P.CoP-I.A.2.b.ii	3	3-2	
			-- Organization chart	P.CoP-I.A.2.c.i	3	3-3	
			-- Personnel list	P.CoP-I.A.2.c.ii	3	3-3	

7) Print the checklist to include it with the application

PCA

PCA Cert Folders Checklist - 11-7-2013.xltx

This checklist is a much simpler template without the automatic show and hide of rows features of the Waiver checklist.

Life Cycle of a Provider (Initial to Closure)

DSDS Personal Care Assistant (PCA) Agency Certification Application Checklist Initials, Pre-Screening, Recertification, Add Services					
Agency Name & Provider Numbers:		End Date	Initial	New Loc	
Pre-Screening Review Date & Reviewer:			Re-cert	New Admin	
Re-Cert Review Date & Reviewer:			Change	New Own	
Evaluation Date & Reviewer:				New Svc	
Notes					
#	Items	1st Rev	2nd Rev	3rd Rev	File Section
1	Current Certification Form				Section 1 – Certification / Application
2	00 -- Certification Application Form Complete (Agency)				Section 1 – C & A
3	00a -- Agency-Based Services Certification Form				Section 1 – C & A
4	00b -- Consumer-Directed Services Certification Form				Section 1 – C & A
1	CIR Training				Section 2 – Correspondence
1	01 -- Current Alaska Business License				Section 3 - Recertification Requirements
2	02 -- Certificate of Insurance				Section 3 - Recertification Requirements
3	05 -- Organization Chart				Section 3 - Recertification Requirements
4	BCU -- Background Letters or BCU Screen Prints				Section 3 - Recertification Requirements
5	12b -- Personal Care Assistant Training Schedules				Section 3 - Recertification Requirements
6	17b -- Copy of Latest Annual Assessment				Section 3 - Recertification Requirements
1	03 -- Fiscal/Accounting Process				Section 4 - Policy & Procedure
2	04 -- Bank Statement / Audit Report				Section 4 - P & P's
3	09a -- Confidentiality Policy				Section 4 - P & P's
4	09b -- Notice of Privacy Practices				Section 4 - P & P's
5	10 -- Personal Care Assistant Evaluation Procedure				Section 4 - P & P's
6	11 -- Personal Care Assistant Handbook/Orientation Materials				Section 4 - P & P's
7	12a -- Personal Care Assistant Training Standards				Section 4 - P & P's

1) Fill in the boxes

- A) Provider Name and number (sometimes location is helpful for large multi-site agencies)
- B) End date
- C) Put an "X" in the right box for the application type
- D) Add the date it will go to the worker
- E) Add the initials of who it is assigned to
- F) Any notes regarding the application

Life Cycle of a Provider (Initial to Closure)

DSDS Personal Care Assistant (PCA) Agency Certification Application Checklist Initials, Pre-Screening, Recertification, Add Services				
Agency Name & Provider Numbers: Alaska PCA 987541		End Date 11/30/2015	Initial	New Loc
Pre-Screening Review Date & Reviewer:			Re-cert X Change	New Admin
Re-Cert Review Date & Reviewer:				New Own
Evaluation Date & Reviewer: BL				New Svc
Notes:				
#	Items	1st Rev	2nd Rev	3rd Rev
1	Current Certification Form			
2	00 -- Certification Application Form Complete (Agency)			
3	00a -- Agency-Based Services Certification Form			
4	00b -- Consumer-Directed Services Certification Form			
1	CIR Training			
1	01 -- Current Alaska Business License			
2	02 -- Certificate of Insurance			
3	05 -- Organization Chart			
4	BCU -- Background Letters or BCU Screen Prints			
5	12b -- Personal Care Assistant Training Schedules			
6	17b -- Copy of Latest Annual Assessment			
1	03 -- Fiscal/Accounting Process			
2	04 -- Bank Statement / Audit Report			
3	09a -- Confidentiality Policy			
4	09b -- Notice of Privacy Practices			
5	10 -- Personal Care Assistant Evaluation Procedure			
6	11 -- Personal Care Assistant Handbook/Orientation Materials			
7	12a -- Personal Care Assistant Training Standards			

2) For recerts especially simply highlight and hide the rows that are not needed

#	Items	1st Rev	2nd Rev	3rd Rev	File Section
2	02 -- Certificate of Insurance				Section 3 - Recertification Requirements
3	05 -- Organization Chart				Section 3 - Recertification Requirements
4	BCU -- Background Letters or BCU Screen Prints				Section 3 - Recertification Requirements
5	12b -- Personal Care Assistant Training Schedules				Section 3 - Recertification Requirements
6	17b -- Copy of Latest Annual Assessment				Section 3 - Recertification Requirements
1	03 -- Fiscal/Accounting Process				Section 4 - Policy & Procedure
2	04 -- Bank Statement / Audit Report				Section 4 - P & P's
3	09a -- Confidentiality Policy				Section 4 - P & P's
4	09b -- Notice of Privacy Practices				Section 4 - P & P's
5	10 -- Personal Care Assistant Evaluation Procedure				Section 4 - P & P's
6	11 -- Personal Care Assistant Handbook/Orientation Materials				Section 4 - P & P's
7	12a -- Personal Care Assistant Training Standards				Section 4 - P & P's
8	13 -- Procedure for Recipient Backup/Contingency Plans				Section 4 - P & P's
9	14 -- Recipients Grievance Procedure				Section 4 - P & P's
10	15 -- Policy for Terminating Recipient Services				Section 4 - P & P's
11	16a -- Policy for Informing Recipients about Will and POA's				Section 4 - P & P's

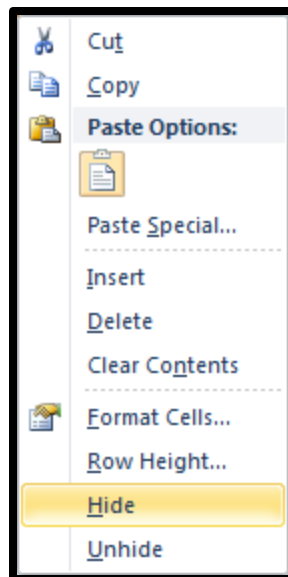
Page 1 of 2

11-6-201

#	Items	1st Rev	2nd Rev	3rd Rev	File Section
12	16b -- Copy of Materials Used for Informing Recipients about Will and POA's				Section 4 - P & P's
13	17a -- Procedure for Annual Assessment				Section 4 - P & P's
1	06a -- Position Description -- PCA Program Administrator				Section 5 - Oversight/Management
2	06b -- Position Description -- Supervising Registered Nurse				Section 5 - Oversight/Management
3	06c -- Position Description -- Personal Care Assistants				Section 5 - Oversight/Management
4	07 -- PCA Agency Orientation Attended by PCA Program Administrator				Section 5 - Oversight/Management
5	08a -- Resume -- Supervising Registered Nurse				Section 5 - Oversight/Management
6	08b -- Education -- Supervising Registered Nurse				Section 5 - Oversight/Management
7	08c -- Previous Employment -- Supervising Registered Nurse				Section 5 - Oversight/Management
1	Reports of Investigations (Substantiated/Unsubstantiated)				Section 6 - Permanent Data
2	Sanctioning Letters				Section 6 - Permanent Data

3) Right click to get the pop up menu for hiding rows

Life Cycle of a Provider (Initial to Closure)

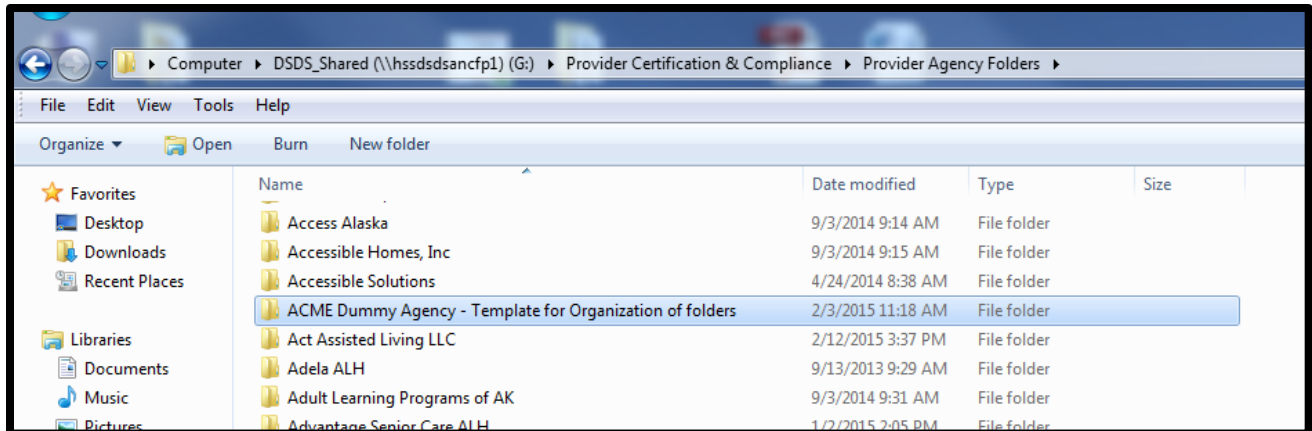


Life Cycle of a Provider (Initial to Closure)

Electronic Folders

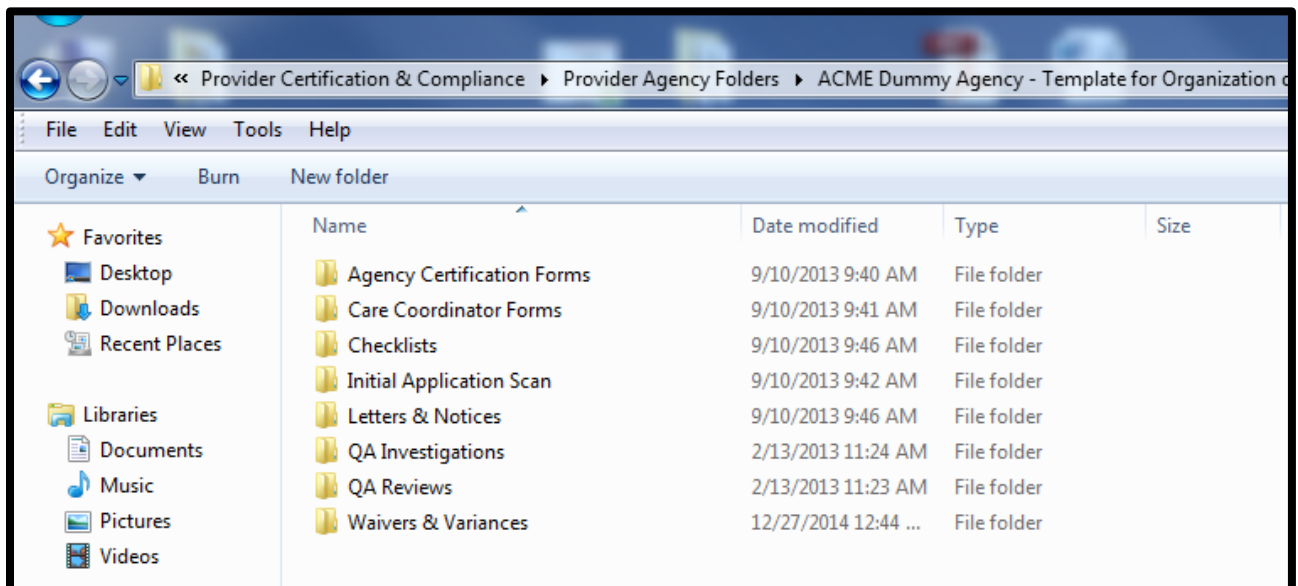
1) New folder

A) click new folder



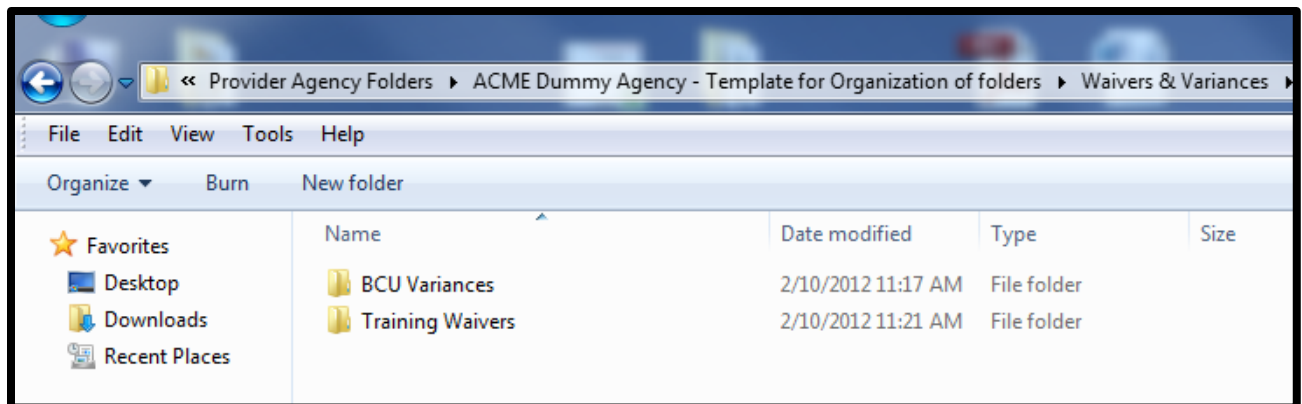
2) Copy paste from ACME folder

3) Folder list and what should go in each



4) Additional folders

Life Cycle of a Provider (Initial to Closure)



Life Cycle of a Provider (Initial to Closure)

New BCP Account

- For initial applications, send e-mail to the Background Check Program unit and request an account be established.
- Needs to be updated with instructions for new form and process

Approval Review Process

What are the key elements of the approval process?

Need to remove all the DS3 bits and/or move the process bits to the right places?

Prioritization

- Recertification applications take priority over initial agency applications (unless otherwise specified). They are due, by regulation, no later than 60 days prior the existing certification end date.
- Agencies will be recertified prior to the end date of their certification if complete applications are received and evaluated prior to the end date.
- Place the applications in your queue according to date received and/or certification end date. They will be worked in the order received and all attempts will be made to complete certification within 30 days, per SDS Provider Certification policy 12-1.
- Initial Care Coordinators for established care coordination agencies will be processed within 2 business days.
- Residential facilities where there are waiver recipients currently residing in the facility and would like to remain. Example: an application from a new owner or previously “GR only home” will be prioritized.
- Added services for currently certified agencies if it is to address an underserved population or area may be prioritized.

What about initial agencies in underserved areas?

Life Cycle of a Provider (Initial to Closure)

Break the following down into sections as appropriate

Additional Locations, Multiple Locations and Multiple Services

- Determine if request is for additional service or location or if it is an entirely new application:
 - Multiple Locations: Agency name will be checked against records to ensure that if there is more than one location that needs to be certified that the agency submits an application for each individual location.
 - Multiple Services: An agency may apply for more than one service within one application or add a service with a new application; the application must include the complete requirements under each section type (or in the section for the new add-on service).

Beginning a Review

- Using the certification application checklist and the certification application instructions, carefully read through all submitted documents of the application to determine if all required contents are present.
- If required documents are missing or if a policy and procedure lacks the minimum required content as stated in the instructions, flag that section for future reference when writing the “pend” notice and leave that box on the checklist blank.
- For each required document that is submitted and is complete and accurate, write your initials in the box on the certification application checklist that corresponds to that document. If the item listed on the checklist is not applicable to that service type or provider, written “NA” in the box. (Example: Worker assurances form, personnel list, etc”).

Checklist use

- Mark your initials in the box that corresponds to the required item or document once received. The goal is to have your initials appear in every box on the certification application checklist form, or the application will not be approved.

Life Cycle of a Provider (Initial to Closure)

- The application will not be approved until your initials appear in each box on the certification checklist.

Pend Letters

- If there are missing/insufficient documents and items, use the “Certification Pend Letter Template” to document what is missing and provide a due date to submit the required documents (10 business days).
 - Immediately save the pend letter to the agency folder on the G Drive using the “save as” option so that others may use the template if needed.
- Once completed, save the letter as a PDF and email it to the applicant or provider using the “Delivery receipt” and “read receipt” options.
- Use numbers to list the required missing documents and items in the pend letter.
- If you send a pend letter after the first pend letter because the provider or applicant only submitted partial information or more clarification is needed, use the “Certification Pend Letter Template” and change the wording so it is clear that it is a subsequent pend notice.
- SDS Policy 12-1 states that applications for certification must be completed within 30 days of the first “pend” letter sent to the applicant by SDS. Once this 30 day time period is reached, a final determination of certification status must be made.

DS3 Notes

- Use the DS3 note “Provider - Certification – Information Requested for Application Evaluation” and cut and paste the portion of the letter that explains what is missing in the application or what needs clarification into the DS3 note field.
- As additional and/or previously missing documentation is received by applicant they must be date-stamped and placed with the application.
- If the agency fails to respond contact them for follow-up and note correspondence or attempts to contact them in DS3.
- As you correspond back and forth with the applicant or provider, make notes in DS3 using the appropriate note titles such as “Provider – Provider - Contact” and “Information received” so that there is a record of correspondence on file.

Life Cycle of a Provider (Initial to Closure)

Special Notes

- Special note about Medication Administration and Assistance with Self-Administration of Medication (ASAM) training curriculum: Regulation 7 AAC 130.227 lists provider types that are required to offer medication administration as part of their service. Therefore, they must have an approved training. For Medication Administration, they must use the Board of Nursing (BON) training. For ASAM, they can either develop their own training curriculum which must be submitted to SDS for approval or they can use the Trust Training Cooperative (TTC) training which has been approved by SDS. When you receive an ASAM training curriculum forward it to the SDS training coordinator for approval. Once approved, complete the “ASAM Approval letter” and send to provider, keeping a copy in their folder.
- Enter a separate DS3 note called “ASAM Training Approved” once the training curriculum is approved.
- Special note about new Program Administrators: You must ensure that the completed “Notice of Appointment: Program Administrator” form is submitted, that three references are listed, and that the resume and educational qualifications are submitted and meet qualifications as set forth in the regulations and COPS. Call at least two of the listed references and use the Program Administrator reference check form. Include the two completed forms in the final packet.

Extensions

- An extension of the certification application review period may be granted allowing additional time to complete the requirements if the following criteria are met:
 - The pending due date is after the certification end date.
 - The provider is unable to resolve the issue(s) prior to the certification end date.

Life Cycle of a Provider (Initial to Closure)

BCU & verification form

- Log into the Background Check Program (BCP) database and print out the agency's BCP account.
- Compare the BCP account listing to the agency's organization chart and personnel list.
 - Ensure that all names listed on the organization chart and personnel list appear in the BCP account with a BCP status of "Provisional" or "Permanent".
 - If a name does not appear on the BCP list do a "person search" in the BCP database. If they appear with an "incomplete", "in process", or "not eligible" status, this information must be included in the pend letter to the agency, reminding them that the individual may not have access to Protected Health Information (PHI) or recipients until the status is "provisional" or "permanent", or until the individual receives an approved background check variance. SDS requests that for any "not eligible" status individuals that appear on the agency's BCP account, the agency submit a brief statement in writing that they will remove the individual from PHI and recipients immediately until the BCP status is "provisional" or "approved" or until the individual is granted a variance.
 - If a name appears in the BCP account as "terminated" or "withdrawn" and is not on the personnel list or organization chart, that is acceptable; however, if they are still on the organization chart, include that in the pend letter and request clarification and/or corrections as appropriate.
 - If a name appears in the BCP account with an "approved" or "provisional" status but is not on the organization chart or personnel list, include a request for clarification in the pend letter.
 - Refer to BCP regulations to determine which roles and job positions must go through the background check process. Essentially, anyone who has access to recipients (whether waiver or not), PHI, or unsupervised volunteers must have a valid criminal history check.

Life Cycle of a Provider (Initial to Closure)

- o Once the BCP account completely matches the organization chart and personnel list and all BCP statuses in the agency's account are "provisional" or "permanent", print out the Background Check Verification Form, sign and date it, and include it in the application packet.
- o Special note about contracted family habilitation and/or group homes: When a certified Residential Habilitation agency contracts with a home to provide group or family habilitation services, we must ensure that the owners and all employees of the home, which must be licensed, have valid criminal history checks. This will entail checking that particular home's BCU account as they will likely not be listed in the certified agency's BCU account. Once the new background check system is implemented, the certified Residential Habilitation agency will be expected to "affiliate" each contracted home with their account. For now they are usually separate and must be verified by us when certifying or recertifying the agency.

What should happen when an agency adds a new home mid-certification period?

Exclusion lists

- Check the status of the agency owners and/or board members in the following systems to identify any outstanding issues that would preclude moving forward with certification:
 - o **OIG Exclusion Checklist** for any owners, board members, or others not already entered in the Background Check Program account for the agency (if agency is on this list, the application will be denied and returned with a letter regarding the OIG Exclusion)
 - o **State of Alaska exclusion list** for any owners or others not already entered in the Background Check Program account for the agency (if agency is on this list, the application will be denied and returned with a letter regarding the State of Alaska exclusion list). This list is posted on the Program Integrity Unit's website.

Life Cycle of a Provider (Initial to Closure)

Licenses

- o **Licensing:** To verify any licensure required such as Assisted Living Home, dietician license, nursing license, contractor license for Environmental Modification, etc.)
- If the applicant or provider is an IAT service provider, ensure that the person delivering IAT services has one of the following degrees, certifications, or licensure:
 - o Marital and Family Therapy
 - o Psychologists and Psychological Associate
 - o Social Workers
 - o Special Education Teacher
 - o Applied Behavioral Analysis professionals

Car Registration

Check the dates of the vehicle registrations

Care Coordinators and Care Coordination Agencies

Info on CFCC???

When certifying or recertifying care coordination agency applications, make sure that individual care coordinators are also recertified if their recertification's are due.

Care Coordination Agencies (Sole Proprietor)

- Administrative Support Staff: Copy the form, resume, and training documents for their individual care coordinator file, clip separately, and leave a copy with the agency folder. All care coordinators (including program administrators and care coordinator of the independent care coordination agency) have a manila file folder with their name which are filed in the Care Coordination drawer.

Multiple Agencies: If a care coordinator works for multiple agencies, they must be affiliated with each agency. An application from each agency is required but there is no need for the individual qualification documentation to be resubmitted. The application will be processed

Life Cycle of a Provider (Initial to Closure)

and approved with a new certification form, affiliating that care coordinator with the second (or more) agency.

- A new DSDSID record will be set up in DS3 for the care coordinator to be associated with the second agency. The name of the care coordinator will have the name of the agency added (e.g. "Bovey (Safe Haven Care Coord), Theresa"). The care coordinator maintains the same provider number.
- Once approved, an amended cert form is created, affiliating the care coordinator with the second agency, and there will be a note on the certification form indicating it is for "a second agency" and must list the name and provider number of the second agency.
- The second application and certification are processed just like the initial one and kept in the same file.

Hab Homes

- If the applicant or provider is a Residential Habilitation service provider that owns or contracts with family habilitation homes or group homes, ensure that each home affiliated with the certified provider agency has a valid and current license for the home.
- If the applicant or provider is a residential setting provider (Residential Habilitation, Residential Supported Living), ensure that the license of the facility
 - is current
 - is appropriate to the service type they wish to provide and be certified in by checking the type of license (SS or MHDD, dual, or SS or MHDD with a variance for an individual person outside the scope of the license).
 - has appropriate capacity for the service type to which they are applying.
Example: If applying for Residential Habilitation - Group Home, the license must show that they have capacity for 2 or more residents.
 - MHDD license - issued to a home providing care primarily to persons with a mental or developmental disability

Life Cycle of a Provider (Initial to Closure)

- o SS license - issued to a home providing care primarily to persons who have a physical disability, who are elderly, or who suffer from dementia, but who are not diagnosed as chronically mentally ill

	MHDD License	SS License
Residential Habilitation	IDD, APDD, CCMC over 18	
Residential Supported Living	APDD, ALI	ALI, APDD* (*if dually licensed or if a variance has been approved)

Do we want to add the Hab Homes Connection process here?

Respite/Day hab

Dates

Approvals

- Certification staff completes an Initial Certification form. The certification form is completed as follows:
 - o Start date is the date that the certification staff person received a complete application that meets SDS minimum standards and has made a final determination that applicant is a qualified provider. **Certification start dates are never backdated.**
 - o End date will be the last day of the 11th month from the month of start date (example: start 09-16-09, end 08-31-10) for initials
 - o If recertification, the start date will be the day after the end date of the previous certification. The end date will be 2 years less one day from the month of the start date (example: start 09/01/09, end 08/31/11).
 - o If the agency was an extended recertification, the end date is what the original end date would have been had they not been extended.

Life Cycle of a Provider (Initial to Closure)

- If an ALH's license expiration date is the same as the certification end date, extend the certification end date by one month.
 - Type of waiver programs and services must be marked with a "Y" based on the services that agency applied for and is eligible for. PCA certification is checked either for CDPCA or ABPCA or both.
- The certification form is printed out and signed. The certification form is never handwritten. Two copies are made;
 - Original mailed with approval letter to agency
 - Copy for the provider file
 - Copy to be placed in box in copier room. It is emailed to Xerox each week by Certification Supervisor and key SDS program staff are cc'd.
- Certification staff updates DS3 with note title "Certification – Application Complete".
- New provider/care coordinator information is entered in DS3;
 - Under Medicaid codes change service from (example) "RLAPP" to "RLX" and change status to "Certification – Pending Enrollment".
 - The start and end dates are to be placed in the service category section; once the billing number is assigned by Xerox, enter the start and end date into the date fields on the front page.
 - Service Category must be completed including "Core Waiver/PCA" and for each individual service.
 - Contacts must be entered, including owner and any administrators, designee, and HR manager.
 - Affiliate Care Coordinator(s) to the CMG.
 - Notify Administrative Support Staff of any family habilitation and group home providers to be affiliated with Res Habilitation providers.
 - Enter DS3 case notes
- Certification staff compiles the application, with the completed checklist as a cover sheet, BCP verification form, and other documentation and tabs the application sections using the pre-printed tabs according to service type.

Life Cycle of a Provider (Initial to Closure)

- Complete and tabbed packet is given to Administrative Support staff for folder assembly and filing
- Hard Files: New agency file is assembled using the standardized folder format and filed.
- Xerox sends a weekly report of new and inactivated providers. Update DS3 with these changes.
- Communicate the changes to Certification Supervisor, Prior Authorization staff, and Program Staff if appropriate.
- Save this report to G drive under databases/provider database/Xerox report.

Filing

- New hanging folder and name tag created and placed in file cabinet by support staff;
- Electronic Files: Completed application and the signed certification form are scanned and saved to the agency electronic folder.
- Place in the To Be Scanned box in the copy room
- All agencies are scanned in as many parts as needed
- Each care coordinator and agency are scanned separately

Life Cycle of a Provider (Initial to Closure)

Approved Providers

Details Tab

Activate the provider

Contacts

Backup CC

Program admins

Owners

Categories of Service (Medicaid Tab)

All Agencies

1. For initially certified new care coordinator or agency:
 - A. Remove the “APP” and enter an X (CMX). This is a placeholder until a provider number is issued.
 - B. Leave the start and end dates blank
 - C. Change the status to “Inactive – Certified but Enrollment Pending”
 - D. Click Save

The screenshot shows the 'Details' tab of the Medicaid Provider interface. At the top, there are navigation tabs: DSDS, Providers, APS, CIR, PCA, Waiver Programs, Assessments, Remediation, and Options. A search bar is on the right. Below the tabs, the provider's name 'Mouse, Minnie' and ID 'DSDSID: 180900' are displayed. A row of icons for 'Details', 'Contacts', 'Medicaid Codes', 'Rates', 'Consumers', 'Agencies', and 'Notes' is shown. Below this is a 'Provider ID's' section with 'Save', 'Cancel', and 'Delete' buttons. A table with four columns: 'Medicaid Code', 'Start Date', 'End Date', and 'Status' is visible. The 'Medicaid Code' field contains 'CMX'. The 'Status' dropdown is set to 'Inactive - Certified but Enrollment Pending'. A hand cursor is pointing at the 'Save' button.

Medicaid Code	Start Date	End Date	Status
CMX			Inactive - Certified but Enrollment Pending

2. Under Service Categories click on the “Click here to add one now” link

Life Cycle of a Provider (Initial to Closure)

DSDS Providers APS CIR PCA Waiver Programs Assessments Remediation Options Search Options

Mouse, Minnie [Provider]
DSDSID: 180900

[Details](#) [Contacts](#) [Medicaid Codes](#) [Rates](#) [Consumers](#) [Agencies](#) [Notes](#) [Prev](#) [Next](#) [Filter](#)

Provider ID's

[Add Medicaid #](#) [Add Category](#)

Medicaid Code	Start Date	End Date	Status	
▶ CMX			Inactive - Certified but Enrollment Pending	Edit

Service Categories for CMX

Service Category	Start	End	Status	Met Req
No Service Categories have been added. Click here to add one now				

3. Choose the COS (Category of Service)

Care Coordination (Individual)

- A. COS – Care Coordination (Individual)
- B. Add the status (Inactive – Certified but Enrollment Pending)
- C. Add the start and end dates of the certification
- D. Choose the type of waiver clients to be served
- E. Save

Life Cycle of a Provider (Initial to Closure)

The screenshot shows the DSDS Providers interface for a provider named Minnie Mouse (DSDSID: 180900). The interface includes a navigation bar with tabs for DSDS, Providers, APS, CIR, PCA, Waiver Programs, Assessments, Remediation, and Options. A search bar is located on the right. Below the navigation bar, there are buttons for Details, Contacts, Medicaid Codes, Rates, Consumers, Agencies, Notes, and navigation controls (Prev, Next, and a filter icon). The main content area is divided into two sections: Provider ID's and Service Category Details.

Provider ID's

Medicaid Code	Start Date	End Date	Status	
CMX			Inactive - Certified but Enrollment Pending	Edit

Service Category Details

Buttons: Save, Cancel

COS	Waivers
Care Coordination (Individual)	<input checked="" type="checkbox"/> ALI
Status: Inactive - Certified but Enrollment Pending	<input checked="" type="checkbox"/> APDD
Start: 8/27/15	<input checked="" type="checkbox"/> CCMC
End: 7/31/16	<input checked="" type="checkbox"/> IDD
Private: Public	

Care Coordination (Agency)

Core waiver

PCA

AB or CD on front page

As a service type

Respite

 Dates

Types family or plain

Day Habilitation

 Dates

Site or community

Life Cycle of a Provider (Initial to Closure)

Residential Habilitation

The 4 types

Front page licenses

 Types and Link between home and agency

RSL

Types and licenses

All other services

Core waiver

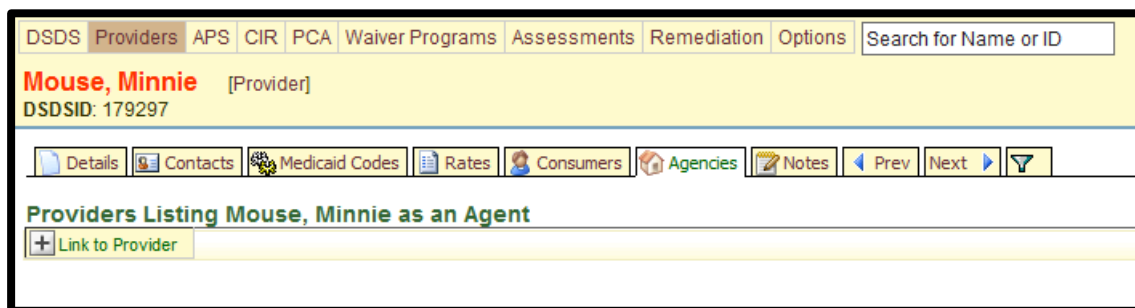
 **Linking Providers Care Coordinators and Residential Habilitation**

Homes

Notes on how to check affiliation, where to find the renderers vs agencies one is homes attached to the HC that is certified and the other is the agencies a home is attached to

Agents, Agencies and Renderers

4. To link a Care Coordinator to an Agency go to the Agencies tab (applies ONLY to Care Coordinators)
 - A. Click “Link to Provider”
 - B. Search by Agency Number and choose Care Coordinator



The screenshot shows the DSDS Providers interface. At the top, there are tabs for DSDS, Providers, APS, CIR, PCA, Waiver Programs, Assessments, Remediation, and Options. A search bar is on the right. Below the tabs, the user is logged in as 'Mouse, Minnie' with DSDSID: 179297. A navigation bar contains icons for Details, Contacts, Medicaid Codes, Rates, Consumers, Agencies, Notes, and navigation buttons. The 'Agencies' tab is selected, showing a section titled 'Providers Listing Mouse, Minnie as an Agent'. Below this title is a button labeled '+ Link to Provider'.

Life Cycle of a Provider (Initial to Closure)

DSDS Providers APS CIR PCA Waiver Programs Assessments Remediation Options Search for Name or ID

Mouse, Minnie [Provider]
DSDSID: 179297

Details Contacts Medicaid Codes Rates Consumers Agencies Notes Prev Next

Search for Name/Medicaid Code: as -- Select One --

DSDS Providers APS CIR PCA Waiver Programs Assessments Remediation Options Search for Name or ID

Mouse, Minnie [Provider]
DSDSID: 179297

Details Contacts Medicaid Codes Rates Consumers Agencies Notes Prev Next

Search for Name/Medicaid Code: Minnie X as -- Select One --

Minnie Card
Minnie Fritts [1575633]
Minnie Fritts [CM0246]
Minnie Mouse [CMAPP]
Minnie Mouse's Care Coordination [CMGAPP]
Minnie Steven [1001510]
Minnie Steven [CM3962]

DSDS Providers APS CIR PCA Waiver Programs Assessments Remediation Options Search for Name or ID

Mouse, Minnie [Provider]
DSDSID: 179297

Details Contacts Medicaid Codes Rates Consumers Agencies Notes Prev Next

Search for Name/Medicaid Code: Minnie Mouse's Care C as -- Select One --

Care Coordinator
PCA

- This will take you to the next screen automatically where you enter the certification start and end dates

Life Cycle of a Provider (Initial to Closure)

Mouse, Minnie [Provider]
DSDSID: 179297

Details Contacts Medicaid Codes Rates Consumers Agencies Notes Prev Next

Provider Agent

Save Cancel

Provider	Minnie Mouse's Care Coordination
Type	Care Coordinator
Agent	Mouse, Minnie
Start Date	8/28/15
End Date	7/31/16

When you are all done your screen should look like this:

DSDS Providers APS CIR PCA Waiver Programs Assessments Remediation Options Search for Name or ID Search Options

Mouse, Minnie [Provider]
DSDSID: 179297

Details Contacts Medicaid Codes Rates Consumers Agencies Notes Prev Next

Providers Listing Mouse, Minnie as an Agent

+ Link to Provider

Care Coordinator		Start Date	End Date
Provider	Minnie Mouse's Care Coordination	08/28/15	07/31/16

DSDS Providers APS CIR PCA Waiver Programs Assessments Remediation Options Search for Name or ID Search Options

Minnie Mouse's Care Coordination [Provider]
DSDSID: 179296

Details Contacts Medicaid Codes Rates Consumers Agents Renderers Agencies Notes Prev Next

Agents

+ Add Agent

Care Coordinator		Start Date	End Date
Agent	Mouse, Minnie	08/28/15	07/31/16

Life Cycle of a Provider (Initial to Closure)



Care Coordinators

6. Click on “Add Note”.
 - A. Click on the Select button to the right of the Title field. Choose the “Provider – Training – Care Coordination” title
 - B. change the date to the date the CC training was completed
 - C. enter a note that states which training was completed and the dates.

The screenshot shows the DSDS (Division of Social Development Services) interface for a provider named Minnie Mouse (DSDSID: 179297). The 'Notes' tab is selected. A 'Note Editor' window is open, displaying a 'Title' field with a dropdown menu. The dropdown menu is open, showing a list of options. The option 'Provider - Training - Care Coordination' is highlighted. The 'Date' field is set to 9/1/2015. The 'Note' field is empty. The dropdown menu options include: Provider - Sanction - Prepayment Review, Provider - Sanction - Restriction/Withholding of payments, Provider - Sanction - Suspension from Medicaid, Provider - Sanction - Termination from Medicaid, Provider - Training - Care Coordination (highlighted), Provider - Training - Critical Incident Reporting, Provider - Training - Personal Care Assistance, Provider - Training - Residential Supported Living, Provider - Waiver - CPR/FA, and Provider - Waiver - CPR/FA - Completed.

All Providers

7. Click on “Add Note”.
 - A. Click on the Select button to the right of the Title field. Choose the “Provider – Training – Critical Incident Reporting” title
 - B. change the date to the date the CIR training was completed
 - C. enter a note that states which training was completed and the dates

Life Cycle of a Provider (Initial to Closure)

The screenshot displays the DSDS (Data System Development System) interface. At the top, a navigation bar includes tabs for DSDS, Providers, APS, CIR, PCA, Waiver Programs, Assessments, Remediation, and Options. A search bar is present with the text 'Search for Name or ID' and a 'Search Options' button. Below the navigation bar, the main header area shows 'Minnie Mouse's Care Coordination' in red text, followed by '[Provider]' and 'DSDSID: 179296'. A secondary navigation bar contains icons for Details, Contacts, Medicaid Codes, Rates, Consumers, Agents, Renderers, Agencies, and Notes, along with 'Prev' and 'Next' buttons and a filter icon. A 'Cancel' button is located in the top right corner of the main content area. The 'Note Editor' section is active, featuring a 'Save' button and a 'Cancel' button. The 'Title' field contains 'Provider - Training - Critical Incident Reporting'. The 'Date' field is set to '9/1/2015'. The 'Note' field is empty. A dropdown menu is open, showing a list of options: 'Provider - Sanction - Prepayment Review', 'Provider - Sanction - Restriction/Withholding of payments', 'Provider - Sanction - Suspension from Medicaid', 'Provider - Sanction - Termination from Medicaid', 'Provider - Training - Care Coordination', 'Provider - Training - Critical Incident Reporting' (highlighted in red), 'Provider - Training - Personal Care Assistance', 'Provider - Training - Residential Supported Living', 'Provider - Waiver - CPR/FA', and 'Provider - Waiver - CPR/FA - Completed'. The dropdown menu has scroll arrows on the left and right sides.

Life Cycle of a Provider (Initial to Closure)

PCA

8. For a PCA Agency Click on the Select button to the right of the Title field.
Choose the “Provider – Training – Personal Care Assistance” title
 - A. change the date to the date the training was completed
 - B. enter a note that states who attended the training and the dates. This should be the Program Admin or an owner

The screenshot shows a software interface with a menu bar at the top containing 'Details', 'Contacts', 'Medicaid Codes', 'Rates', 'Consumers', 'Agents', 'Renderers', 'Agencies', 'Notes', 'Prev', 'Next', and a search icon. Below the menu bar is a 'Note Editor' window with a 'Save' button and a 'Cancel' button. The 'Title' field is set to 'Provider - Training - Personal Care Assistance'. The 'Date' field is set to '9/1/2015'. The 'Note' field is empty. A dropdown menu is open, showing a list of titles, with 'Provider - Training - Personal Care Assistance' highlighted.

RSL

The screenshot shows a software interface with a menu bar at the top containing 'Details', 'Contacts', 'Medicaid Codes', 'Rates', 'Consumers', 'Agents', 'Renderers', 'Agencies', 'Notes', 'Prev', 'Next', and a search icon. Below the menu bar is a 'Note Editor' window with a 'Save' button and a 'Cancel' button. The 'Title' field is set to 'Provider - Training - Residential Supported Living'. The 'Date' field is set to '9/1/2015'. The 'Note' field is empty. A dropdown menu is open, showing a list of titles, with 'Provider - Training - Residential Supported Living' highlighted.

9. Click on “Add Note”. Click on the Select button to the right of the Title field. Choose the “Provider – Certification - Application Complete” title and enter a note that states the application was approved.

Life Cycle of a Provider (Initial to Closure)

Certification Forms

HCB

PCA

Care Coordinator

Life Cycle of a Provider (Initial to Closure)

Folders

HCB (Blue)

Care Coordinators

PCA (Grey)

Life Cycle of a Provider (Initial to Closure)

Activating Providers

Report from Xerox via COGNOS or from provider or from staff

Details



Active = Yes

Contacts



quick check to make sure they were entered

Medicaid Codes



Double check connections

Life Cycle of a Provider (Initial to Closure)

Recertifications

Recertification Letters move down?

- Recertification applications submission reminders are sent to all providers with upcoming certification end dates no later than 90 days prior to the end date.



1st & second notices and time frames

Report

Mail Merge

Each step including PDF

Envelopes

Merges including PDF

Life Cycle of a Provider (Initial to Closure)

Notes

Reviews

Pend Notices

DS3 Details

Most Providers

RSL

PCA



Contacts

Owners

Program Administrators

Back Up Care Coordinators

Medicaid

Recertification



Extensions

Agents



Care Coordinators affiliated with the agency need to be updated

Renderers



Habilitation homes affiliated with the agency need to be updated

Agencies



Care Coordinators need to be affiliated with the correct agency especially dual or triple affiliations

Life Cycle of a Provider (Initial to Closure)

Notes

Pend Notices

Denial Letters



Contact Notes

Late Recertification Applications

- If provider is late in getting their recertification documents in to SDS after notices are sent, the following process should be followed:
 - Administrative support staff notifies provider of the certification expiration date and reminds the provider to give 30 days' notice to participants. This is the final notice that is sent 45 days prior to certification end date.
 - After appeal rights have expired and an appeal was not submitted, Certification Supervisor e-mails Chief of Programs, Manager of NFLOC unit, and Manager of IDD Unit and APS this information and they will contact the Care Coordinators to alert them.
 - Program staff will send letter to participant, cc'ing the Care Coordinator

Recertification Application approvals

- Place latest application and file in the "To Be Foldered" box
- Place the Offsite Storage folder in the Offsite Box
- Always keep certification forms in the hard copy folder in the first section

Other Application Types

Withdrawals

Withdrawn Applications

- When an agency requests to withdraw the application prepare the Application Withdrawn notice, scan the letter and application, and return both to the agency.
- Note as withdrawn in DS3, change the Medicaid code from xxAPP to xxW, and enter a case note that the application was withdrawn.

Life Cycle of a Provider (Initial to Closure)

Changes in Business Type

Change in business type requiring a new provider number

- If an agency changes their business type and/or gets a new tax ID/EIN number, then they are required to get a new provider number with Xerox.
- If there has been no change in ownership, then do a cert form ending the certification for the current provider number.
- Complete a separate cert form to request a new provider number.
- Change the end date for the current provider number and change status to “Inactive – Voluntary Closure”
- Register a new number (RLX, CMGX, etc.) and enter is DS3 as if a new initial provider.
- If there is a change in ownership, then the new provider(s) will need to submit a new initial application before the new provider number can be approved.

Agency sale

- New owner will need to apply for certification and complete all the requirements. Certification does not transfer with the sale.
- Once certification requirements are met will approve the new provider following same procedures as an Initial Cert and end the current provider following the above procedures.
- If the current provider has clients who wish to remain with the new provider then it is important that the certification is not ended before the new provider is ready to be approved. If this happens then the clients will be in an uncertified facility and the new provider will not be able to bill Medicaid.
- If this is involving a licensed facility, keep in touch with licensing to ensure that the license is not changed before the certification can be approved.

Life Cycle of a Provider (Initial to Closure)

Add location

Add CC

Add service

Denials

Denial Of Certification- Certification Staff

- Use the Notice of Denial of Certification template, which clearly states the timeline of actions and reasons for denial
- If a recertification, extend the agency certification end date by 35 days
- Make sure all correspondence and actions with this applicant are documented in DS3
- Send the denial notice draft to Unit Manager or Certification Supervisor for review
- Add the denial to the tracking excel sheet found at G:\Quality Assurance\Provider Agency Folders\1-A Denials & Sanctions Spreadsheet
- Keep a hard copy of the application and Notice of Denial in your office for future reference during the 30 day appeal rights period
- Prepare to help support the denial in mediation or administrative hearing if it is challenged through appeal process
- If documents are received during the 30 day appeal period that make the application complete, and the applicant or provider has not appealed the denial through the Office of the Commissioner, write a Denial Withdrawal letter, enter appropriate notes in DS3, and edit the Denial tracking excel sheet and let Supervisor or Manager know.
- If documents are received during the 30 day appeal period that make the application complete, and the applicant or provider **has** appealed the denial through the Office of the Commissioner, consult with Supervisor for next steps.
- If Denial is appealed, the Unit Manager will handle the appeal process and you may be asked to participate in mediation or hearing.
- If the Denial of Recertification is appealed, the end date for certification must be extended by 90 days to allow for due process and actions

Life Cycle of a Provider (Initial to Closure)

Denial Notice Process for Administrative Support Staff

Initial Application Denials

- Scan notice and application that is being denied to the provider agency folder on G drive
- Mail original Denial notice and application to provider agency, via certified mail
- Mail just the Denial notice via regular mail
- Save a copy of the Denial notice in the hallway drawer marked denials

Recertification Application Denials

- Scan the Notice of Denial and application to provider agency folder on G drive
- Mail just the Denial Notice via certified and regular mail
- Save a copy of the Denial notice in the hallway drawer marked denials

Initials

Recerts

[Letters](#)

Template

[Notes](#)

[Administrative Hearings](#)

Life Cycle of a Provider (Initial to Closure)

Closures



Watch RSL & GR Homes

Watch Hab providers and rendering homes

Closing out hab renderers only

Voluntary Closure

Agency Closures and Changes

When an agency informs SDS that they have decided to end their certification, the file is forwarded to the Certification Supervisor and the following steps are taken:

- Send a copy of the letter “Voluntary Closure Letter Template 7.2014.docx” by regular mail. Attach a copy of the Xerox Cancel Enrollment form. Save a copy of the letter in the agency folder and keep a signed copy of it for the hard file.
- Place a note under the provider in DS3 regarding the communications.
- Once the end date is passed, the staff creates a certification forms showing the effective date of the closure and adds the comment “Certification Ended”, changing all the “Y”s to “N”s.
- A copy of the final certification form is emailed to the agency with instructions to use it to cancel enrollment, a copy is sent to Xerox, and a copy is saved in the provider’s electronic and hard file.
- Once the staff has received all the required information from the agency (a copy of any letter sent to any current clients giving them minimum of 60 days’ notice and the location of where the records of the agency will be maintained for 7 years) make a note in DS3 that this information has been received and identifying the location of the records.
- If the provider has not submitted the requested information by agency closure, send an e-mail reminding them of the required information.
- The record in DS3 is updated to reflect the end date.

Life Cycle of a Provider (Initial to Closure)

- Send a message out to appropriate SDS staff about the closure once there is an effective date (if a GR home, copy GR staff to turn off GR button).
- The SDS staff will check Enterprise after 30 days to verify if the provider ended their enrollment. If Enterprise shows that this has not been done, the SDS staff will create and process a Work Order to end the enrollment.
- A copy of the work order will be placed in the electronic and hard files.
- Once the enrollment is ended the hard file will be given to administrative support staff to be archived.
- The administrative support staff will move the old agency's electronic folder into the folder named "1-A Closed Provider Agency Folders" on the G drive in the "Provider Agency Folders".

Closure Process: When a Care Coordinator Leaves an Agency

- Provider Certification is notified by the agency, care coordinator, or program staff that a care coordinator is leaving an agency.
- The assigned staff person will immediately contact the agency to confirm the report and end date.
- The assigned staff person will process the request to close and send an e-mail to the care coordinator and program administrator with instructions to complete a Xerox Cancel Enrollment form.
- DS3 updated to end all certification information with correct end date and the active button is turned off. Case note is entered regarding the closure.
 - Change the end date on the Medicaid codes, COS tab, and agency tab. Change status to "inactive – voluntary closure" where applicable.
- Hard file is pulled and the change form, cert form, and any e-mails are placed in it.

Life Cycle of a Provider (Initial to Closure)

- Send an e-mail to program staff regarding the final closure actions. Include the name/provider number of the care coordination, the agency name/provider number, and the last day worked. E-mails to go to:
 - Office-ANC-HSS-DSDS Waiver
 - Office-Anc-Hss-Dsds-DD
 - Melissa Glorioso
 - Melisssa Meade
 - Sybil Blue
 - Lori Gaetzman
 - Bonnie Olsen-Lee
 - Annette Callies
- Put the casefile in the Certification Supervisor's office.
- Certification supervisor will monitor the Enterprise system to assure that the care coordinator has been inactivated in that system. If not, a work order will be completed to force the disenrollment.

Involuntary Closure

Life Cycle of a Provider (Initial to Closure)

Archiving

Offsite

Active 1yr on site then 20 off site

Voluntary Closed

1 yr min on site then 7 off site

Involuntary Closed

1yr min on site can be more then 10 off site

Recalling a file

Excels from pre SP

SP

Form

Life Cycle of a Provider (Initial to Closure)

Reports

Weekly

Cert status

Monthly

CC list

PCA list

Ad Hoc on demand

Common reports used

Common Excel tools used

Mashing more than one report to get what is needed

Life Cycle of a Provider (Initial to Closure)

Non HCB or PCA Certified Providers

DME

COS

SME

COS

LTC

ICF