



IN - DDRS - BDDS

# BDDS PORTAL USER GUIDE FOR PROVIDERS

Last Revised: 11.21.2022

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# 1 INTRODUCTION

BDDS serves over 30,000 individuals across Indiana with intellectual and developmental disabilities through the Indiana Medicaid Program. Of the total number of Medicaid members served by BDDS, approximately 90% are supported through Medicaid Home and Community Based Waivers (HCBS) and the remainder are served in Intermediate Care Facilities for Individuals with Intellectual and Developmental Disabilities (ICF/IDD).

The BDDS Portal will move BDDS a step closer to one enterprise solution to be used by BDDS Central and District staff, Case Management Companies (“CMO’s”), and Providers. This will be accomplished by consolidating the oldest (most problematic) legacy system, INsite, into the system currently known as the BDDS Case Management (CM) Portal.

## 1.1 Purpose

The purpose of the BDDS Portal User Guide for Provider staff is to ensure that BDDS Portal users understand what is being asked of them and the steps required to complete the new business functions and processes that have been consolidated in BDDS Portal. Specific process 'Purpose' information is available under the user guide sections provided later in this document.

## 1.2 Scope

The BDDS Portal User Guide for Provider staff includes the necessary information and steps required for Provider staff to complete business processes and functions in the BDDS Portal. Each main section is broken down into sub sections, and further sections if needed. Links to relevant sections can be found throughout the document.

## 1.3 Prerequisites

When accessing the BDDS Portal, it is recommended that users access it using one of the following browsers: Google Chrome, Mozilla Firefox, or Microsoft Edge. BDDS is advising that Internet Explorer not be used because this browser will no longer be supported by Microsoft after this year.

## 1.4 Acronyms and Key Terms

The following table summarizes the key terms referenced in this document.

| Acronym | Term   | Definition  |
|---------|--|---|
| DDRS    | Division of Disability and Rehabilitative Services | State of Indiana division that facilitates partnerships that enhance the quality of life for children and adults with physical and cognitive disabilities and provides them with continuous, life-long support.   |
| BDDS    | Bureau of Developmental Disabilities Services      | Bureau for the State of Indiana that provides services for individuals with developmental disabilities that enable them to live as independently as possible in their communities.  |
| SCP     | Systems Consolidation Project                      | The BDDS Systems Consolidation Project will consist of consolidating the three BDDS systems, DART, INsite, and CM Portal, into one system (BDDS Portal) to be used by BDDS Central and District staff, Case Management Companies ("CMO's"), and Providers as well as individuals and/or families. |

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|      |  |  |
|------|--|--|
| DART | Developmental Disabilities Automated Resource Tool | A system that BDDS staff use for intake and management of applicants seeking and/or receiving certain services and support from BDDS.  |
| SOP  | Standard Operating Procedure                       | Step-by-step instructions established by an organization to help its workers carry out complex, routine operations. SOPs aim to achieve efficiency, quality output, and uniformity of performance, while reducing miscommunication and failure to comply with regulations. |
| DM   | District Manager                                   | The District Manager is responsible for the management of one of eight Bureau of Developmental Disabilities Services' (BDDS) districts in the State, supervising BDDS generalists and support staff to ensure the health and welfare of the individuals we serve.          |
| N/A  | BDDS District Staff                                | BDDS employee responsible for performing various job functions related to planning, coordination, processing, and oversight of services for persons with intellectual or developmental disabilities.   |
| SC   | Service Coordinator                                | BDDS employee responsible for performing various job functions related to determining eligibility for an individual.   |
| CMO  | Case Management Organization                       | Case management helps individuals achieve wellness and autonomy through advocacy, comprehensive assessment, planning, communication, health education and engagement, resource management, service facilitation, and use of evidence-based guidelines or standards.        |
| CM   | Case Manager                                       | Case managers meet with individuals, work to understand their needs, and connect them to the appropriate resources. Their duties may also include helping individuals make important life decisions, completing paperwork, and advocating on an individual's behalf.       |
| STBR | Short-Term Budget Request                          | This is a request for approval of services outside the allotted allocation and is intended to temporarily support an individual. Previously called a BMR.  |

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|        |   |  |
|--------|---|--|
| LTBR   | Long-Term Budget Request                      | This is a request to review an individual's ALGO and allocation to determine if it should be increased. Previously called a BRQ.   |
| CIH    | Community Integration and Habilitation Waiver | A waiver that provides services that enable individuals to remain in their homes or community-based settings and also assists individuals who are transitioning from state-operated facilities or other institutions into community settings.  |
| FSW    | Family Supports Waiver                        | A waiver that provides limited, non-residential supports to individuals with developmental disabilities who live with their families or in other settings with informal supports.  |
| OBA    | Objective Based Allocation                    | Objective Based Allocation is the method used by the State to determine the level of support an individual needs in order to live in a community setting with Medicaid Waiver supports.  |
| SA/NOA | Service Authorization / Notice of Action      | A Service Authorization / Notice of Action letter is sent to the BDDS providers informing them that they are authorized to provide BDDS services and supports to the individual. The letter has instructions and sections that allow the individual to appeal any decisions.   |
| LOC    | Level of Care                                 | Individuals receiving services through the BDDS Home and Community Based waivers must meet the eligibility requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Level of Care (LOC) contained in both Indiana Code (IC) and the Code of Federal Regulations (CFR). For BDDS Waivers, Level of Care is determined through the Level of Care Screening Instrument (LOCSI). |
| ALGO   | Algorithm                                     | An ALGO or algorithm means the overall algorithm level determined from an individual's scores on broad independence, general maladaptive, health and behavioral components assessed through the ICAP and ICAP Addendum.  |
| PARS   | Personal Allocation Review Specialist         | Personal Allocation Review (PAR) Specialist is to represent BDDS in most of the Community Integration and Habilitation (CIH) Waiver hearings and appeals.  |

## 1.5 References

The following table summarizes the supplemental material referenced in this document.

| Document Name   | Description   | Location  |
|---|---|---|
| Service Planning and Plan Service Business Rules        | <p>As a general rule, this table contains the information at the plan service level that must be adhered to when adding plan services to a PCISP before a plan can be successfully submitted. Unless an override rule/capability is applied, the rates, unit sizes, and unit &amp; dollar limits must be adhered to before a plan can be submitted.</p> <p>Specific plan service rules are documented in the column to the right of a plan service, or a group is “like” plan services. Unless an override rule/capability is applied, these rules and/or edits must be adhered to before a plan can be submitted.</p> <p>At the end of this table are additional PCISP business rules the plan services must follow.</p> | BDDS Portal – Resource page/ SharePoint/ Confluence |
| BDDS Portal 2.0 Trainings for Medicaid Waiver Providers | The trainings and training quizzes can be found in the BDDS Portal 2.0 on the Resource Page.  | BDDS Portal – Resource page/ SharePoint/ Confluence |

## 2 DASHBOARDS AND GRIDS

### 2.1 Purpose

Dashboard tabs separate information into similar categories. Each dashboard grid serves a unique purpose that assists with business processes. This section is broken down by Dashboard tab, and a screenshot of each grid, along with how records get added, removed, and what actions are available to take on the grid.

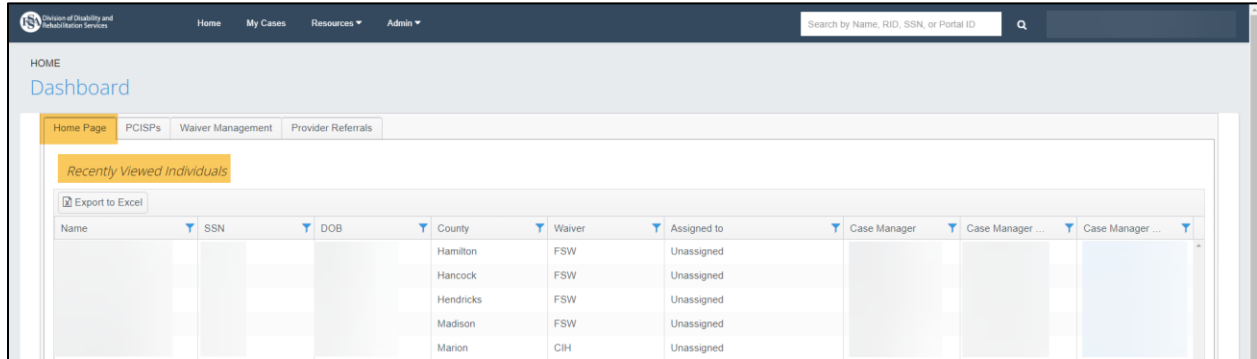


## 2.2 Prerequisites

User role selected from the Home page determines grid visibility and permissions to act.

## 2.3 Home Page Tab

### 2.3.1 Recently Viewed Individuals Grid

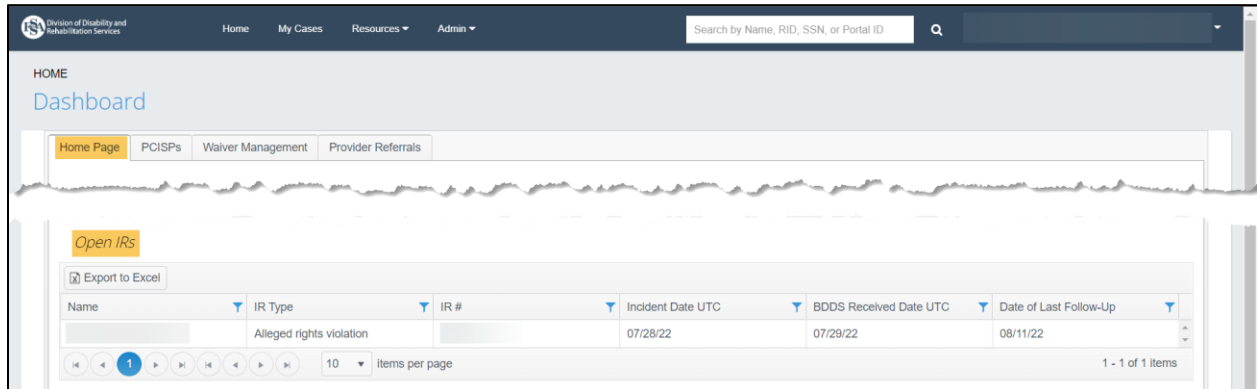


The screenshot shows the BDDS Portal 2.0 Home Page. The top navigation bar includes 'Home', 'My Cases', 'Resources', and 'Admin'. A search bar is located on the right. The main content area is titled 'Dashboard' and features a 'Home Page' tab. Below the tabs is a section titled 'Recently Viewed Individuals' with an 'Export to Excel' button. The grid displays the following data:

| Name | SSN | DOB | County    | Waiver | Assigned to | Case Manager | Case Manager ... | Case Manager ... |
|------|-----|-----|-----------|--------|-------------|--------------|------------------|------------------|
|      |     |     | Hamilton  | FWS    | Unassigned  |              |                  |                  |
|      |     |     | Hancock   | FWS    | Unassigned  |              |                  |                  |
|      |     |     | Hendricks | FWS    | Unassigned  |              |                  |                  |
|      |     |     | Madison   | FWS    | Unassigned  |              |                  |                  |
|      |     |     | Marion    | CIH    | Unassigned  |              |                  |                  |

- Displays the 15 most recently viewed records for individuals.
- Clicking a record from the grid will open the individual's record

### 2.3.2 Open IRs Grid



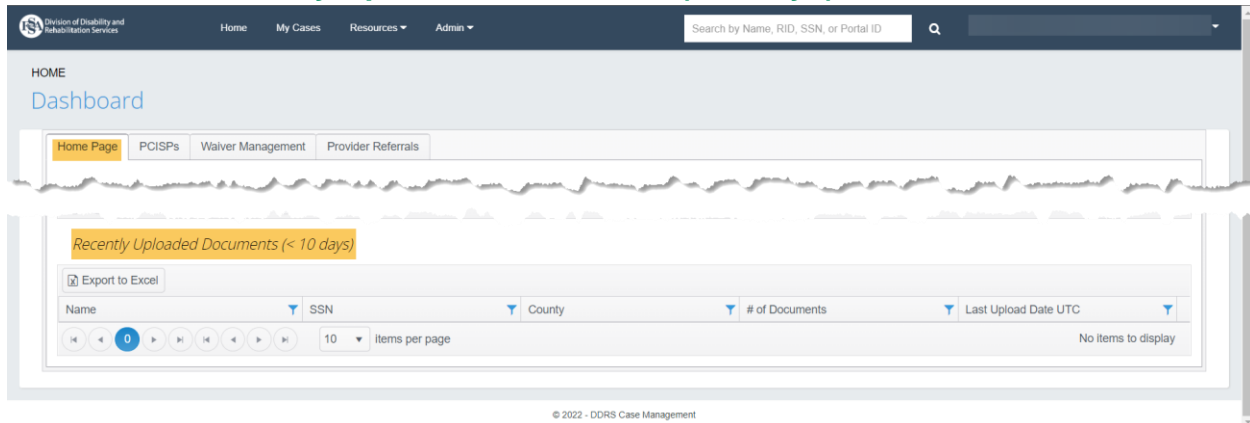
The screenshot shows the BDDS Portal 2.0 Home Page with the 'Open IRs' grid. The grid displays the following data:

| Name | IR Type                  | IR # | Incident Date UTC | BDDS Received Date UTC | Date of Last Follow-Up |
|------|--------------------------|------|-------------------|------------------------|------------------------|
|      | Alleged rights violation |      | 07/28/22          | 07/29/22               | 08/11/22               |

Below the grid, there is a pagination control showing '10 Items per page' and '1 - 1 of 1 Items'.

- Individuals that display in this grid will have had an Incident Report submitted for them that has been linked to their SSN
- Clicking on a record will take the user to the individual's Basic Information page
- Record will drop from this grid when the Incident Report for the individual has been processed and closed

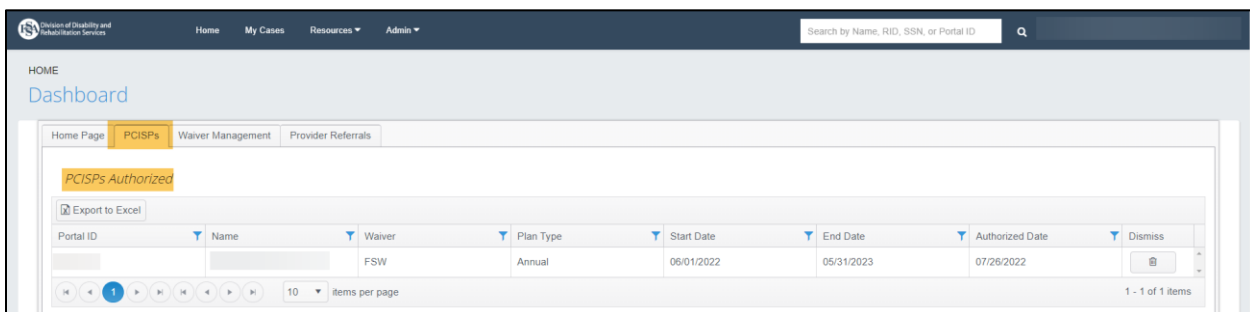
### 2.3.3 Recently Uploaded Documents (<10 days) Grid



- Records will display on this grid when a document has been uploaded to an individual's file within the past 10 days
- When a record from the grid is clicked, the individual's Document Library page will display
- Records will drop from this grid when no documents have been uploaded to the individual's file within the past 10 days

## 2.4 PCISPs Tab

### 2.4.1 PCISPs Authorized Grid



- Records are displayed when a submitted PCISP has a status of Authorized-Active
- Click to access the Manage page of PCISP
- Records are removed when PCISP is no longer in Authorized-Active status, has been on the grid for 15 days, or are manually dismissed using the trash can icon to the right of the record

## 2.4.2 Short-Term Budget Requests Grid

| Portal ID | Name | CMO | Case Man | Qualifying        | Provider | Service         | Provider R... | CMO Sub | Status           | Status Date | District   |
|-----------|------|-----|----------|-------------------|----------|-----------------|---------------|---------|------------------|-------------|------------|
|           |      |     |          | Other             |          | Res Hab/supp... |               |         | In Development   |             | District 5 |
|           |      |     |          | Loss of employ... |          | Res Hab/supp... | 06/14/22      |         | Auto Closed      | 06/14/22    | District 5 |
|           |      |     |          | Loss of employ... |          | Res Hab/supp... |               |         | In Development   |             | District 5 |
|           |      |     |          | Loss of employ... |          | Res Hab/supp... |               |         | In Development   |             | District 5 |
|           |      |     |          | Loss of employ... |          | Res Hab/supp... |               |         | In Development   |             | District 5 |
|           |      |     |          | Loss of employ... |          | Res Hab/supp... |               |         | In Development   |             | District 5 |
|           |      |     |          | Loss of employ... |          | Res Hab/supp... |               |         | In Development   |             | District 5 |
|           |      |     |          | Loss of employ... |          | Res Hab/supp... |               |         | In Development   |             | District 5 |
|           |      |     |          | Loss of employ... |          | Res Hab/supp... |               |         | In Development   |             | District 5 |
|           |      |     |          | Loss of employ... |          | Res Hab/supp... | 07/11/22      |         | Provider Subm... | 07/11/22    | District 5 |

- Records are displayed when a Short-Term Budget Request (STBR) is created
- Click a record in the grid to access the Short-Term Budget Request
- Records are removed 15 days after a decision is entered by BDDS

## 2.5 Waiver Management Tab

### 2.5.1 Waiver Interruption and Termination Denials Grid

| Portal ID | Name | District   | CMO | Case Manager | Request T... | Denie...   | Reason Type        | Denial Reason | Dismiss |
|-----------|------|------------|-----|--------------|--------------|------------|--------------------|---------------|---------|
|           |      | District 5 |     |              | Interruption | 07/25/2022 | Non-Responsiveness |               | Dismiss |

- Records are displayed when an interruption or termination request requiring BDDS authorization is denied
- Click the record to access the Waiver page of the individual's Profile
- Records are removed when the Dismiss button to the right of the record is used or after the record has displayed for 15 days

## 2.5.2 Waiver Interruptions Grid

| Name   | County | Waiver      | Waiver Status | CMO | Case Mana... | District   | Start Date | End Date | Facility | Reason            | Dismiss |
|--------|--------|-------------|---------------|-----|--------------|------------|------------|----------|----------|-------------------|---------|
| Marion | FSW    | Interrupted |               |     |              | District 5 | 07/25/22   | 08/23/22 |          | Non-Responsive... |         |

- Records are displayed when a waiver is interrupted
- The record is informational in nature and is not selectable
- Records are removed when the waiver is re-started, terminated, when the Dismiss button to the right of the record is used, or after the record has displayed for 15 days

## 2.5.3 Waiver Restarts Grid

| Portal ID | Name | CMO | Case Manager | Restart Date | Dismiss |
|-----------|------|-----|--------------|--------------|---------|
|           |      |     |              | 07/05/22     |         |
|           |      |     |              | 06/27/22     |         |

- Records are displayed when a waiver has been restarted after interruption
- The grid is informational in nature and records are not selectable
- Records are removed when the Dismiss button to the right of the record is used, or after the record has displayed for 15 days

## 2.5.4 Long-Term Budget Requests Grid

| Portal ID | Name | CMO | Case Manager | Qualifying Event       | Provider Request Date | CMO Submission Date | Status                 | Status Date | District   |
|-----------|------|-----|--------------|------------------------|-----------------------|---------------------|------------------------|-------------|------------|
|           |      |     |              | ALGO needs to be ...   | 06/22/2022            |                     | Provider Submitted ... | 06/22/2022  | District 5 |
|           |      |     |              |                        |                       |                     | In Development         |             | District 5 |
|           |      |     |              |                        |                       |                     | In Development         |             | District 5 |
|           |      |     |              | Finished School        | 06/29/2022            |                     | Provider Submitted ... | 06/29/2022  | District 5 |
|           |      |     |              | Finished School        | 06/29/2022            |                     | Provider Submitted ... | 06/29/2022  | District 5 |
|           |      |     |              | Medical Condition(...  | 07/06/2022            | 07/06/2022          | CMO Submitted to ...   | 07/06/2022  | District 5 |
|           |      |     |              | Wellness Coordinat...  | 07/06/2022            |                     | Provider Submitted ... | 07/06/2022  | District 5 |
|           |      |     |              | Finished School        | 07/07/2022            | 07/07/2022          | Approved               | 07/11/2022  | District 5 |
|           |      |     |              | Behavioral Conditio... | 07/11/2022            | 07/11/2022          | Denied                 | 07/11/2022  | District 5 |

- Records are displayed when a Long-Term Budget Request is created
- Click to access the LTBR on the individual's Waiver page
- Records are removed 15 days after a decision is made by BDDS

## 2.6 Provider Referrals

### 2.6.1 Pending Referrals Grid

| Portal ID | Name | Provider | Service                       | Referral Date | Referred By | Status  | Status Date |
|-----------|------|----------|-------------------------------|---------------|-------------|---------|-------------|
|           |      |          | Participant Assistance & C... | 07/15/22      |             | Pending | 07/15/22    |
|           |      |          | Behavior Management - B...    | 07/18/22      |             | Pending | 07/18/22    |

- Records are displayed when a Provider Referral is made
- Click to access the specific referral page
- Records are removed:
  - When the provider accepts or rejects the referral
  - When more information is requested by the provider
  - When the referral is automatically withdrawn after 30 days with no decision
  - Or if another provider is selected as the only provider for the service

## 2.6.2 Accepted Referrals Grid

| Portal ID | Name | Provider | Service                     | Referral Date | Referred By | Status   | Status Date |
|-----------|------|----------|-----------------------------|---------------|-------------|----------|-------------|
|           |      |          | Adult Day Service - Level 1 | 05/20/22      |             | Accepted | 05/20/22    |
|           |      |          | Respite Services            | 06/08/22      |             | Accepted | 06/08/22    |

- Records are displayed when a provider has accepted the referral
- Click to access the specific referral page
- Records are removed when either:
  - the referral is viewed AND has the Select for Individual action taken; OR
  - the individual's decision is not to select another provider AND the Select More Providers box was not checked when selecting the referral

## 2.6.3 Selected Referrals Grid

| Portal ID | Name | Provider | Service                     | Referral Date | Referred By | Status   | Status Date |
|-----------|------|----------|-----------------------------|---------------|-------------|----------|-------------|
|           |      |          | Respite Services            | 05/27/22      |             | Accepted | 05/27/22    |
|           |      |          | Respite Services            | 06/08/22      |             | Accepted | 06/08/22    |
|           |      |          | Res Hab/supp-over 35 Hrs... | 06/16/22      |             | Accepted | 06/16/22    |

- Records are displayed when a provider is selected for services by the individual
- Click to access the specific referral page

## 2.6.4 Referrals in Other Statuses Grid

| Portal ID | Name | Provider | Service                    | Referral Date | Referred By | Status           | Status Date |
|-----------|------|----------|----------------------------|---------------|-------------|------------------|-------------|
|           |      |          | Respite Services           | 05/27/22      |             | Rejected         | 05/27/22    |
|           |      |          | Respite Services           | 06/08/22      |             | Withdrawn        | 06/08/22    |
|           |      |          | Behavior Management - B... | 07/14/22      |             | More Information | 07/14/22    |
|           |      |          | Behavior Management - B... | 07/18/22      |             | Auto-Withdrawn   | 07/18/22    |
|           |      |          | Behavior Management - B... | 07/18/22      |             | Auto-Withdrawn   | 07/18/22    |

- Records are displayed when the referral has been rejected, withdrawn, or auto withdrawn after 30 days and when additional information has been requested.
- Click to access the specific Referral page
- Records with a More Information status are removed when the case manager responds

## 3 PROVIDER PROFILE OVERVIEW

### 3.1 Purpose

The Provider Profile page is where all provider-specific information can be found. This section helps you navigate to your provider profile and gives a brief overview of the provider information that displays in the Provider Profile.

### 3.2 Prerequisites

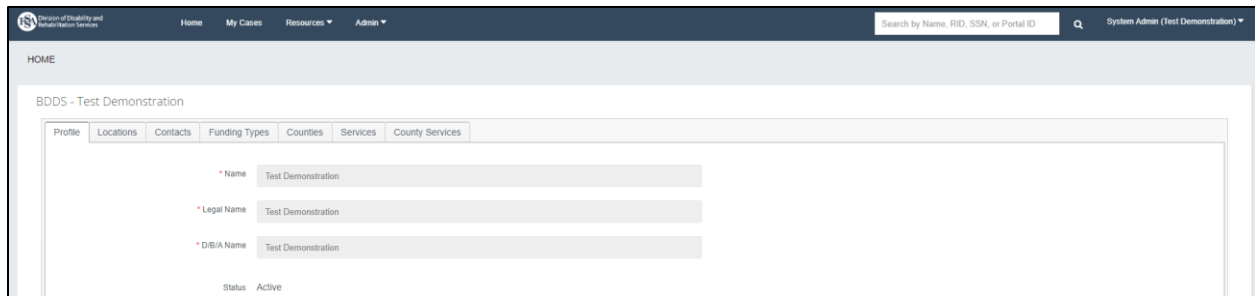
All Provider user roles can navigate to and view a Provider Profile.

### 3.3 Navigating to a Provider Profile



1. Choose 'Provider Profile' from the 'Admin' dropdown.

## 3.4 Profile Tab Overview



1. The Profile page contains general provider information such as the provider's identification and contact information. Additionally, it contains fields that will display on the Medicaid Waiver Provider Choice List.

## 4 MEDICAID WAIVER PROVIDER CHOICE LIST

### 4.1 Purpose

This section shows what the individual sees on the Medicaid Waiver Provider Choice List if your Provider agency is listed and what information in your Provider Profile displays.

### 4.2 Prerequisites

The Medicaid Waiver Provider Choice List generates its results from filters that were selected from the Medicaid Waiver Provider Choice List Selection Criteria page. The filters are:

- Waiver Type: CIH, FSW, MFP-CIH
- County
- Service

For a Provider agency to return as an option on the list, they must be in an Active status, have an Approved status in each of the criterion, and display Yes for Staffing Available.



### 4.3 A Medicaid Waiver Provider Choice List



**Medicaid Waiver Provider Choice List**  
 Available for Service: **Respite Services**  
 Supported by Community Integration and Habilitation  
 Providers listed below have availability to provide services in the designated counties  
 Counties: **Adams**

**TRAINING D/B/A NAME**

**Legal Name:** Training Legal Name

**www.ProviderURL.com**

Additional Information that the provider can manage that displays on the Medicaid Waiver Provider Choice List

456 Location Way

Indianapolis, IN 46220

Primary Contact: Waiver Contact

Primary Phone: (777) 777-7777

Primary Email: TrainingProvider@corp.email.com

Bureau of Developmental Disabilities Services  
HCBS Medicaid Waiver Provider Choice List

I hereby certify that I have examined this list of available Providers, and have indicated my selection by placing my initials / mark next to the provider that I wish to perform the service indicated at the top of the page.

Individual Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Individual: \_\_\_\_\_

Legal Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Legal Representative: \_\_\_\_\_

## 4.4 Provider Information That Displays on the Medicaid Waiver Provider Choice List

### 4.4.1 Provider Profile Information

The following fields from the Provider Profile tab will display on the Medicaid Waiver Provider Choice List:

- Legal Name
- DBA Name
- Additional Information
- URL
- Corporate Email

**NOTE:** [Provider Profile Change Requests](#) covers how to modify this information. The *Additional Information*, *URL* and the *Corporate Email* fields can be updated by the provider and do not require BDDS review.

The screenshot shows the 'BDDS - Test Demonstration' provider profile form. The form is titled 'Profile' and has tabs for 'Locations', 'Contacts', 'Funding Types', 'Counties', 'Services', and 'County Services'. The 'Profile' tab is active. The form contains the following fields and values:

- Name: Test Demonstration
- Legal Name: Test Demonstration
- DBA Name: Test Demonstration
- Status: Active
- Waiver Number: 1231232132
- EIN: 1243234234
- Medicaid ID: 2344325454
- Staffing Available: Yes
- Moratorium: No
- Additional Information: We provide the supports that you didn't know you needed.
- URL: www.testDemo.com
- Addresses:
  - Mailing: 123 Mailing Address Way, Indianapolis, IN, 46220
  - Location: 123 Location Address, Indianapolis, IN, 46220
- Corporate Phone: (444) 444-4444
- Fax Number: (232) 423-4324
- Corporate Email Address: testDemo@fssa.in.gov

At the bottom of the form, there are three buttons: 'Request Profile Change', 'Request Deactivation', and 'Confirm Profile Information'. A 'Save' button is located at the bottom right of the page.

### 4.4.2 Waiver Contact Information

The Waiver Contact Name and Waiver Contacts Phone Number fields from the Provider Contacts tab will also display on the Medicaid Waiver Provider Choice List.

**NOTE:** [Adding Contact Records](#) covers how to modify this information. The Waiver Contact Information can be updated by the provider and does not require BDDS review.

| Contact Type   | Name            | Status |
|----------------|-----------------|--------|
| CEO/President  | President, CEO  | Active |
| NOA Contact    | Contact, NOA    | Active |
| Provider Admin | Admin, Provider | Active |
| Waiver Contact | Contact, Waiver | Active |
| Other          | Contact, New    | Active |

**Edit Contact**

\* Contact Type: Waiver Contact

Title: Waiver Contact

\* First Name: Waiver

\* Last Name: Contact

Middle Initial:

\* Status: Active

+ Add Phone Number

| Type | Primary                             | Phone          |   |
|------|-------------------------------------|----------------|---|
| Work | <input checked="" type="checkbox"/> | (234) 234-2342 | <input type="button" value="Edit"/> <input type="button" value="Delete"/> |

+ Add Email Address

| Email                       |   |
|-----------------------------|---|
| Waiver.Contact@training.com | <input type="button" value="Edit"/> <input type="button" value="Delete"/> |

## 5 WAIVER PROVIDER AMENDED APPLICATION

\* Indicates a required field before data can be saved or a required step the user must take to move forward with the next steps in the process.

## 5.1 Purpose

Providers can request to change select information directly in the BDDS Portal. This section covers requesting changes to Provider name, legal name, DBA name and EIN.

## 5.2 Prerequisites

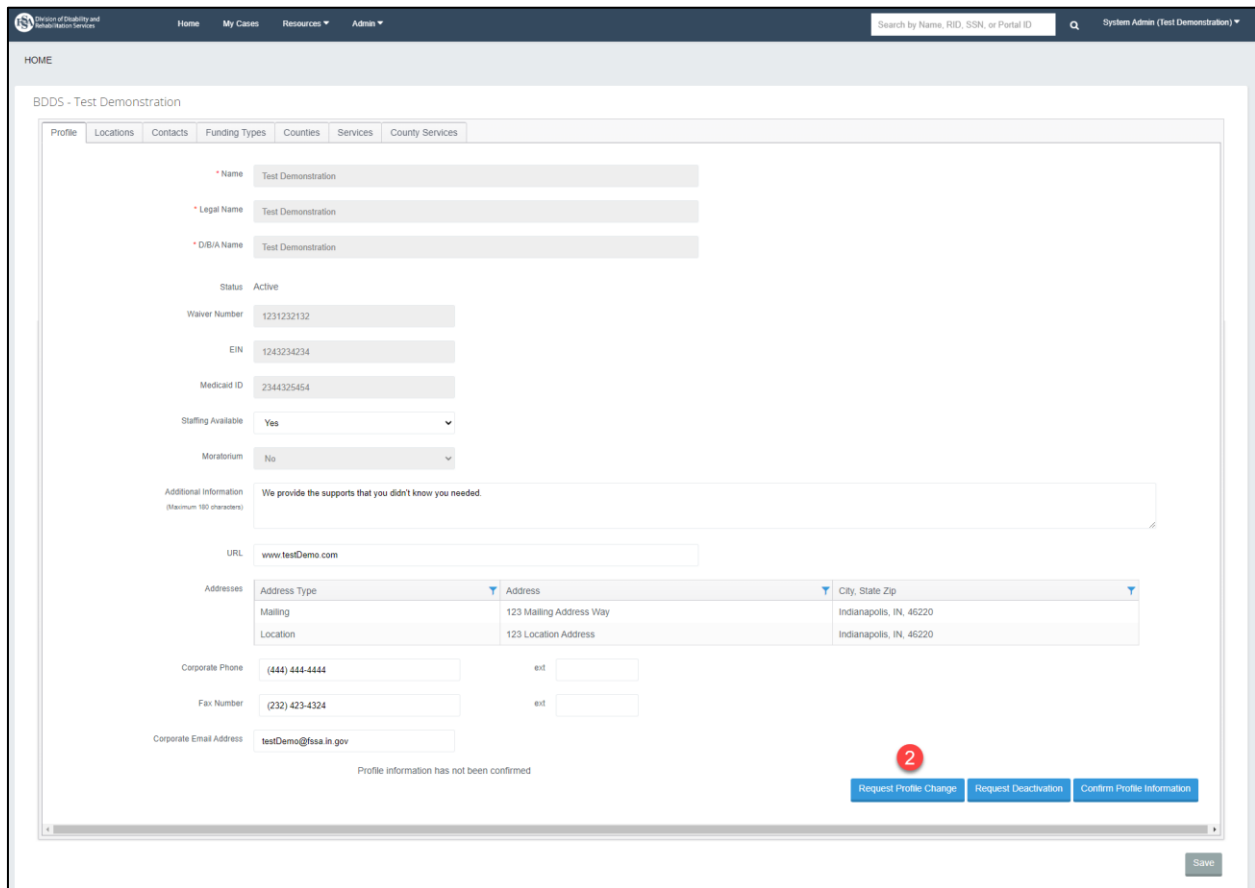
System Administrator user role is required to request a profile change.

## 5.3 Provider Profile Change Requests

On the Provider Profile, you can request to change the Name, Legal Name, DBA Name, and the EIN number on your Profile.



1. Choose 'Provider Profile' from the 'Admin' dropdown.



2. Click the 'Request Profile Change' button.

### 5.3.1 Profile Change Request: Name

**Profile Change Request** [Close]

1 \* Change What? Name

Original Value Test Demonstration

2 \* New Value New Provider Name

3 \* Secretary State Letter Choose File SecStateLetter.pdf

4 \* Certificate of Insurance Choose File CertificateOfInsurance.pdf

5 \* Updated W9 Choose File UpdatedW9.pdf

6

Cancel Save

1. Choose 'Name' from the 'Change What?' dropdown.\*
2. Enter the new name of the Provider agency in the New Value field.\*
3. Find the Secretary of State Letter file in the file finder.\*
4. Find the Certificate of Insurance file in the file finder.\*
5. Find the Updated W9 file in the file finder.\*
6. Click Save to send the request to BDDS for review.

### 5.3.2 Profile Change Request: Legal Name

**Profile Change Request** [Close]

1 \* Change What? Legal Name

Original Value Test Demonstration

2 \* New Value New Legal name

3 \* Secretary State Letter Choose File SecStateLetter.pdf

4 \* Certificate of Insurance Choose File CertificateOfInsurance.pdf

5 \* Updated W9 Choose File UpdatedW9.pdf

6

Cancel Save

1. Choose 'Legal Name' from the 'Change What?' dropdown.\*

2. Enter the new name of the Provider agency in the New Value field.\*
3. Find the Secretary of State Letter file in the file finder.\*
4. Find the Certificate of Insurance file in the file finder.\*
5. Find the Updated W9 file in the file finder.\*
6. Click Save to send the request to BDDS for review.

### 5.3.3 Profile Change Request: DBA Name

**Profile Change Request** [Close]

1 \* Change What? DBA Name

Original Value Test Demonstration

2 \* New Value New DBA Name

3 \* Secretary State Letter Choose File SecStateLetter.pdf

4 \* Certificate of Insurance Choose File CertificateOfInsurance.pdf

5 \* Updated W9 Choose File UpdatedW9.pdf

6 [Cancel] [Save]

1. Choose 'DBA Name' from the 'Change What?' dropdown.\*
2. Enter the new DBA name of the Provider agency in the New Value field.\*
3. Find the Secretary of State Letter file in the file finder.\*
4. Find the Certificate of Insurance file in the file finder.\*
5. Find the Updated W9 file in the file finder.\*
6. Click Save to send the request to BDDS for review.

### 5.3.4 Profile Change Request: EIN

**Profile Change Request** [Close]

1 \* Change What? EIN

Original Value 1243234234

2 \* New Value 9876543212

3 [Cancel] [Save]

1. Choose 'EIN' from the 'Change What?' dropdown. \*
2. Enter the new EIN number of the Provider agency in the New Value field. \*
3. Click Save to send the request to BDDS for review.

## 6 WAIVER PROVIDER MAINTENANCE

\* Indicates a required field before data can be saved or a required step the user must take to move forward with the next steps in the process.

### 6.1 Purpose

This section discusses each tab on the Provider Profile and what actions are available. Follow the links to [request a new provider location](#), [deactivate a provider](#), and [provider attestation](#), which are covered in other sections.

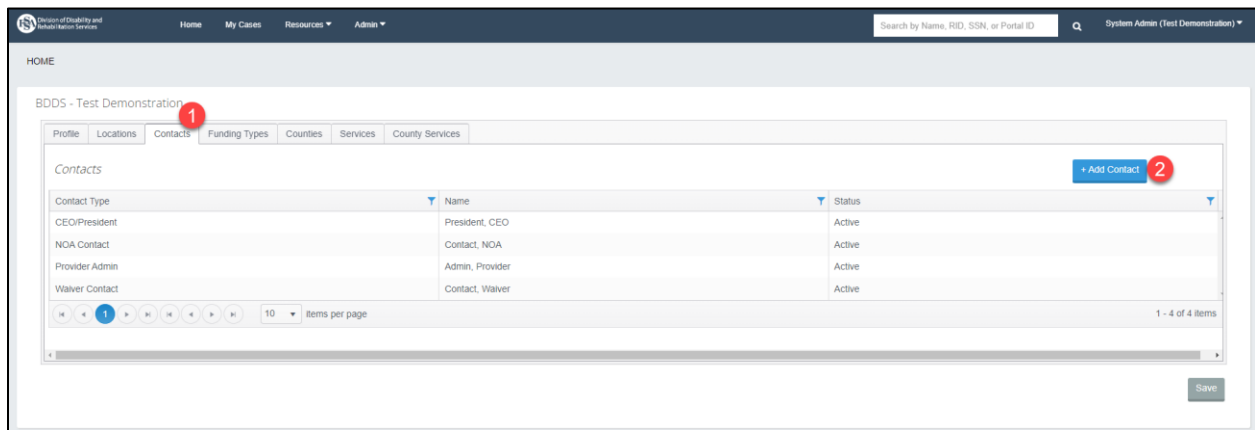
### 6.2 Prerequisites

System Administrator user role is required to request a profile change.

### 6.3 Editing Waiver Provider Information

#### 6.3.1 Adding Contact Records

Four contact types are required to be added for each location: CEO/President, NOA Contact, Provider Admin, and Waiver Contact. Click a contact record from the grid to edit existing records. Contacts can be activated/inactivated without BDDS approval.



1. Click on the Contacts tab of the Provider Profile.
2. Click the '+Add Contact' button.

**NOTE:** The Add Contact modal appears.

The screenshot shows the 'Add Contact' form with the following fields and callouts:

- 3: Contact Type (dropdown menu)
- 4: Title (text input)
- 5: First Name (text input)
- 6: Last Name (text input)
- 7: Middle Initial (text input)
- 8: Status (dropdown menu)
- 9: + Add Phone Number (button)
- 10: + Add Email Address (button)
- 11: Save (button)

| Type | Primary                  | Phone          |   |
|------|--------------------------|----------------|---|
| Work | <input type="checkbox"/> | (317) 777-7777 | <input type="button" value="Edit"/> <input type="button" value="Delete"/> |

| Email           |   |
|-----------------|---|
| email@email.com | <input type="button" value="Edit"/> <input type="button" value="Delete"/> |

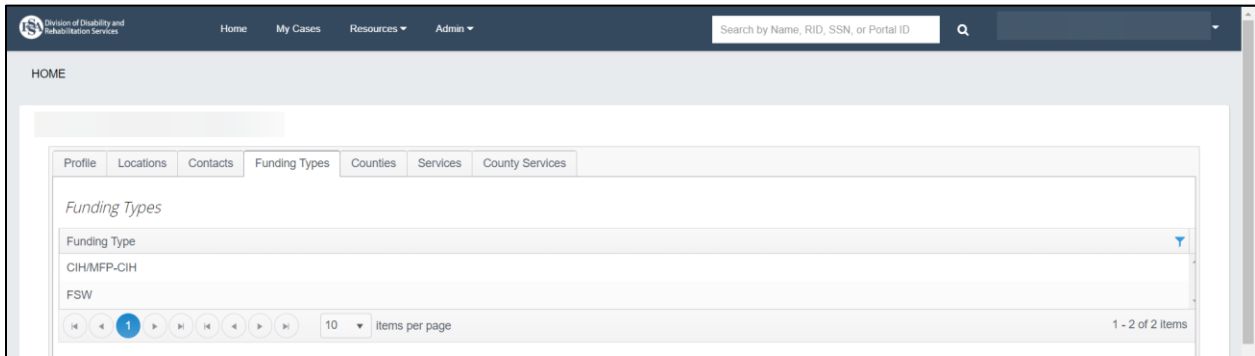
3. Choose the Contact Type from the dropdown.\*
4. Enter the Title.\*
5. Enter the First Name.\*
6. Enter the Last Name.\*
7. Enter the Middle Initial, if applicable.
8. Choose if this Contact should be Active or Inactive using the dropdown.\*
9. Add Phone Number(s).
10. Add Email Address(es).
11. Click Save.

**NOTE:** The new contact is added with an Active status. Repeat the steps for all contacts that need to be added.

### 6.3.2 Funding Types

The Funding Types tab displays the approved funding types for the provider. BDDS manages the approved funding types for providers. If there is a change to a provider's approved funding type, then please submit a Jira ticket with this information.

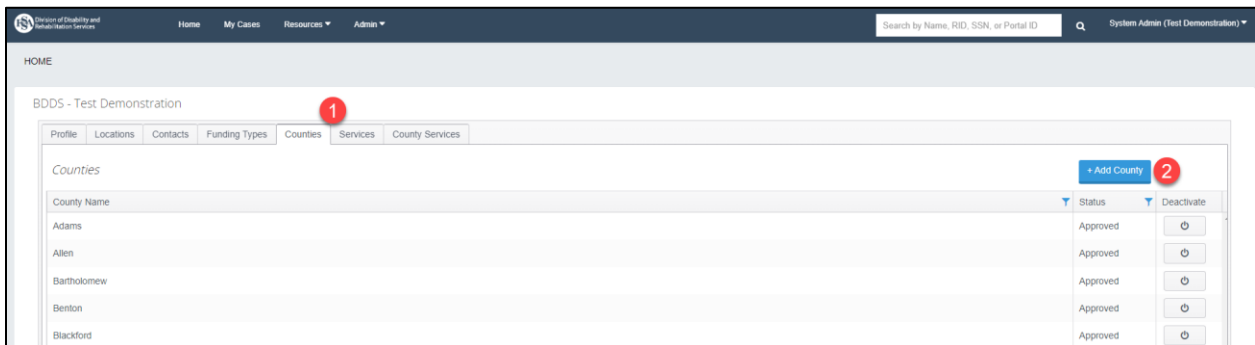




### 6.3.3 Counties

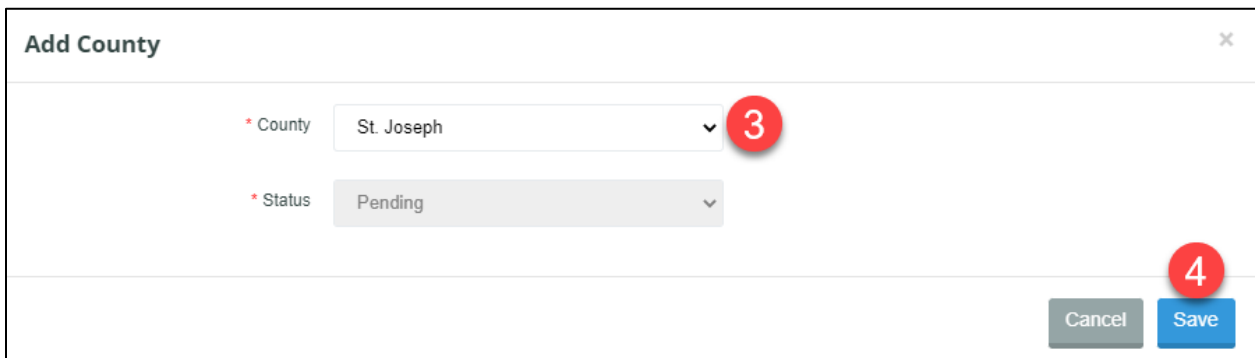
The Provider Counties tab contains a Counties grid that displays County records that have a pending, pending closure, deactivated, or approved status. All requests require BDDS review.

#### 6.3.3.1 Requesting to Add Provider County



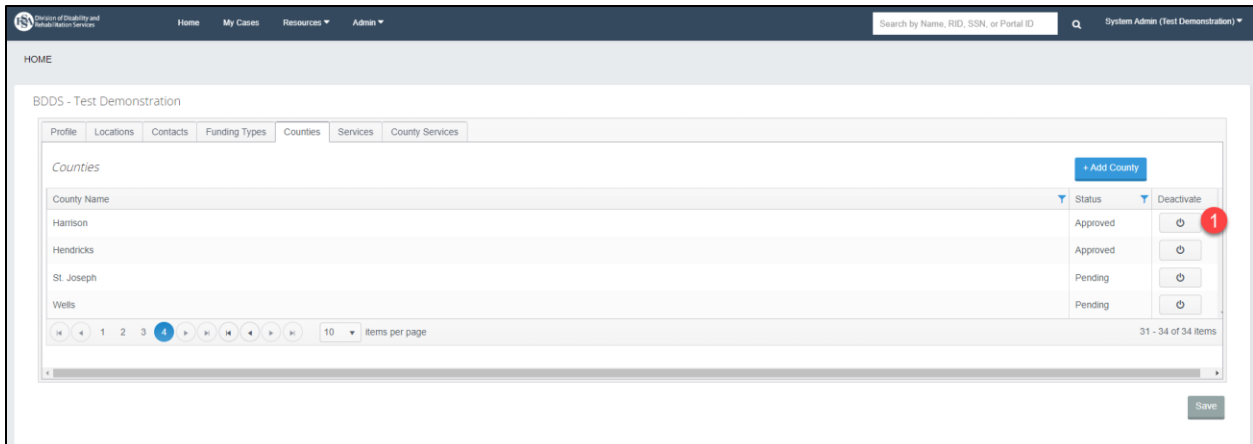
1. Click the Counties tab on the Provider Profile.
2. Click the '+Add County' button.

**NOTE:** The Add County modal appears.

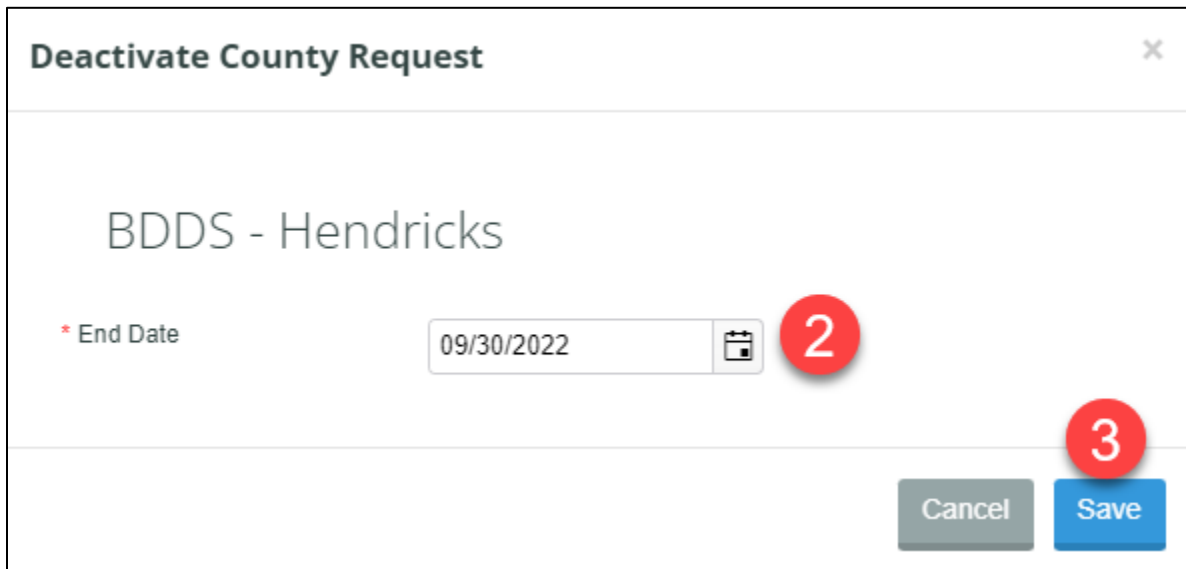


3. Select a County from the 'County' dropdown.\*
4. Click Save to send to BDDS for review.\*

### 6.3.3.2 Requesting to Deactivate a Provider County



1. Click the Deactivate button on a County record.

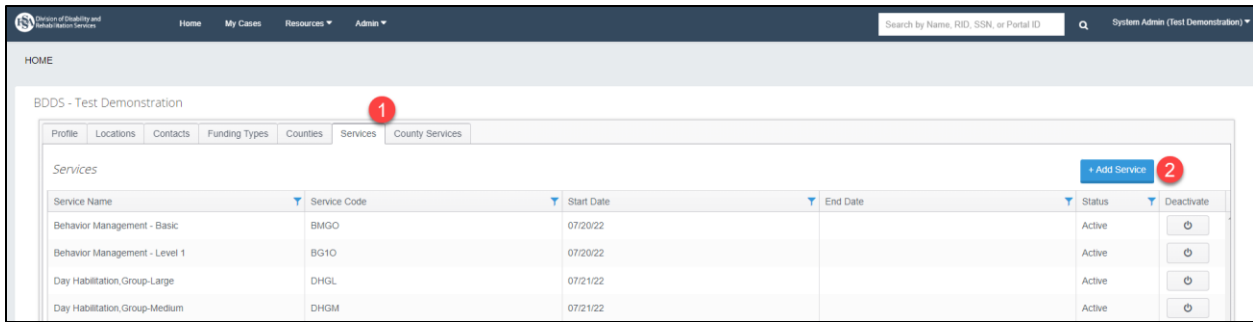


2. Enter an End Date for the County.\*
  3. Click Save to send to BDDS for review.
- NOTE:** The status of the County record updates to Pending Closure. Once BDDS reviews and approves the request, the status updates to Deactivated.

### 6.3.4 Services

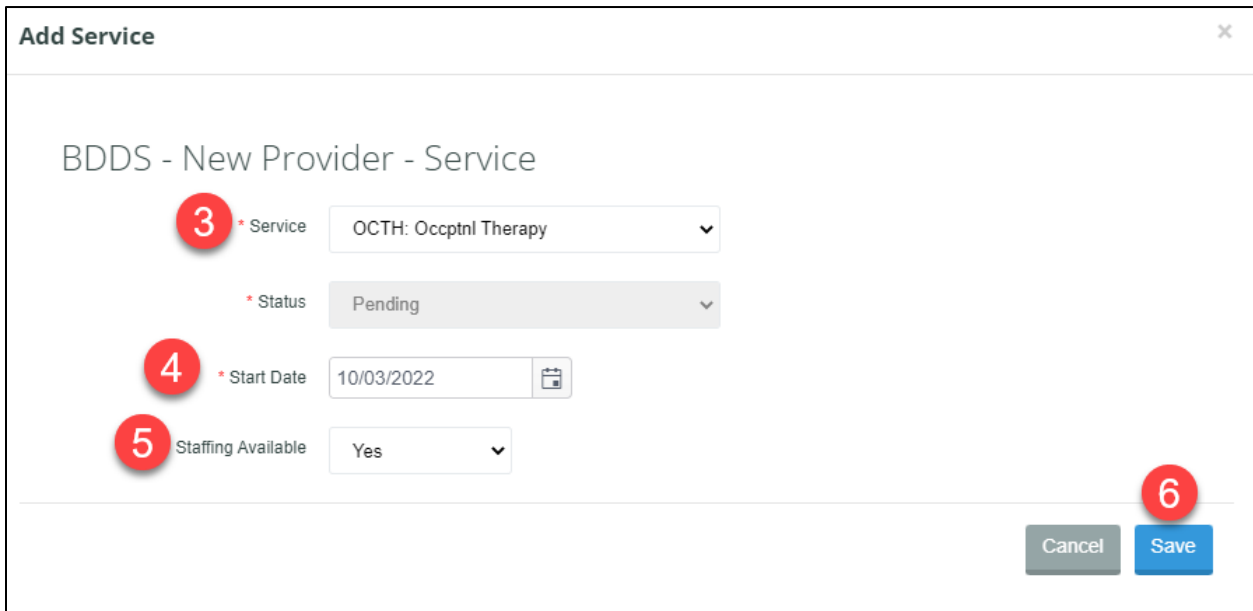
The Provider Services tab contains a Services grid that displays records for the provider that have a pending, pending closure, deactivated or active status. All requests require BDDS review.

### 6.3.4.1 Requesting to Add a Provider Service



1. Click on the Services Tab of the Provider Profile.
2. Click the '+Add Service' Button.

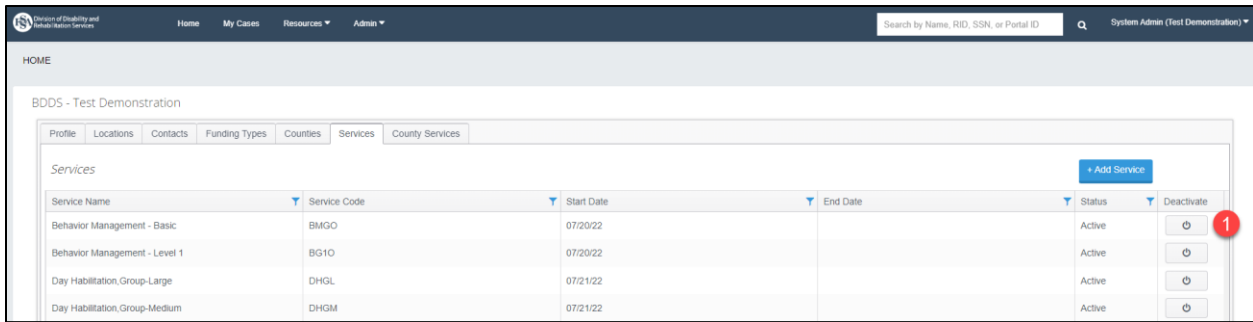
**NOTE:** The Add Service modal appears.



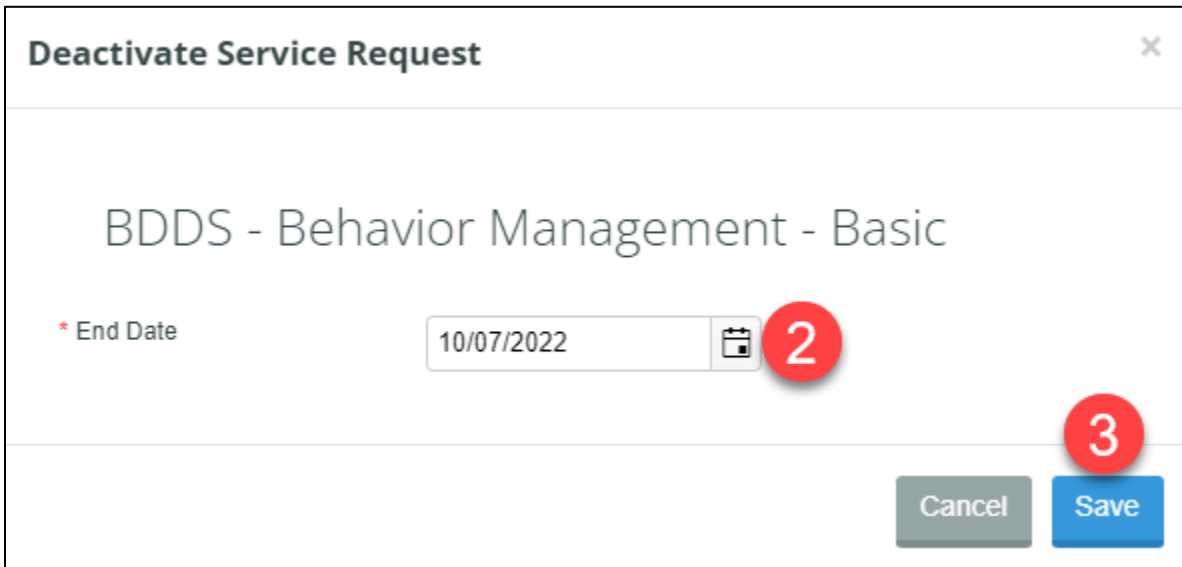
3. Choose a Service from the dropdown.\*
4. Choose the Start Date for when the Provider will begin to offer the service.\*
5. Select Yes or No to indicate if Staffing is Available.
6. Click Save to send to BDDS for review.

**NOTE:** The service gets added to the Services grid with a status of Pending.

### 6.3.4.2 Requesting to Deactivate a Provider Service



1. Click the Deactivate button on a Service record.



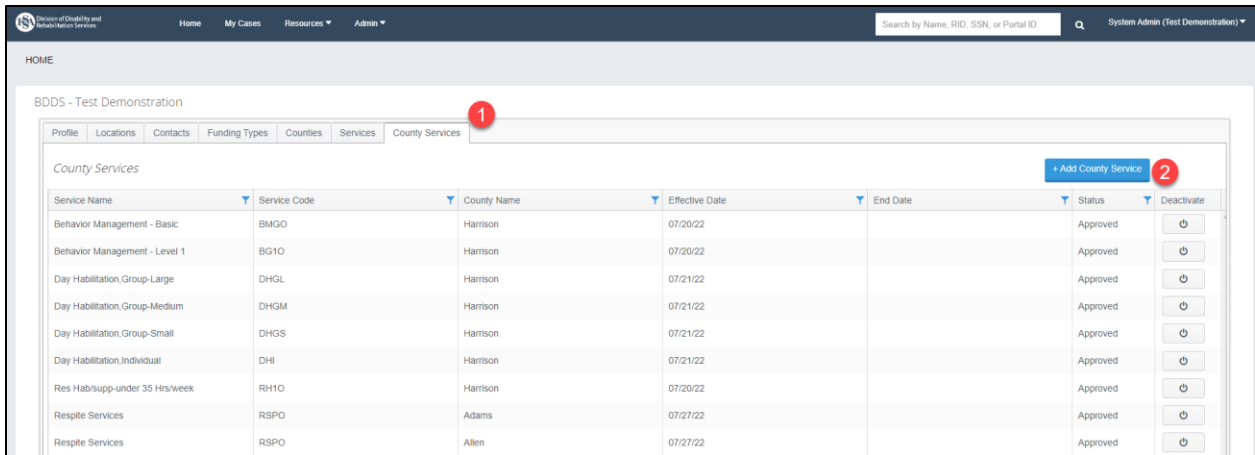
2. Enter an End Date for when the Provider will stop providing the service.\*
3. Click Save to send to BDDS for review.

**NOTE:** The status of the Service updates to Pending Closure. Once BDDS approves the request, then the Service status updates to Deactivated.

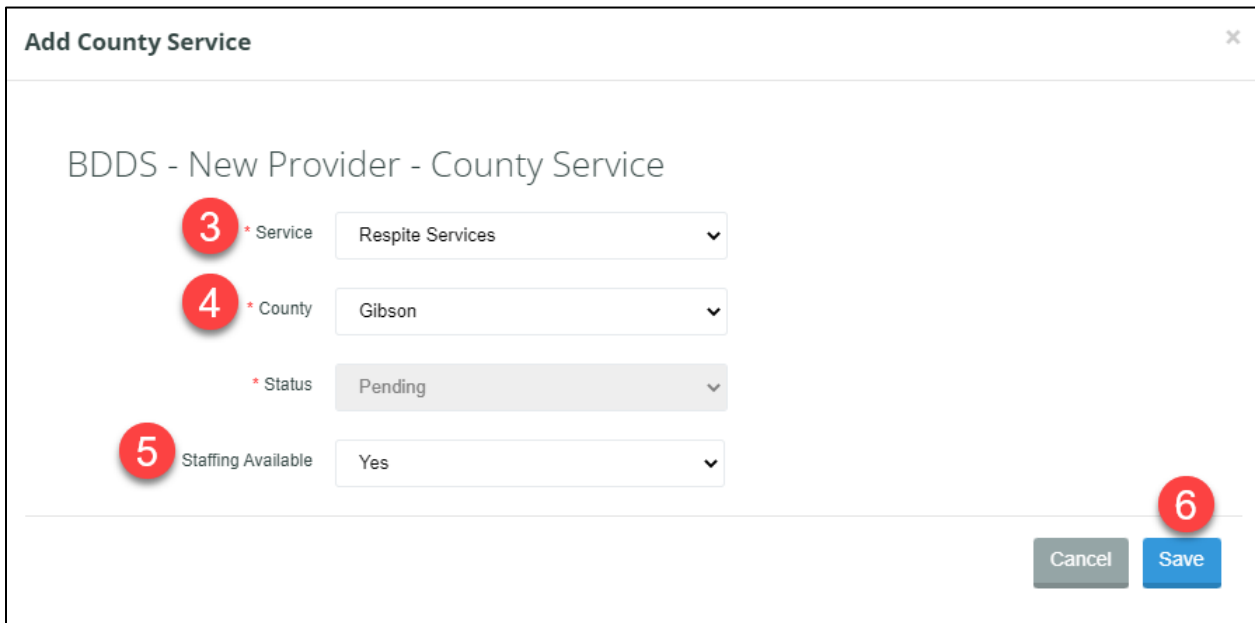
### 6.3.5 County Services

The Provider County Services tab contains a County Service grid that displays County Service records for the provider that have a pending, pending closure, deactivated, or approved status. For County Service records to be added, the provider must have an approved County and an approved Service record. All requests require BDDS review.

### 6.3.5.1 Add a Provider County Service



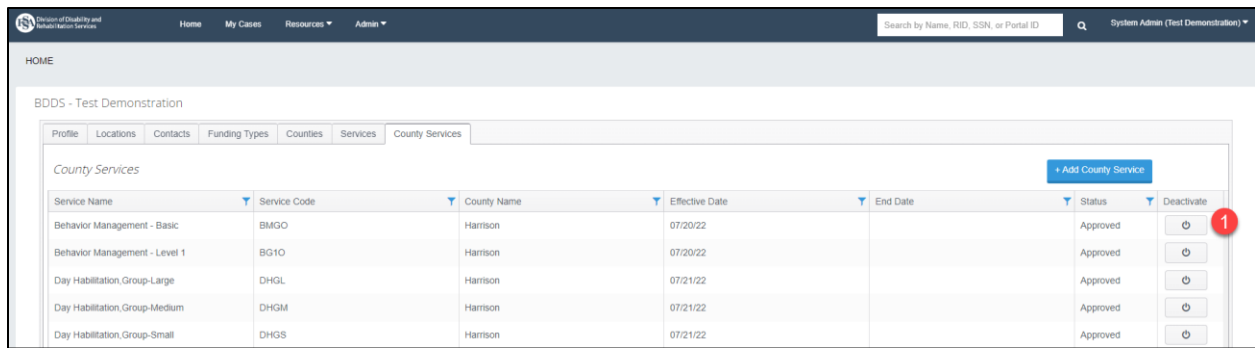
1. Click the County Services tab on the Provider Profile.
2. Click the '+Add County Service' Button.



3. Select a Service from the dropdown.\*
4. Select a County from the dropdown.\*
5. Select Yes or No to indicate if Staffing is Available.\*
6. Click Save to send to BDDS for review.

**NOTE:** The Status of the County Service Record is Pending until BDDS updates the status.

### 6.3.5.2 Deactivate a Provider County Service Record



1. Click the Deactivate button for a County Service Record.
2. Enter the End Date.
3. Click Save to send to BDDS for review.

**NOTE:** The status of the record is Pending Closure until BDDS changes the status.

## 7 NEW PROVIDER LOCATION

\* Indicates a required field before data can be saved or a required step the user must take to move forward with the next steps in the process.

### 7.1 Purpose

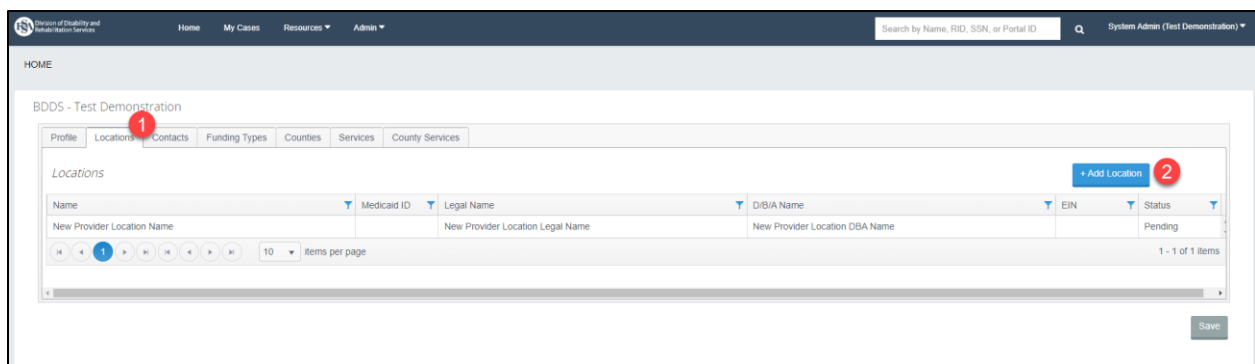
This section outlines creating a request for a new provider location (Child Provider) and adding an address for the Child Provider.

### 7.2 Prerequisites

A System Administrator can request to add a new location.

### 7.3 Requesting a New Provider Location

The Provider Locations tab has a Locations grid that displays any additional provider locations (child providers) that are pending, approved, or active. Child providers are only displayed on the Locations grid of the parent provider's record. Clicking on a record from the Locations grid will take you to the child provider's location record. BDDS approval is required for requests.



## BDDS Portal 2.0 User Guide for Providers

Last Revised: 11/21/2022

1. Click the Locations tab on the Provider Profile.
2. Click the '+Add Location' button.

**NOTE:** The New Location page opens with blank fields to fill in with new location information.

The screenshot shows the 'BDDS - New Location' form in the BDDS Portal 2.0. The form is titled 'BDDS - New Location' and has tabs for 'Profile', 'Contacts', and 'County Services'. The 'Profile' tab is active. The form contains several fields: Name (New Child Provider Location), Legal Name (New Child Provider Location Legal Name), D/B/A Name (New Child Provider Location DBA Name), Status (Pending), Waiver Number, EIN (1234567899), Medicaid ID, Staffing Available (Yes), Moratorium (No), Additional Information (Maximum 100 characters), URL (provideragencyurl.com), Corporate Phone ((317) 777-7777), Fax Number ((999) 777-7777), and Corporate Email Address (email@email.com). A 'Save' button is located at the bottom right. Red circles with numbers 3 through 13 are overlaid on the form to indicate the sequence of steps for entering information.

3. Enter the Name of the new location.\*
4. Enter the Legal Name of the new location.\*
5. Enter the D/B/A name of the new location.\*
6. Enter the EIN number of the new location.
7. Select Yes or No if Staffing is Available for the new location.
8. Enter Additional information for the new location.
9. Enter the URL for the new location.
10. Enter the Corporate Phone number for the new location.
11. Enter the Fax Number for the new location.
12. Enter the Corporate Email Address for the new location.
13. Click Save to save all information entered.

**NOTE:** Child locations can only have Contacts and County Service records entered. County Service records are available to add to Child Locations if the Parent Location has the County and Service records in an Approved status. See [Adding Contact Records](#) and [Add a Provider County Service](#). The new Child Provider Location is in Pending status until BDDS reviews and acts to change the status.

## 7.4 Adding a New Location Address

To add a new location a new address must be entered. Additionally, click an existing address record from the grid to make any edits to the record.

The screenshot shows the 'BDDS - New Child Provider Location' form. The form has several tabs: Profile, Contacts, and County Services. The Profile tab is active. The form contains the following fields: Name (New Child Provider Location), Legal Name (New Child Provider Location Legal Name), DBA Name (New Child Provider Location DBA Name), Status (Pending), Waiver Number, EIN (1234567899), Medicaid ID, Staffing Available (Yes), Monatorium (No), Additional Information (Maximum 150 characters), and URL (provideragencyurl.com). A red circle with the number 1 highlights the '+ Add Address' button in the bottom right corner.

1. Click the '+Add Address' button.

The screenshot shows the 'Add Address' modal form. The form has the following fields: Address Type (Location), Address 1 (5789 Drive), Address 2, City (Indianapolis), State (IN), and Zip (46047). A red circle with the number 2 highlights the Address Type dropdown, a red circle with the number 3 highlights the Address 1 text input, a red circle with the number 4 highlights the Address 2 text input, a red circle with the number 5 highlights the City text input, a red circle with the number 6 highlights the State dropdown, a red circle with the number 7 highlights the Zip text input, and a red circle with the number 8 highlights the Save button in the bottom right corner.

2. Choose an Address Type of Mailing or Location.\*
3. Enter the Address line 1.\*
4. Enter the Address line 2, if applicable.
5. Enter the City.\*



6. Choose the State.\*
7. Enter the Zip Code.\*
8. Click Save to create the address for the Provider.

## 8 WAIVER PROVIDER CLOSURE

\* Indicates a required field before data can be saved or a required step the user must take to move forward with the next steps in the process.

### 8.1 Purpose

This section outlines the steps needed to request a deactivation of a Provider.

### 8.2 Prerequisites

A System Administrator can request to close a location.

### 8.3 Closing a Waiver Provider

The following steps walk through submitting a request for a parent provider. To request a deactivation for a child provider, click the Locations tab, then click the child location record from the grid (see [Requesting a New Provider Location](#) for more information). Then the same steps below apply.

HOME

BDDS - Test Documentation Provider

Profile Locations Contacts Funding Types Counties Services County Services

\* Name Test Documentation Provider

\* Legal Name Test Documentation Provider Legal Name

\* DBIA Name Test Documentation Provider

Status Approved

Waiver Number 1231231234

EIN 1472583699

Medicaid ID 1234567899

Staffing Available Yes

Moratorium No

Additional Information Additional information that displays on the Medicaid Waiver Provider Choice List. (Maximum 100 characters)

URL waiverproviderurl.com

| Address Type | Address                     | City, State Zip         |
|--------------|-----------------------------|-------------------------|
| Mailing      | 1234 Test Documentation Way | Indianapolis, IN, 46013 |
| Location     | 1234 Test Documentation Way | Indianapolis, IN, 46013 |

Corporate Phone (317) 777-7777 ext

Fax Number ext

Corporate Email Address waiver@provider.com

Profile information has not been confirmed

Request Profile Change Request Deactivation Confirm Profile Information

1. Navigate to the Provider Profile.


2. Navigate to the Provider Profile – Profile tab.
3. Click the ‘Request Deactivation’ button.

**NOTE:** The Deactivate Provider Request modal displays.

**Deactivate Provider Request**

BDDS - Test Documentation Provider

1234 Test Documentation Way Indianapolis, IN, 46013  
Indianapolis, IN 46013

\* Deactivation Effective Date   **4**

**5**

Cancel Save

4. Enter a Deactivation Effective Date.\*
5. Click Save.

**NOTE:** The request is sent to BDDS for review. The Provider’s status is updated to “Pending Closure on 10/05/2022 (Deactivation Effect Date Chosen)”. Providers with this status will not show on the Medicaid Waiver Provider Choice List. Once all business requirements have been achieved, BDDS will update the status of the Provider to Deactivated.

BDDS - Test Documentation Provider

Profile Locations Contacts Funding Types Counties Services County Services

\* Name Test Documentation Provider

\* Legal Name Test Documentation Provider Legal Name

\* D/B/A Name Test Documentation Provider

Status Pending Closure on 10/05/2022

## 9 WAIVER PROVIDER ATTESTATION

\* Indicates a required field before data can be saved or a required step the user must take to move forward with the next steps in the process.

## 9.1 Purpose

This section outlines the requirement of confirming Provider Profile information and the steps to complete a Provider Attestation.

## 9.2 Prerequisites

System Administrator user role is required to complete a Provider Attestation.

## 9.3 Confirming the Profile Information

A provider system administrator must log into the BDDS Portal and confirm the Provider Profile information at a minimum of every 90-days. To update, change, or modify any of the Provider Profile information before completing the Provider Attestation, see sections [Waiver Provider Amended Application](#), [Waiver Provider Maintenance](#), [New Provider Location](#), and [Waiver Provider Closure](#).

The screenshot shows the BDDS Portal interface for a System Administrator. The 'Profile' tab is selected and highlighted with a red circle '1'. The form displays the following information:

- Name: Test Demonstration
- Legal Name: Test Demonstration
- D/B/A Name: Test Demonstration
- Status: Active
- Waiver Number: 1231232132
- EIN: 1243234234
- Medicaid ID: 2344325454
- Staffing Available: Yes
- Moratorium: No
- Additional Information: We provide the supports that you didn't know you needed.
- URL: www.testDemo.com
- Addresses:

| Address Type | Address                 | City, State Zip         |
|--------------|-------------------------|-------------------------|
| Mailing      | 123 Mailing Address Way | Indianapolis, IN, 46220 |
| Location     | 123 Location Address    | Indianapolis, IN, 46220 |
- Corporate Phone: (444) 444-4444 ext. [ ]
- Fax Number: (332) 423-4324 ext. [ ]
- Corporate Email Address: testDemo@fssa.in.gov


At the bottom right, there are three buttons: 'Request Profile Change', 'Request Deactivation', and 'Confirm Profile Information', with the latter highlighted by a red circle '2'. A 'Save' button is at the bottom right corner.

1. Click on the Profile tab of the Provider Profile.
2. Click the 'Confirm Profile Information' button.

**NOTE:** The Provider Attestation modal appears with the message, "By adding the date and clicking OK, I attest that all information in this profile, as well as the profile of each associated child location, is accurate and current including, but not limited to, contacts, addresses, services, counties, and staffing capacity."

### Provider Attestation ✕

By adding the date and clicking OK, I attest that all information in this profile, as well as the profile of each associated child location, is accurate and current including, but not limited to, contacts, addresses, services, counties, and staffing capacity.

\* Attestation Date  

3. Enter the current date for the Attestation Date.\*

4. Click OK.

**NOTE:** A new message appears at the bottom of the screen, “Profile information attested as accurate and current as of (date & time of verified attestation).” If a Provider Profile has never been confirmed, the message will display, “Profile information has not been confirmed”.

Profile information attested as accurate and current as of 10/04/2022 04:56 PM

## 10 SERVICE PROVIDER REFERRALS

\* Indicates a required field before data can be saved or a required step the user must take to move forward with the next steps in the process.

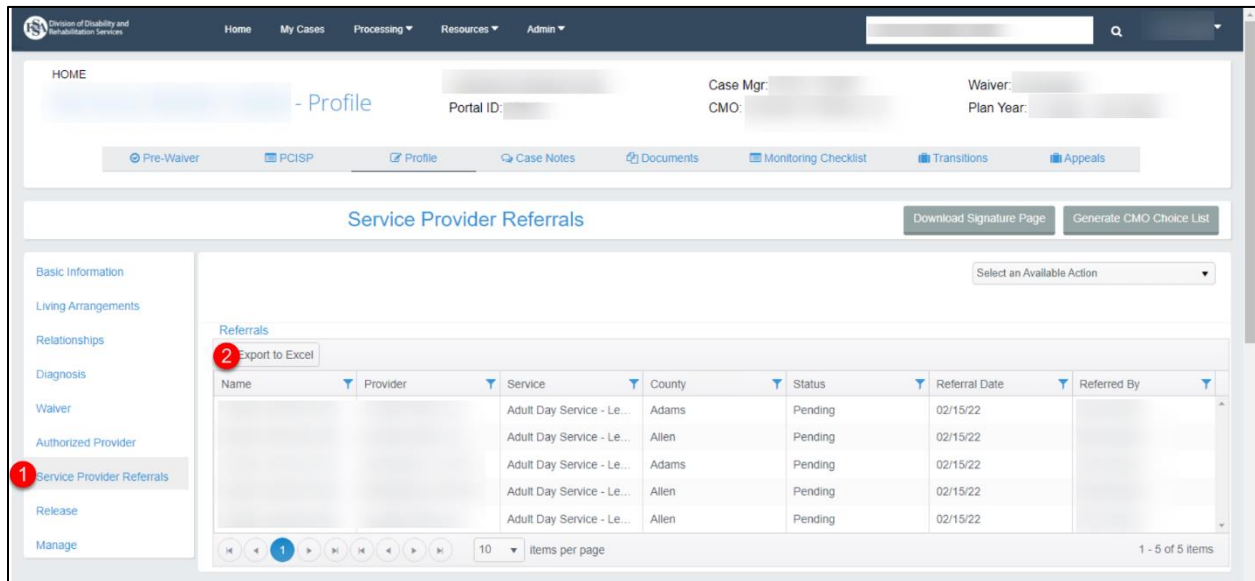
## 10.1 Purpose

This section covers the possible Service Provider Referral statuses, and outlines how to find referrals waiting for Provider action and how to complete each action available.

## 10.2 Prerequisites

All Provider user roles can see the appropriate grids and take available actions.

## 10.3 Viewing Provider Referrals for an Individual



1. Click on the 'Service Provider Referrals' link in the left navigation bar when on an individual's record.
2. The 'Referrals' grid displays all referrals and the referral statuses that have been submitted to providers for the individual.

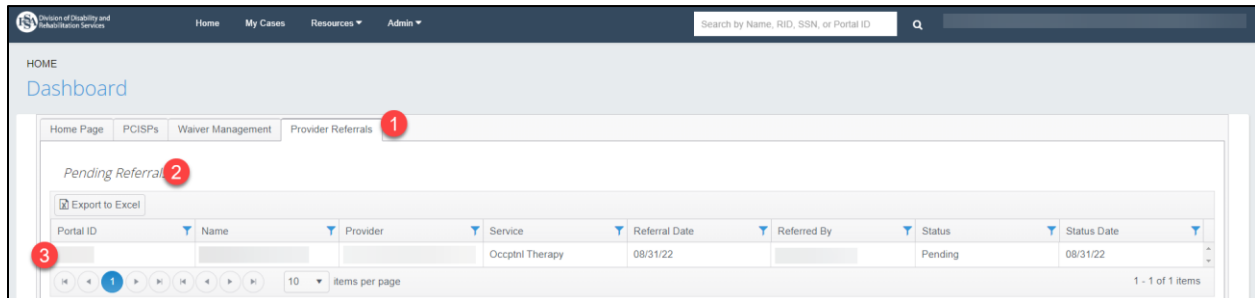
## 10.4 Provider Referral Request Statuses

The table below provides a list of the statuses and their meaning that are assigned to Provider Referrals.

| Status           | Description  |
|------------------|--|
| Pending          | Indicates that a provider referral has been made and an action needs to be taken on the referral.  |
| More Information | Indicates that a provider referral has been returned to the CMO/BDDS to respond with additional information.   |
| Accept           | Indicates that a provider has accepted the provider referral made to them. Providers on a provider referral with an Accept status should be the provider selected for the service on the individual's PCISP. |

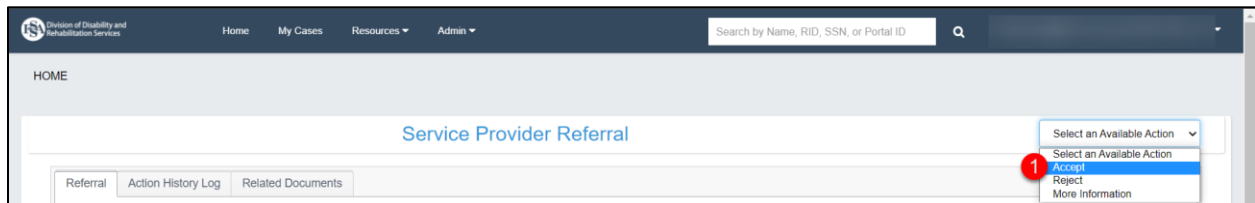
|                |  |
|----------------|--|
| Reject         | Indicates that a provider has rejected the provider referral made to them.       |
| Withdrawn      | Indicates that a provider referral has been withdrawn.                           |
| Auto Withdrawn | Indicates that an accepted provider referral was not selected by the individual. |

## 10.5 Navigate to Pending Provider Referrals Grid



1. Navigate to the 'Provider Referrals' Dashboard tab.
2. Find the Pending Referrals grid.
3. Click a record from the grid to open the Service Provider Referral.

### 10.5.1 Accepting a Provider Referral



1. Select 'Accept' from the 'Select an Available Action' dropdown.

**Service Provider Referral - Accept/Reject Action**

\* Action  
Accept

\* Reason  
2 Select an Available Reason

\* Comments  
3

4 Cancel 5 Save

2. Select a value from the 'Reason' dropdown.\*

3. Enter text in the Comments field.\*

4. Click the 'Cancel' button to cancel accepting the referral.

**NOTE:** If the 'Cancel' button is clicked, then the provider referral will not be accepted.

5. Click the 'Save' button to accept the referral.

**NOTE:** If the 'Save' button is clicked then the provider referral will be accepted. An Accepted referral can be withdrawn (see [Withdrawing from a Service Provider Referral](#)).

### 10.5.2 Rejecting a Provider Referral

Division of Disability and Rehabilitation Services

Home My Cases Resources Admin

Search by Name, RID, SSN, or Portal ID

HOME

Service Provider Referral

Referral Action History Log Related Documents

Select an Available Action  
Select an Available Action  
Accept  
1 Reject  
More Information

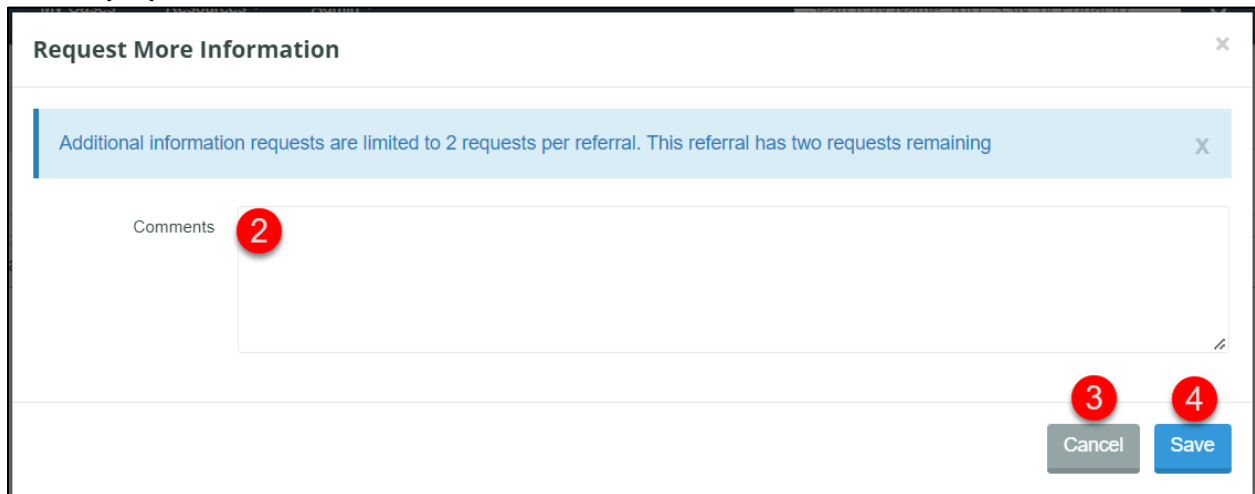
1. Select 'Reject' from the 'Select an Available Action' dropdown.

2. Select a value from the 'Reason' dropdown.\*
3. Enter text in the Comments field.\*
4. Click the 'Cancel' button to cancel rejecting the referral.  
**NOTE:** If the 'Cancel' button is clicked, then the provider referral will not be rejected.
5. Click the 'Save' button to reject the referral.  
**NOTE:** If the 'Save' button is clicked then the provider referral will be withdrawn.

### 10.5.3 Requesting More Information on a Provider Referral

1. Select 'More Information' from the 'Select an Available Action' dropdown.  
**NOTE:** Additional information requests are limited to 2 requests per referral. The Request More Information modal will inform the user how many additional information requests are remaining.





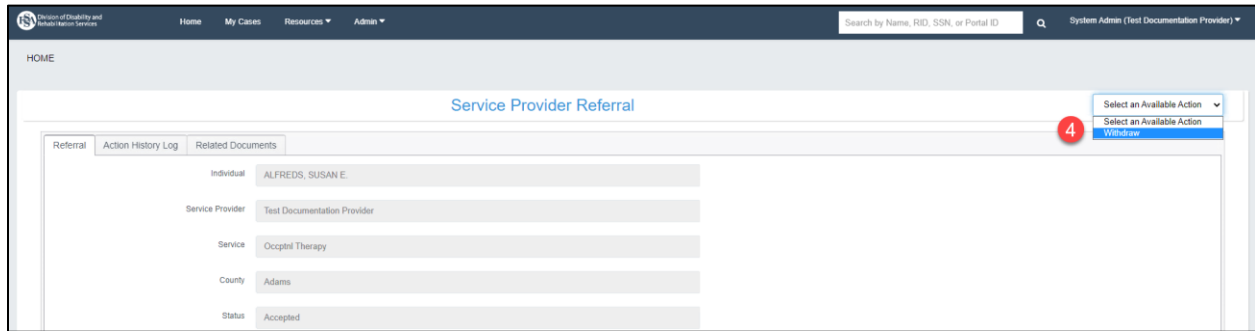
2. Enter text in the Comments field to clearly identify what additional information is needed.
3. Click the 'Cancel' button to cancel requesting more information.  
**NOTE:** If the 'Cancel' button is clicked, then the request for more information will not be made.
4. Click the 'Save' button to continue requesting more information.
5. **NOTE:** If the 'Cancel' button is clicked, then the request for more information will not be made.

## 10.6 Withdrawing from a Service Provider Referral

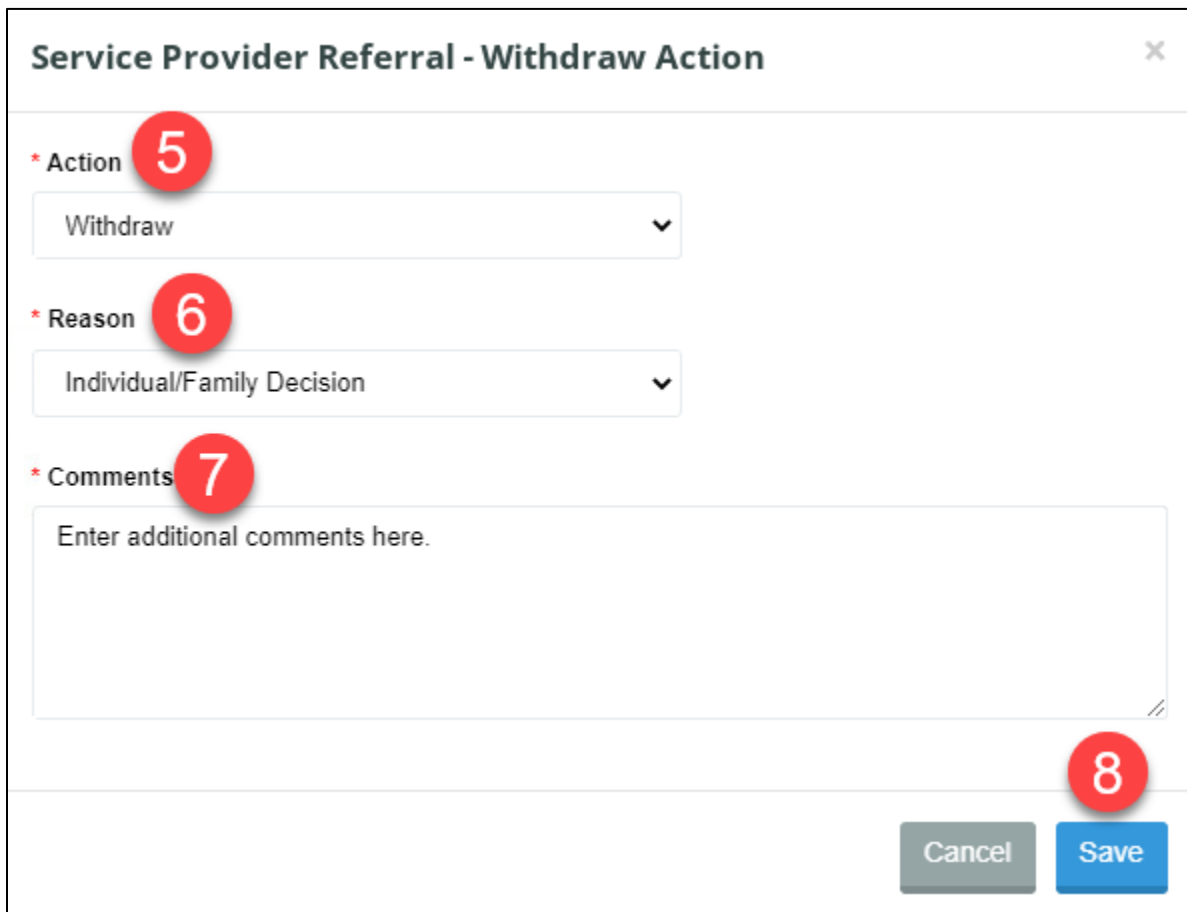
Provider users can choose to Withdraw from [Selected](#) and [Accepted](#) referrals.



1. Navigate to the 'Provider Referrals' Dashboard tab.
2. Find the 'Accepted Referrals' grid.
3. Click a record from the grid that needs to be withdrawn.  
**NOTE:** The referral will open to the referral tab.



4. Choose 'Withdraw' from the 'Select an Available Action' dropdown.  
**NOTE:** The Service Provider Referral – Withdraw Action modal appears.



5. 'Withdraw' auto-fills in the 'Action' dropdown.\*
6. Select a Reason.\*
7. Enter additional comments.\*
8. Click Save.

**NOTE:** The referral is removed from the Accepted Referrals grid and appears on the Referrals in Other Statuses grid as withdrawn.

## 11 LONG-TERM BUDGET REQUEST

\* Indicates a required field before data can be saved or a required step the user must take to move forward with the next steps in the process.

### 11.1 Purpose

This section provides an overview of the Long-Term Budget Request (LTBR) in the BDDS Portal, it outlines the steps to create and submit an LTBR, and where to respond to LTBRs in a request for more information (RFI) status.

### 11.2 Prerequisites

- An individual must have one of the following waiver statuses:
  - CIH: Active, Pending, or Transitional
  - MFP-CIH: Active, Pending, or Transitional
  - FSW Active with CIH-Pending
- All Provider user roles can create budget requests.
- The Individual Support Team must meet and agree with the need for a long-term budget request.

### 11.3 Long-Term Changes to Budget Requests

A long-term budget request, if created by a Provider, must be sent to the CMO for review. After CMO review, the LTBR can be submitted to BDDS for review, or returned for more information to the Provider. After BDDS review, the LTBR can be returned for more information, approved or denied. See sections, [Respond to a Request for More Information](#) and [Long-Term Budget Requests Grid](#) for information on how to track the LTBR progress in the BDDS Portal.

#### 11.3.1 Long-Term Budget Request Navigation & Overview

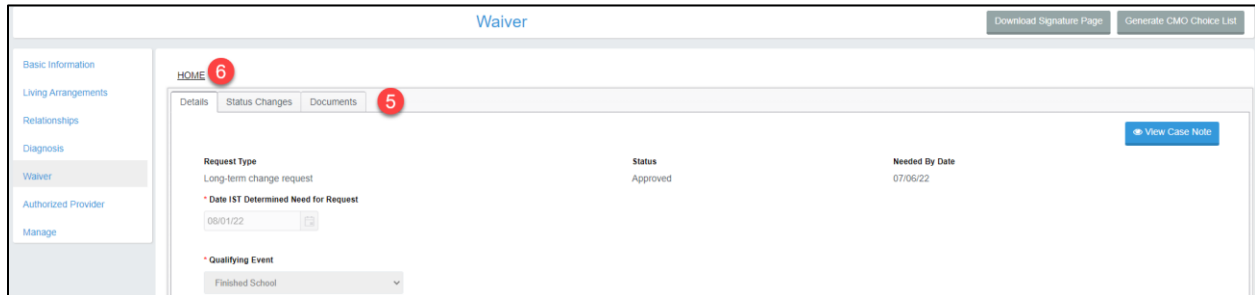
The screenshot displays the BDDS Portal interface for a provider's profile. The top navigation bar includes 'HOME', 'My Cases', 'Resources', and 'Admin'. A search bar is located on the right. The main content area is titled 'Waiver' and includes a 'Download Signature Page' and 'Generate CMO Choice List' button. The 'Waiver Information' section shows details such as Waiver Type (CIH), Waiver Status (Active), and Waiver Start Date (06/02/16). Below this is an 'Audit' section with a table of Medicaid Redetermination Dates. At the bottom, there is a 'Long-Term Budget Requests' table with columns for Budget Request Type, Status, Qualifying Event, Requested By, and Created. The table contains three rows of data, with the second row highlighted. Red circles with numbers 1 through 4 are overlaid on the interface to indicate key navigation points: 1 on the 'Profile' tab, 2 on the 'Waiver' link in the left sidebar, 3 on the 'Long-Term Budget Requests' link, and 4 on the 'Approved' status in the budget requests table.

| Budget Request Type      | Status                    | Qualifying Event | Requested By | Created  | Delete |
|--------------------------|---------------------------|------------------|--------------|----------|--------|
| Long-term change request | In Development            |                  |              | 06/29/22 |        |
| Long-term change request | Provider Submitted to CMO | Finished School  |              | 06/29/22 |        |
| Long-term change request | Approved                  | Finished School  |              | 06/29/22 |        |

## BDDS Portal 2.0 User Guide for Providers

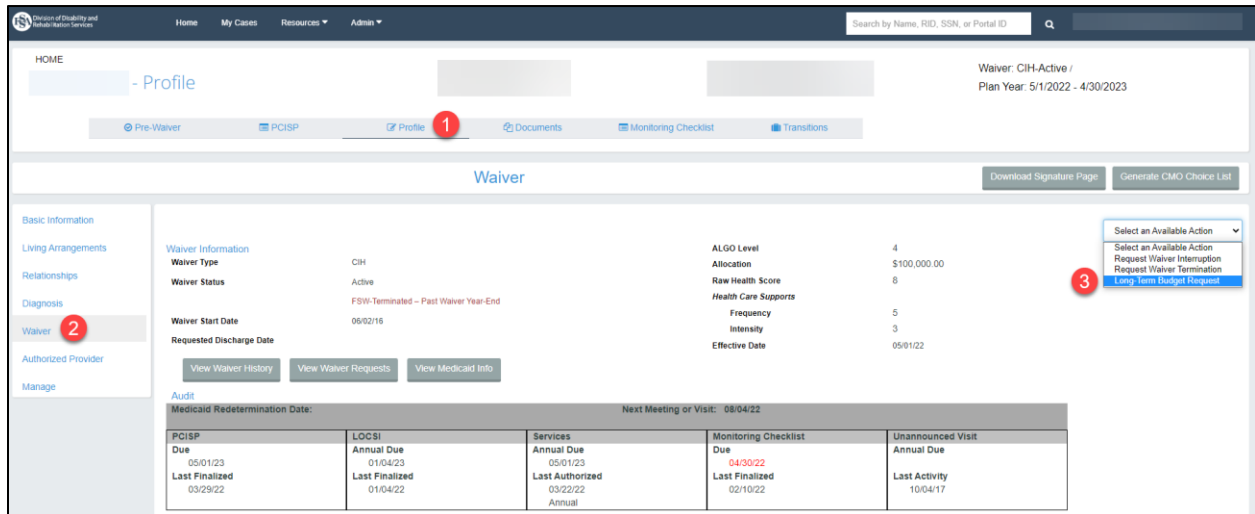
Last Revised: 11/21/2022

1. Navigate to the Profile page on the top navigation bar.
2. Navigate to the Waiver page on the left navigation bar.
3. Scroll down to the Long-Term Budget Requests grid.
4. Click on a record from the grid to view more details.

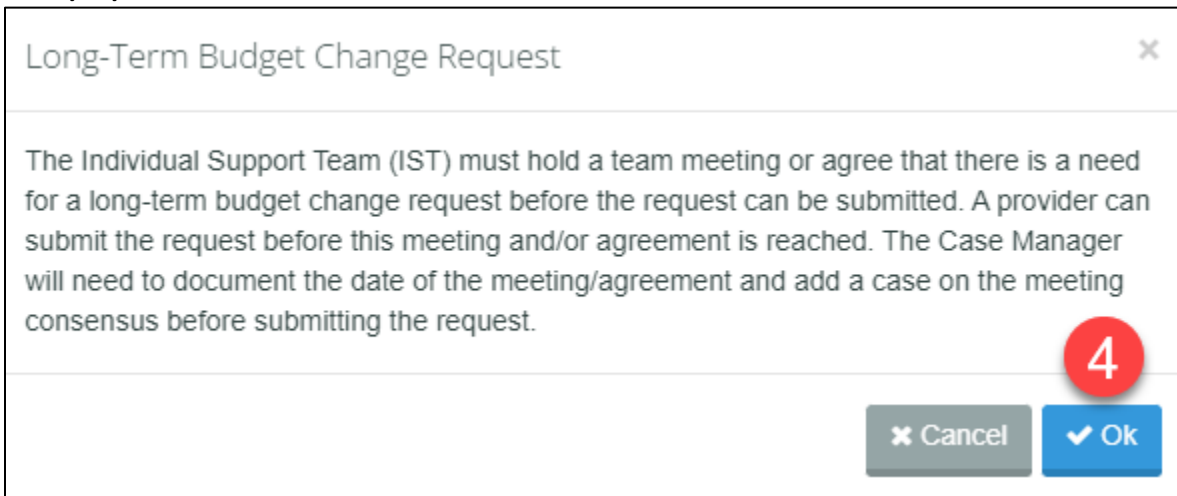


5. Review each tab of the budget request.
6. Click the HOME link to return to the Waiver page.

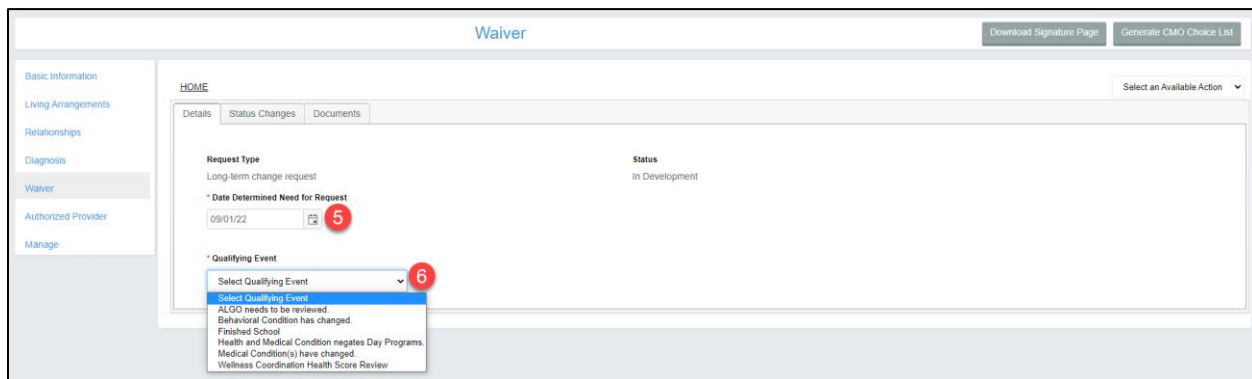
### 11.3.2 Create a Long-Term Budget Request



1. Navigate to the Profile page in the top navigation bar.
2. Navigate to the Waiver page in the left navigation bar.
3. Select 'Long-Term Budget Request' from the 'Select an Available Action' dropdown.



4. Click 'Ok' on the Individual Support Team meeting message modal to proceed.



5. Enter a Date Determined Need for Request.\*
  6. Pick a Qualifying Event from the dropdown.\*
- NOTE:** Each Qualifying Event will generate a set of unique required questions.

The screenshot shows a form titled "Qualifying Event" with a dropdown menu set to "ALGO needs to be reviewed." Below this is a blue instruction: "Answer the Following Questions (limit each response to 100 characters)". A red circle with the number "7" highlights the first question: "How is the individual's vision of a preferred life, including strategies, outcomes, etc. -- as outlined in the PCISP -- not currently being met, resulting in this long-term request?". Below this question are four more questions, each with a text input field: "How will this long-term request better support the individual's vision of a preferred life, including strategies, outcomes, etc. -- as outlined in the PCISP?", "Please describe what impact the qualifying event has on the individual's health and/or welfare.", "What actions, resources or strategies have the team utilized to meet the individual's needs prior to submitting this request? Please be as detailed as possible.", and "Does the individual share the requested services with any of the other individuals living in the home? If so, please provide the housemates' names."

7. Type in answers to each required question.\*

### 11.3.3 Viewing the Status Changes of a Long-Term Budget Request

The screenshot shows the "Waiver" page in the BDDS Portal. The page has a sidebar with navigation links: "Basic Information", "Living Arrangements", "Relationships", "Diagnosis", "Waiver", "Authorized Provider", "Service Provider Referrals", and "Manage". The main content area has a "HOME" header and a "Status Changes" tab selected, indicated by a red circle with the number "1". Below the tabs is a table with columns: "Original Status", "Updated Status", "Needed By Date", "Last Edited", and "Comments". There are also buttons for "Download Signature Page" and "Generate CMO Choice List" in the top right corner.

1. Click the Status Changes tab within the Budget Request.

**NOTE:** This page is informational and displays the status changes of the budget request. Once the budget request has been submitted, you can view this tab to see the status, the dates of actions taken, and any comments entered.

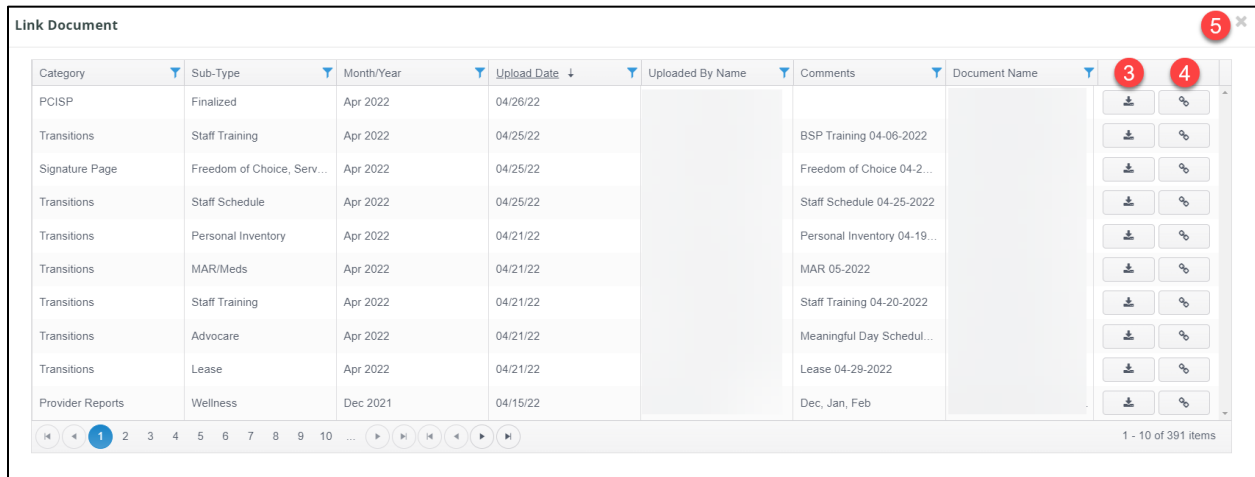
### 11.3.4 Link and Upload Documents to a Long-Term Budget Request

The screenshot shows the "Documents" tab selected in the "Waiver" page, indicated by a red circle with the number "1". The page displays a list of required documents for a long-term budget request. The list includes: "1 - The individual's medical needs and the interventions needed to manage them (example: sleep apnea-CPAP machine). Please describe the individual's diet consistency i.e., mechanical, pureed, regular with no modifications etc.) Please list the individual's medications and the reasons each are prescribed. This information can be added to answer for Question #2 of BRQ.", "2 - Diagnosis and medications", "3 - Medical needs and interventions", "4 - HRP's", "5 - Doctor's letters/orders", "6 - Summary of IR's", and "7 - MA PA referral". Below the list are two buttons: "Link Document" and "Upload Document", with a red circle and the number "2" highlighting the "Link Document" button. At the bottom, there is a table with columns: "Category", "Sub-Type", "Month/Year", "Upload Date", "Uploaded By", "Comments", and "Document Name". The table currently shows "0" items and "No items to display".

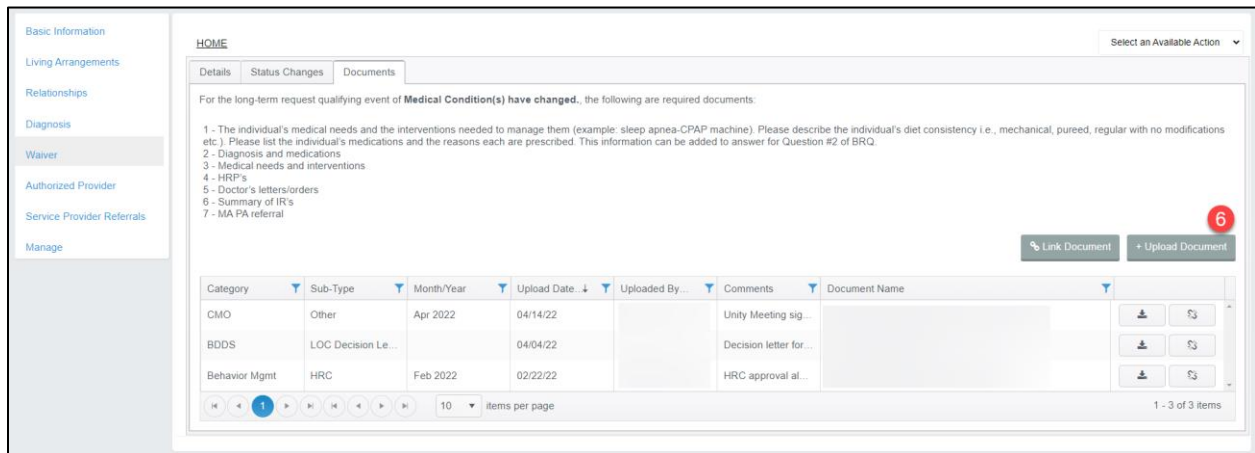
1. Click the Documents tab of the new Long-Term Budget Request.

**NOTE:** The required documents list will populate based on the selected qualifying event.

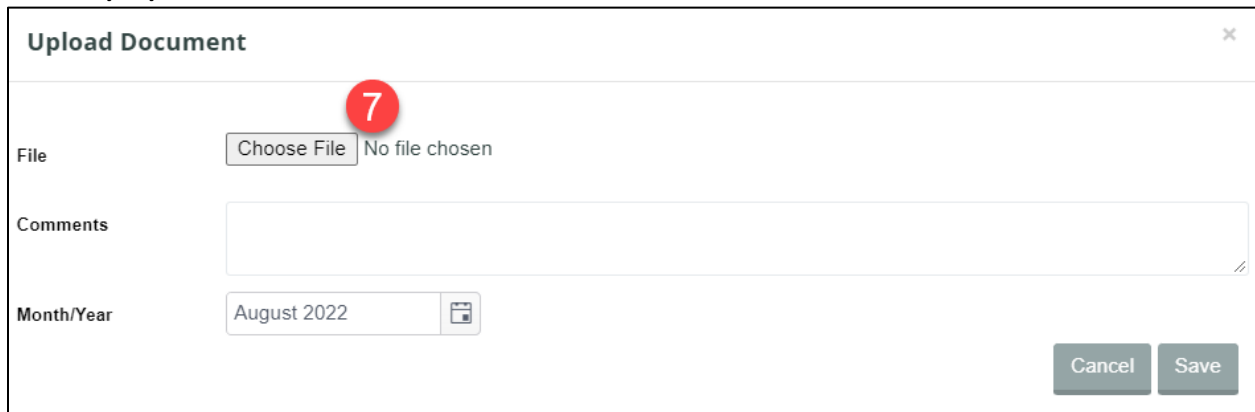
2. Click the 'Link Document' button.



3. Click the Download button to view any documents before linking them to the budget request.
4. Click the Link button to link a document to the budget request.
5. Click the 'X' in the top right corner once finished linking & downloading documents.

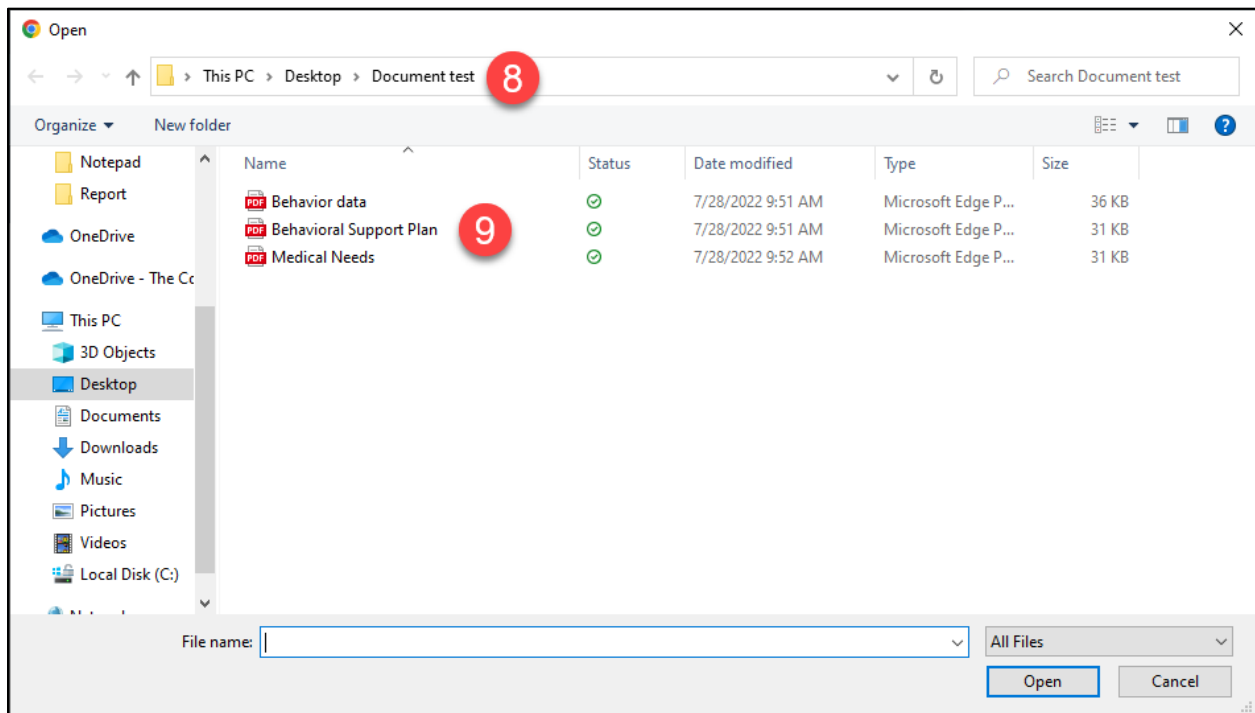


6. Click the 'Upload Document' button.



7. Click Choose File.

**NOTE:** Only one file can be uploaded at a time. Only PDF files can be uploaded to the BDDS Portal.



8. Navigate to the file on your PC.
9. Double click the file from the file finder window or click the file and then click the 'Open' button.



10. View the File name chosen to upload to ensure the correct file was chosen.

11. Enter comments, if applicable.

12. Change the Month/Year, if applicable.

**NOTE:** The date defaults to the present date.

13. Click the 'Save' button to upload and attach the file to the budget request.

**NOTE:** The document will also be uploaded to the individual's Document Library.

### 11.3.5 Submit a Long-Term Budget Request to CMO

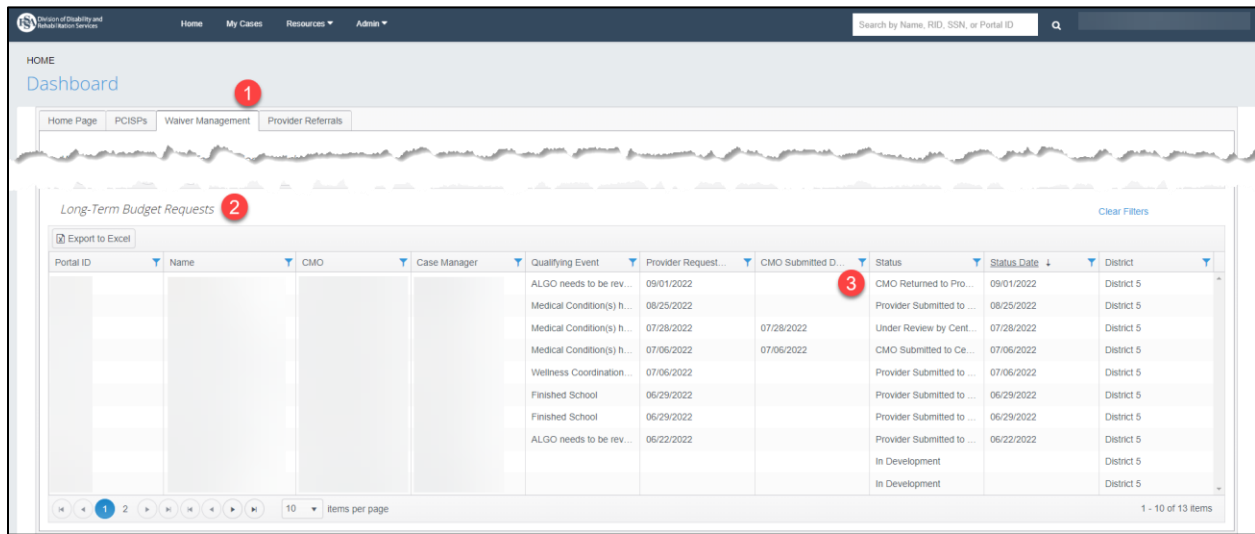
1. Select 'Submit to CMO' from the 'Select an Available Action' dropdown.

2. Enter comments, if applicable.

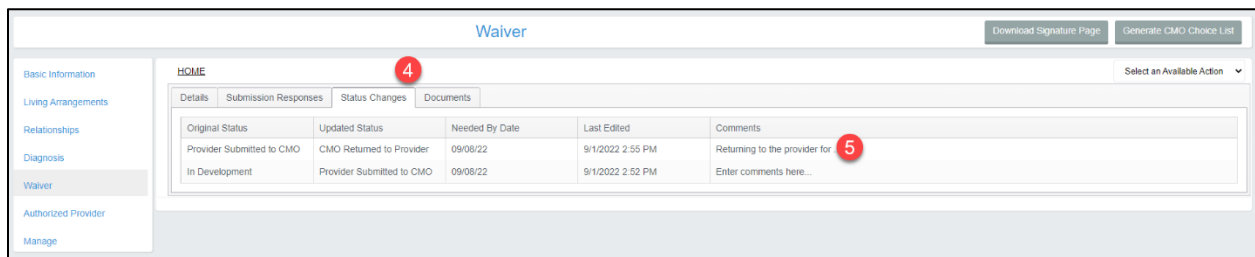
3. Adjust the Needed by Date, if applicable.\*

- Click Submit to send the budget request to the CMO for review.

### 11.3.6 Respond to a Request for More Information



- Navigate to the 'Waiver Management' Dashboard tab.
- Scroll down to the Long-Term Budget Request grid.
- Click on a record from the grid with a status of CMO Returned to Provider or Central Office Returned to Provider.



- Navigate to the Status Changes tab.
- Review the Comments with the Updated Status of CMO Returned to Provider or Central Office Returned to Provider.  
**NOTE:** Click on the comments to open the Comments modal and display the full request for more information.
- Make any adjustments to the long-term budget request based on the CMO's request, if applicable.



- Select 'Submit to CMO' from the 'Select an Available Action' dropdown.

8. Enter the response to the request for more information in the Comments field.
9. Adjust the Needed by Date, if applicable.
10. Click Submit to send the budget request back to the CMO or BDDS for review.

## 12 APPEALS

### 12.1 Purpose

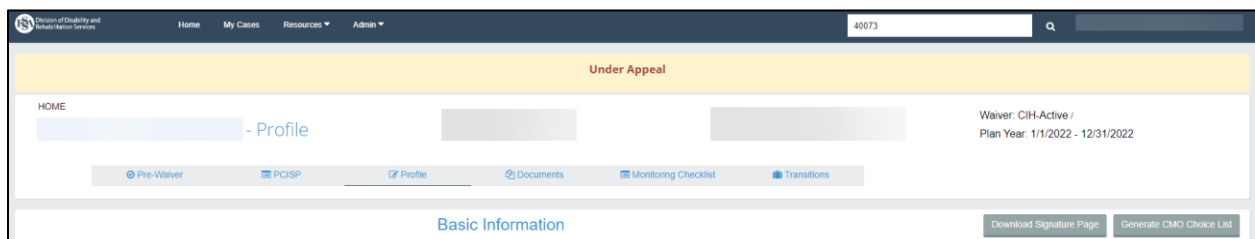
This section calls out the Appeals banner and what it means for an individual.

### 12.2 Prerequisites

All Provider user roles can see an Appeals banner message.

### 12.3 Appeals Banner

An individual must have submitted their intent to appeal a BDDS decision. When BDDS has received the individual's intent to review, then BDDS will set the Appeals Banner message on the individual's record.



The Appeals Banner signifies that the individual is appealing a decision or action on their account. When the individual's appeal has been resolved, or they have withdrawn their appeal, the banner message will be removed by BDDS.

1. Navigate to an individual's record.

2. Notice the yellow banner stating, "Under Appeal".

## 13 LOCKED BUDGETS

### 13.1 Purpose

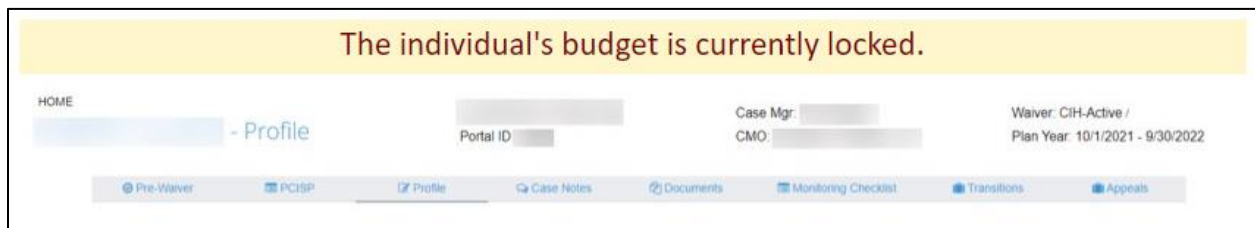
This section outlines Locked Budgets, and how to tell when an allocation (budget) is locked and when it is unlocked.

### 13.2 Prerequisites

All Provider user roles can see a Locked Budget banner message.

### 13.3 The Locked Budget Banner

When an individual's allocation, also referred to as their budget, is locked, a yellow banner will appear at the top of the person's record. This indicates that the individual's total allocation is currently locked from being changed until the review is over. When it is appropriate to unlock a budget, the banner will be removed.



1. Navigate to an individual's record.
2. Notice the yellow banner indicating a locked budget.

## 14 SHORT-TERM BUDGET REQUEST

\* Indicates a required field before data can be saved or a required step the user must take to move forward with the next steps in the process.

## 14.1 Purpose

This section provides an overview of the Short-Term Budget Request (STBR) in the BDDS Portal, it outlines the steps to create and submit an STBR, and where to respond to STBRs in a request for more information (RFI) status.

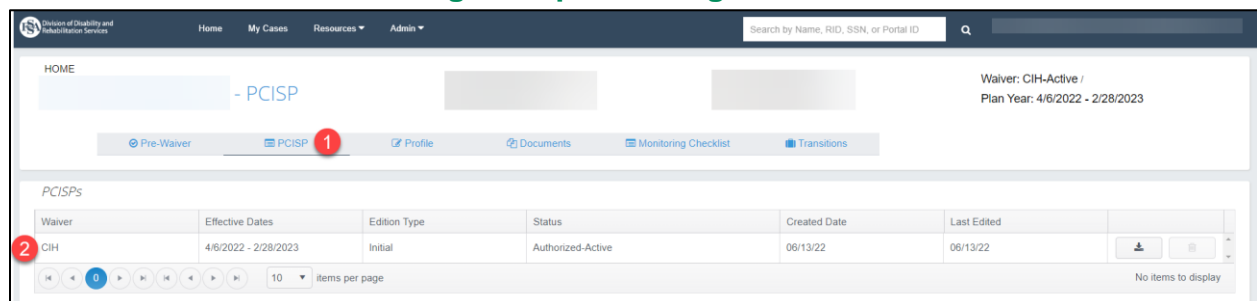
## 14.2 Prerequisites

- Individual must have an authorized-active PCISP.
- An individual must be active on the MFP-CIH or CIH waiver.
- All Provider user roles can create short-term budget requests.
- The Individual Support Team must meet and agree with the need for a short-term budget request.

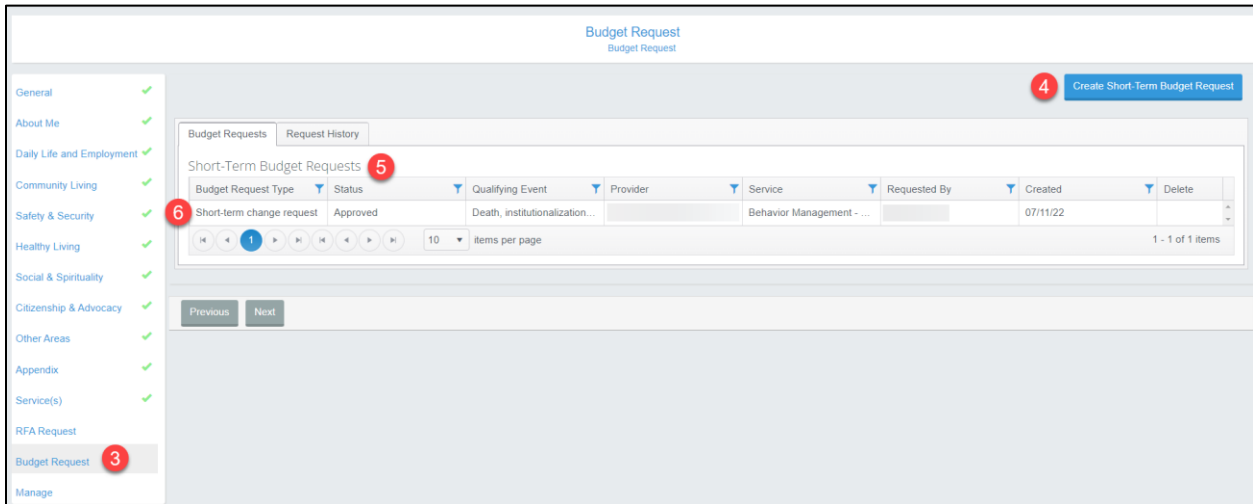
## 14.3 Short-Term Changes to Budget Requests

A short-term budget request, if created by a Provider, must be sent to the CMO for review. After CMO review, the STBR can be submitted to BDDS for review, or returned for more information to the Provider. After BDDS review, the STBR can be returned for more information, approved, or denied. See sections, [Respond to a RFI](#) and [Short-Term Budget Requests Grid](#) for information on how to track the STBR progress in the BDDS Portal.

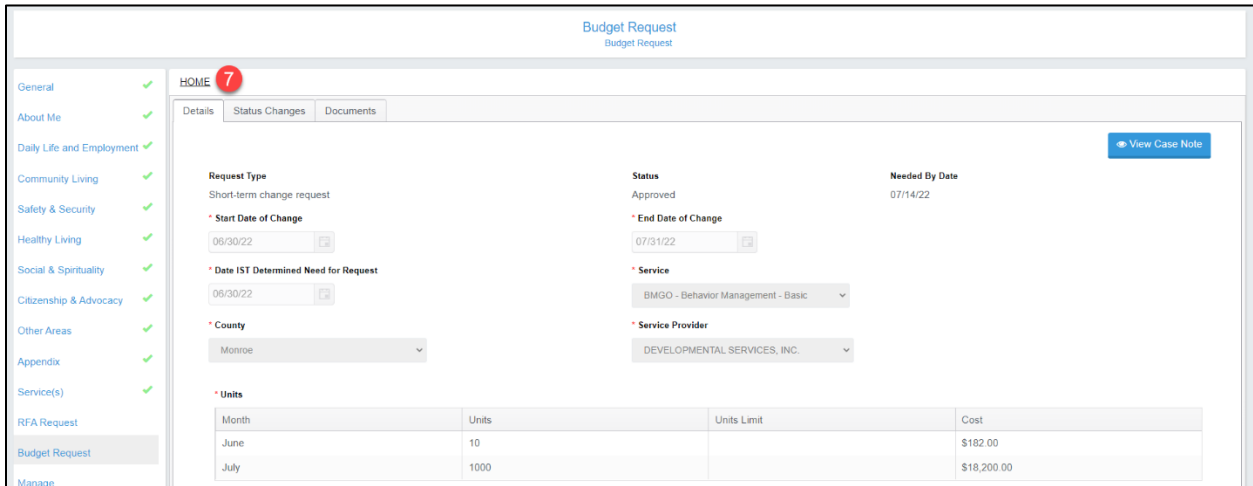
### 14.3.1 Short-Term Budget Request Navigation & Overview



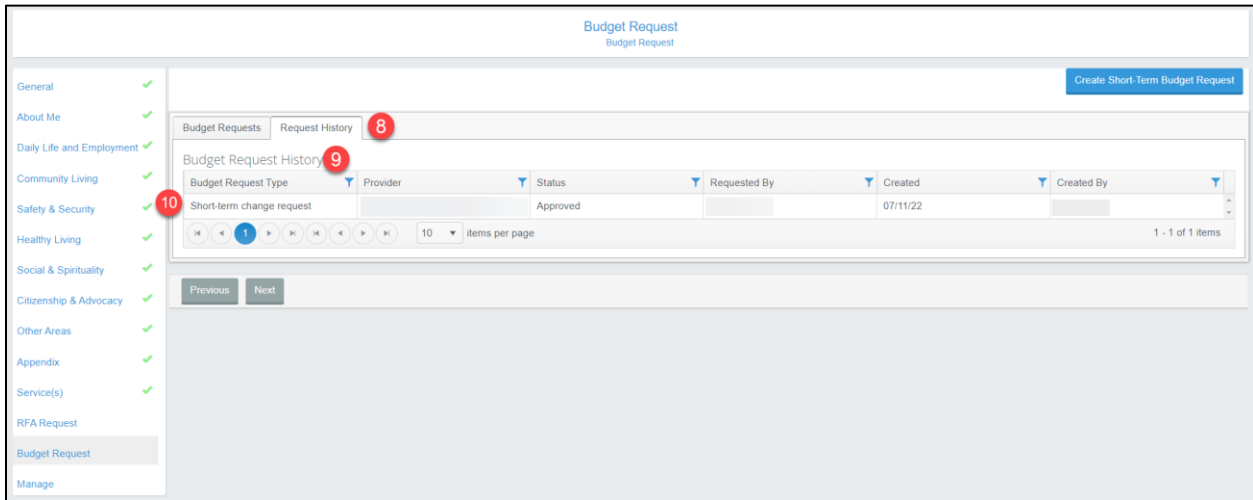
1. From within an individual's record, navigate to the PCISP page in the top navigation bar.
2. Click the Authorized-Active PCISP from the PCISPs grid.



3. Click the Budget Request page in the left navigation menu.
4. The 'Create Short-Term Budget Request' button appears on this page.
5. The Short-Term Budget Requests tab shows any current short-term budget requests.
6. Click a record from the grid to view the details of the budget request.

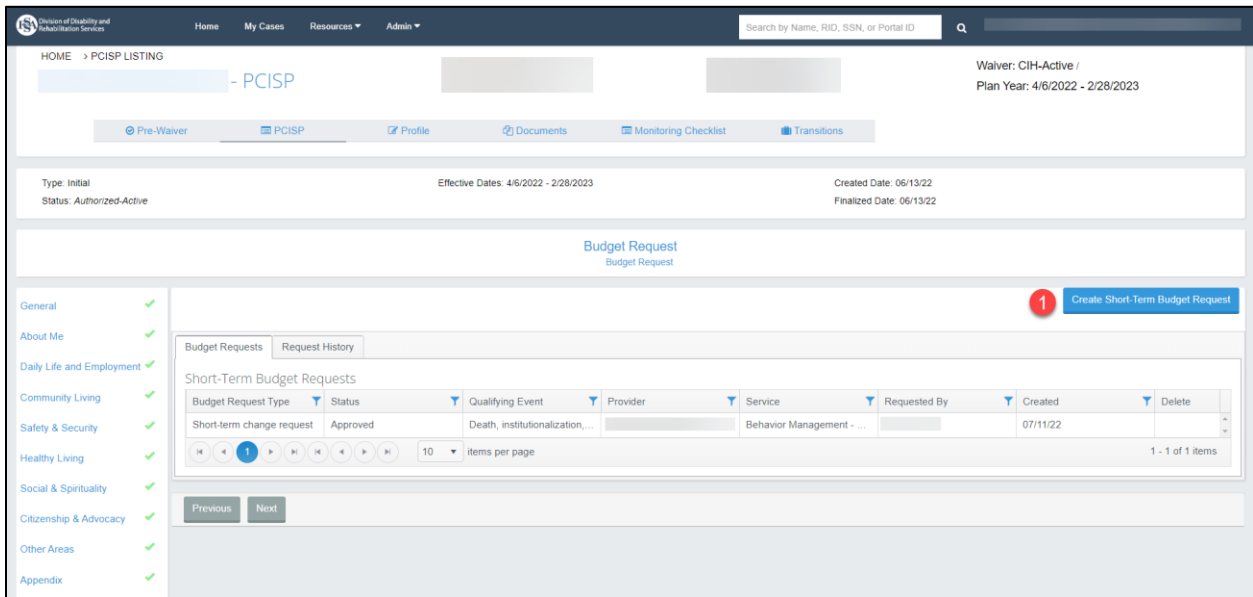


7. Click HOME in the breadcrumb trail once finished reviewing the budget request to return to the Budget Request page.

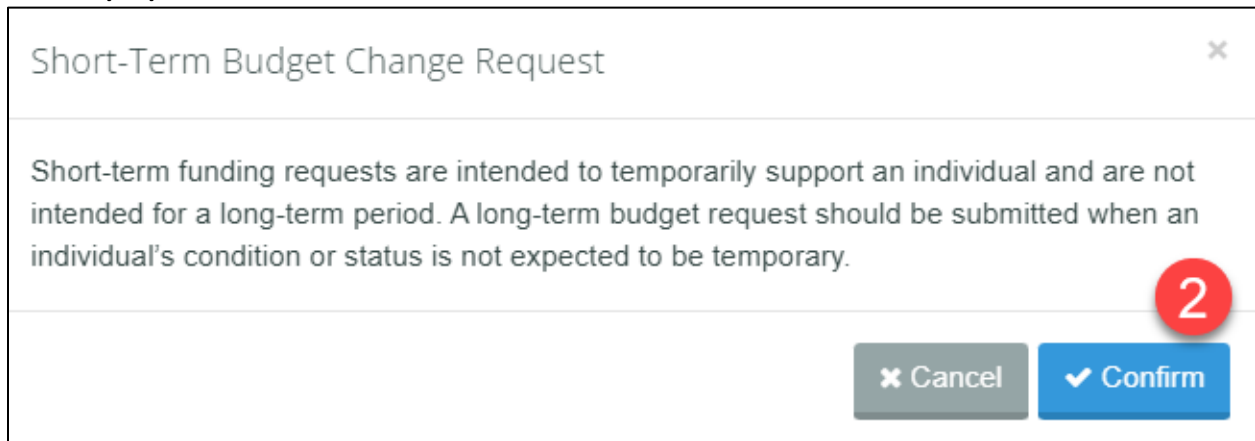


8. Click the Request History tab.
9. The Budget Request History grid shows historical short-term budget requests for the individual.
10. Click a record from the grid to view the details of the request.

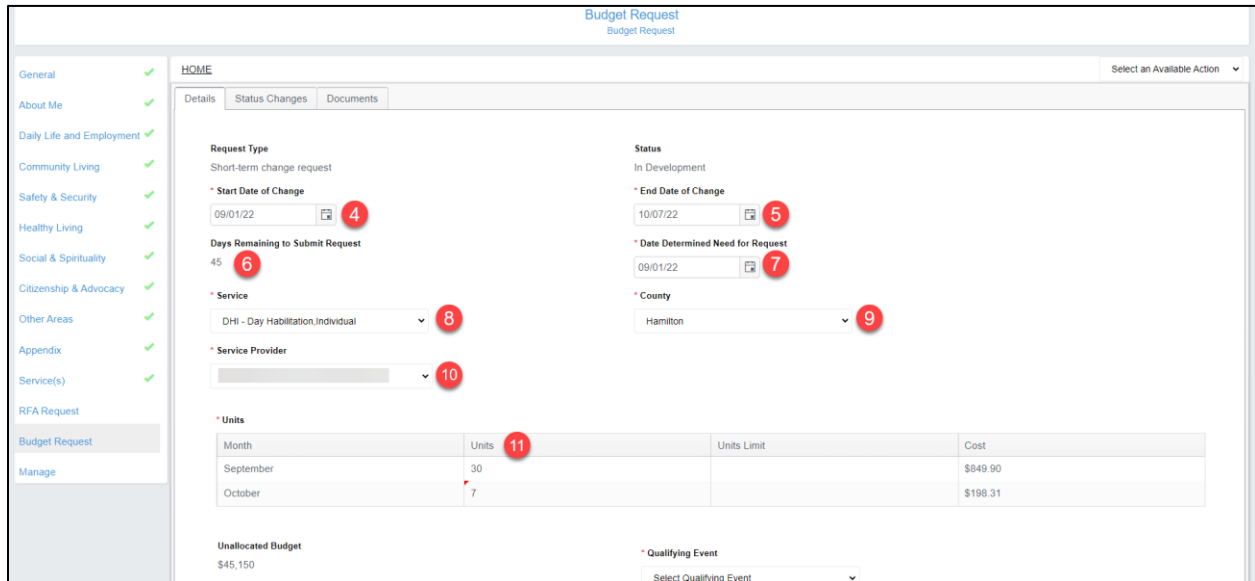
### 14.3.2 Create a Short-Term Budget Request



1. Click the 'Create Short-Term Budget Request' button.  
**NOTE:** Refer to the previous section, [Short-Term Budget Request Navigation & Page Overview](#), for information on how to find this button.

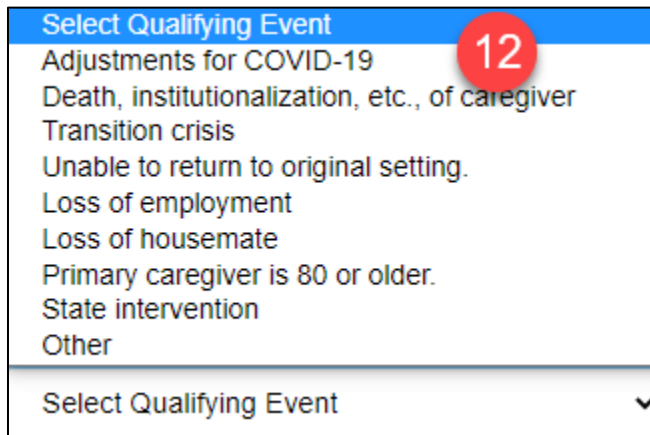


2. Click Confirm once finished reading the message to proceed.
3. The Details tab of the Budget Request displays.



4. Enter the Start Date of Change.\*
5. Enter the End Date of Change.\*
6. The Days Remaining to Submit Request will generate a number based on the Start Date.
7. Enter a Date Determined Need for Request.\*
8. Choose the service from the 'Service' dropdown.\*
9. Choose the county the individual will receive the service in the 'County' dropdown.\*
10. The Service Provider field will auto-fill with the provider creating the request.\*
11. Distribute the desired number of units for each month in the Units column in the grid.\*





12. Select a Qualifying Event from the dropdown.\*

**NOTE:** Each selection may have a required subcategory to select and will populate unique required questions.

Unallocated Budget  
\$45,150

\* Qualifying Event  
State Intervention

\* Subcategory  
Health and medical

Answer the Following Questions (limit each response to 100 characters)

\* Please provide a detailed explanation as to what actions, resources, or strategies the has team utilized to support the individual's vision of a preferred life, -- as outlined in the PCISP - prior to submitting this request?  
Enter response here...

\* Provide a detailed explanation how the short-term request will better support the Individual's vision of a preferred life, including strategies, outcomes, etc. -- as outlined in the PCISP?  
Enter response here...

\* Provide a detailed explanation about how long the IST anticipates the short-term request will be necessary.  
Enter response here...

\* Does the individual share the requested services with any of the other individuals living in the home? If so, please provide the housemates' names.  
Enter response here...

13. Choose a Subcategory, if applicable.\*

14. Type in a response for each required question.\*

Budget Request  
Budget Request

HOME

Select an Available Action

Details Status Changes Documents

| Original Status | Updated Status | Needed By Date | Last Edited | Comments |
|-----------------|----------------|----------------|-------------|----------|
|-----------------|----------------|----------------|-------------|----------|

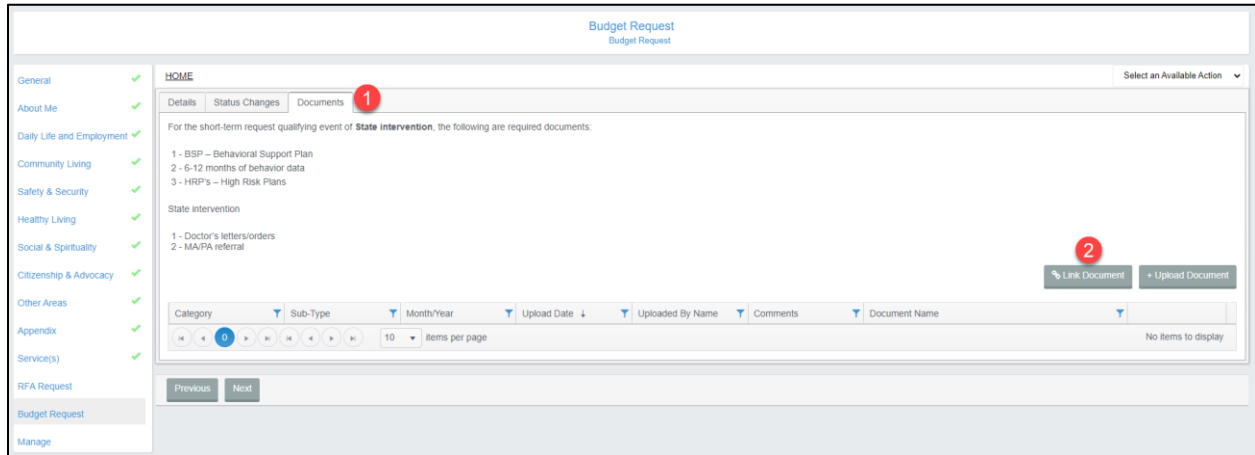
Previous Next

- General
- About Me
- Daily Life and Employment
- Community Living
- Safety & Security
- Healthy Living
- Social & Spirituality
- Citizenship & Advocacy
- Other Areas
- Appendix
- Service(s)
- RFA Request
- Budget Request
- Manage

15. Click the Status Changes tab at the top of the Budget Request page.

**NOTE:** This page is informational. Once the budget request has been submitted, you can view this tab to see the status, the dates of actions taken, and any comments made by each group.

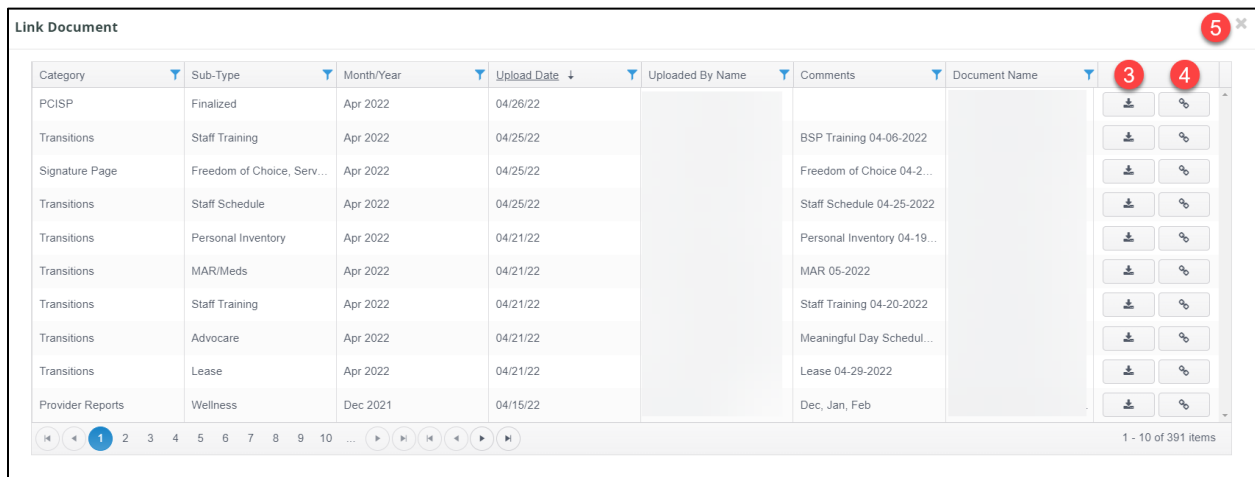
### 14.3.3 Link and Upload Documents to a Short-Term Budget Request



1. Click the Documents tab of the short-term budget request.

**NOTE:** The required documents list will populate based on the selected qualifying event.

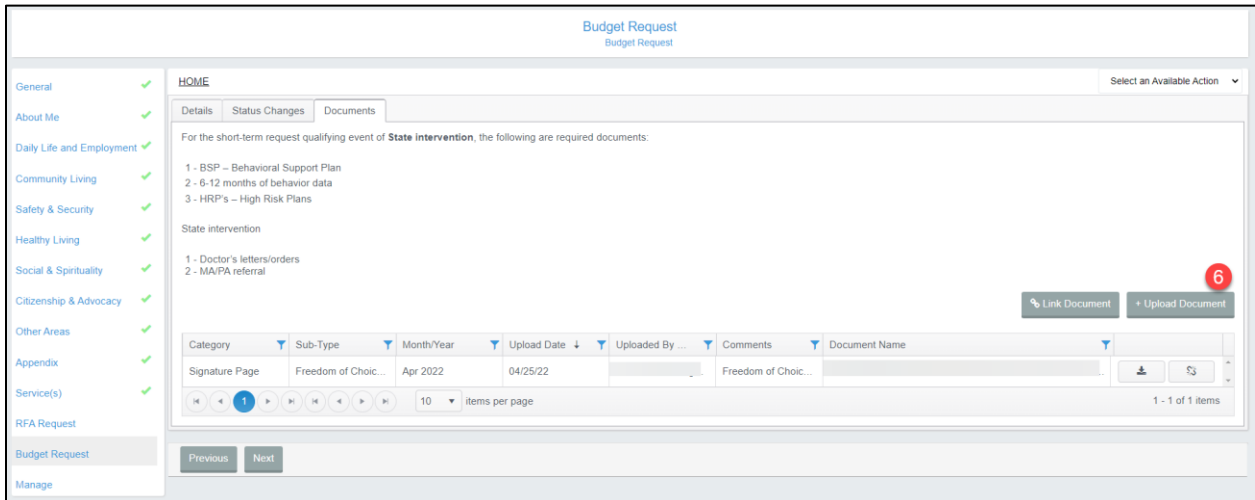
2. Click the 'Link Document' button.



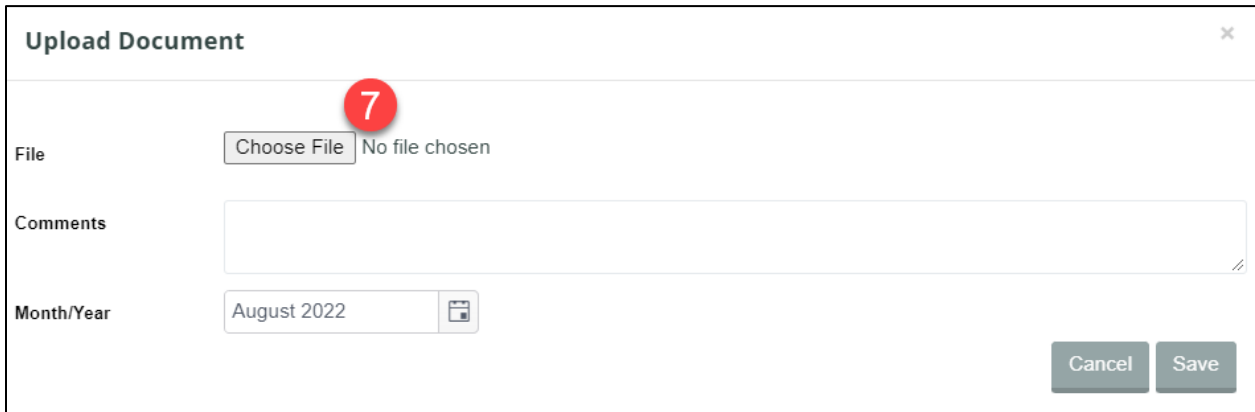
3. Click the Download button to view any documents before linking them to the budget request.

4. Click the Link button to link a document to the budget request.

5. Click the 'X' in the top right corner once you have finished linking & downloading documents.

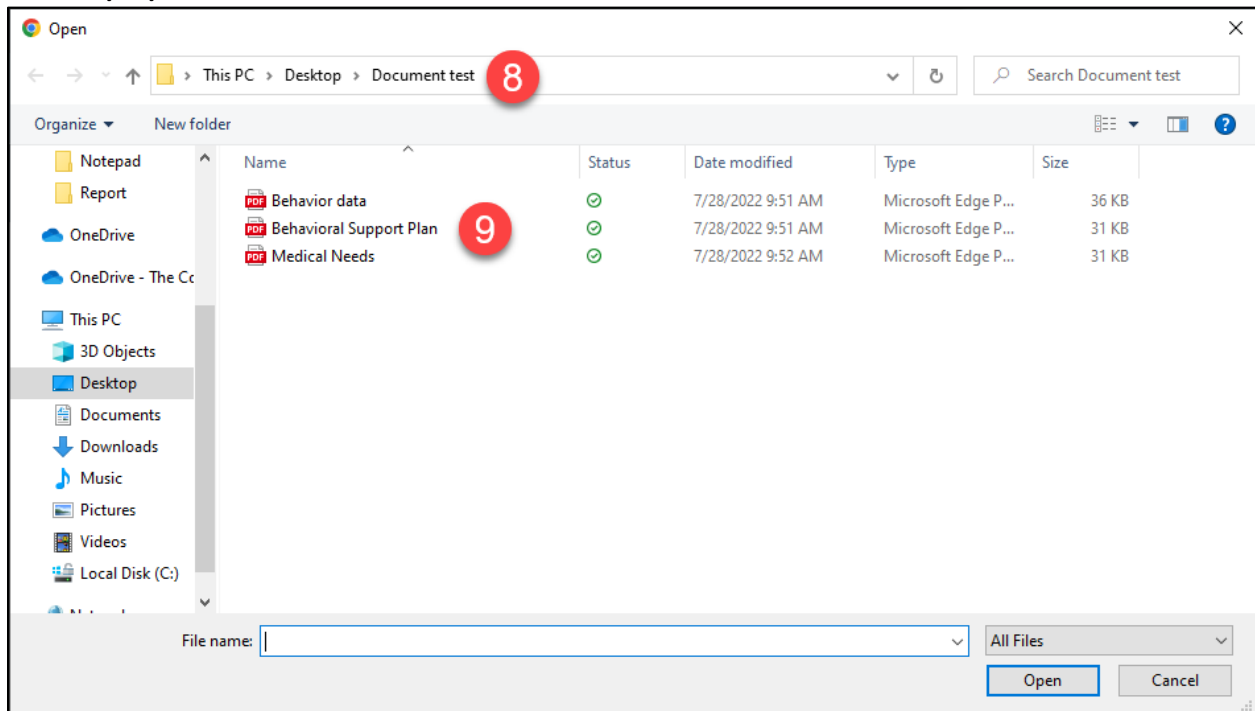


6. Click the 'Upload Document' button.



7. Click Choose File.

**NOTE:** Only one file can be uploaded at a time. Only PDF files can be uploaded to the BDDS Portal.

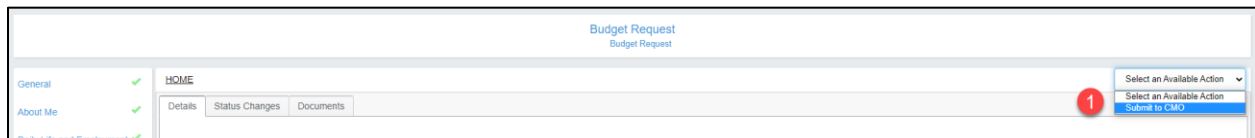


- 8. Navigate to the file on your PC.
- 9. Double click the file from the file finder window or click the file and then click the ‘Open’ button.



- 10. View the File name chosen to upload to ensure the correct file was chosen.
- 11. Enter comments, if applicable.
- 12. Change the Month/Year, if applicable.  
**NOTE:** The date defaults to the present date.
- 13. Click the ‘Save’ button to upload and attach the file to the budget request.

### 14.3.4 Submit a Short-Term Budget Request to CMO



1. Select 'Submit to CMO' from the 'Select an Available Action' dropdown.

**Confirm Short-Term Request**

If you would like to add a comment, please do so below.

Comments **2**

Enter comments here...

\* **Needed By Date** **3**

09/08/2022

Clicking submit will submit this request for review.

Cancel Submit **4**

2. Enter comments, if applicable.
3. Adjust the Needed by Date, if applicable.\*
4. Click the 'Submit' button to send the budget request to the CMO for review.

**NOTE:** If validations warning(s) appear, after reviewing the warning message, please proceed with submitting the STBR. The warning message(s) that appear require action to be taken by the CMO.

### 14.3.5 Respond to a Request for More Information

This example walks through a short-term budget request that was returned by the CMO for more information. The process to respond to a BDDS request for more information follows the same steps.

Dashboard **1**

Home Page PCISPs Waiver Management Provider Referrals

Short-Term Budget Requests **2**

| Portal ID | Name | CMO | Case Manager | Qualifying Ev...   | Provider | Service               | Provider Req... | CMO Submitt... | Status                      | Status Date | District   |
|-----------|------|-----|--------------|--------------------|----------|-----------------------|-----------------|----------------|-----------------------------|-------------|------------|
|           |      |     |              | Health and medical |          | Day Habilitation,I... | 09/01/22        |                | <b>3</b> CMO Returned to... | 09/01/22    | District 5 |
|           |      |     |              | Health and medical |          | Respite Services      | 08/23/22        | 08/23/22       | CMO Submitted t...          | 08/23/22    | District 8 |
|           |      |     |              | Loss of employm... |          | Res Hab/supp-ov...    | 07/11/22        |                | Provider Submitt...         | 07/11/22    | District 5 |
|           |      |     |              | Other              |          | Respite Services      | 07/06/22        |                | Auto Closed                 | 07/06/22    | District 5 |
|           |      |     |              | Loss of employm... |          | Res Hab/supp-ov...    | 07/01/22        | 07/01/22       | CMO Submitted t...          | 07/01/22    | District 5 |
|           |      |     |              | Loss of housemate  |          | Fmly & Care Tim ...   | 06/29/22        | 06/29/22       | CMO Submitted t...          | 06/29/22    | District 5 |
|           |      |     |              | Loss of housemate  |          | Res Hab/supp-ov...    | 06/29/22        | 06/29/22       | CMO Submitted t...          | 06/29/22    | District 5 |
|           |      |     |              | Other              |          | Respite Services      | 06/23/22        |                | CMO Submitted t...          | 06/23/22    | District 5 |
|           |      |     |              | Loss of employm... |          | Res Hab/supp-un...    | 06/14/22        |                | Auto Closed                 | 06/14/22    | District 5 |
|           |      |     |              | Other              |          | Res Hab/supp-ov...    |                 |                | In Development              |             | District 5 |

1. Navigate to the 'PCISPs' Dashboard tab.

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2. Scroll down to the Short-Term Budget Requests grid.
3. Find & click a record from the grid with the Status of CMO Returned to Provider or Central Office Returned to Provider.

The screenshot shows the 'Budget Request' page with a sidebar on the left containing various categories like 'General', 'About Me', 'Daily Life and Employment', etc. The main content area has tabs for 'Details', 'Submission Responses', 'Status Changes', and 'Documents'. The 'Status Changes' tab is active, showing a table with columns: Original Status, Updated Status, Needed By Date, Last Edited, and Comments. A red circle '4' highlights the 'Status Changes' tab, and a red circle '5' highlights a comment in the 'Comments' column. Below the table are 'Previous' and 'Next' buttons.

| Original Status           | Updated Status            | Needed By Date | Last Edited       | Comments                          |
|---------------------------|---------------------------|----------------|-------------------|-----------------------------------|
| Provider Submitted to CMO | CMO Returned to Provider  | 09/04/22       | 9/1/2022 11:16 AM | CMO returning to the Provider ... |
| In Development            | Provider Submitted to CMO | 09/08/22       | 9/1/2022 11:03 AM | Enter comments here...            |

4. Click the 'Status Changes' tab.
5. Review the Comments made by the CMO with the Updated Status of CMO Return to Provider or Central Office Returned to Provider.  
**NOTE:** Click on the comments to open the Comments modal and display the full request for more information.
11. Make any adjustments to the short-term budget request based on the CMO's request, if applicable.

The screenshot shows the 'Budget Request' page with the 'Status Changes' tab active. A red circle '7' highlights the 'Select an Available Action' dropdown menu, which is open and shows options: 'Select an Available Action', 'Submit to CMO', and 'View Case Note'.

6. Select 'Submit to CMO' from the 'Select an Available Action' dropdown.

7. Enter the response to the request for more information in the Comments field.
8. Adjust the Needed by Date, if applicable.
9. Click Submit to send the budget request back to the CMO or BDDS for review.

## 15 WAIVER STATUS MANAGEMENT

### 15.1 Purpose

This section outlines the Waiver Interruption and Termination processes, the request reasons and approval requirements, and the creation and submission of Interruption and Termination requests.

### 15.2 Prerequisites

All Provider user roles can request Waiver Interruptions and Terminations.

### 15.3 Waiver Interruption

#### 15.3.1 Waiver Interruption Matrix

| Interruption Process                                     |                     |
|--|---------------------|
| Reason   | Review Process      |
| Facility Placement                                       | CMO Acknowledgement |
| Travel outside of the U.S. – HCBS services not available | CMO Acknowledgement |
| Travel inside the U.S. – no HCBS services wanted         | CMO Acknowledgement |

|                    |  |
|--------------------|--|
| Refused Services   | CMO Acknowledgement and BDDS Approval Required |
| Non-Responsiveness | CMO Acknowledgement and BDDS Approval Required |

### 15.3.2 Standard Interruption Time Frame

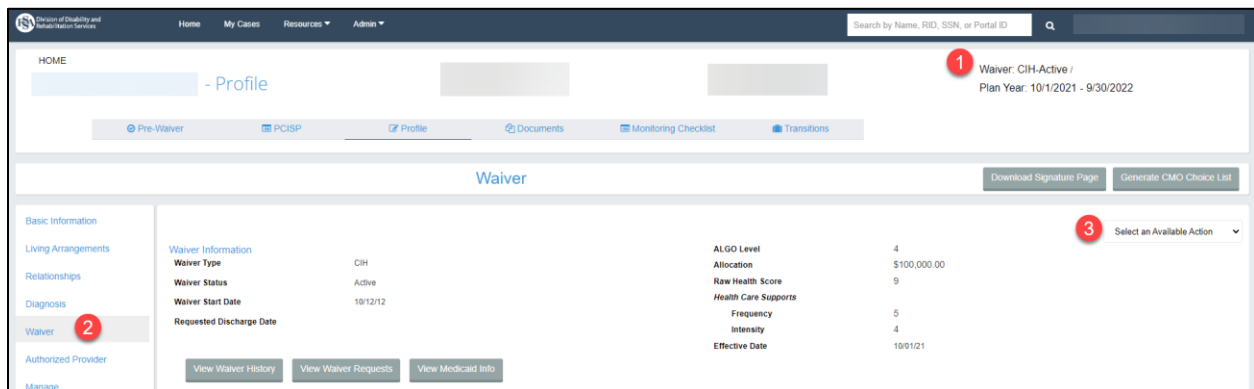
- A standard interruption is for 30 days:
  - Interruptions can be backdated up to 30 days.
  - Interruptions have a grace period of 15 days when action can still be taken
  - Interruptions not restarted or extended by day 45 will auto-terminate the waiver on day 46
  - An Interruption should never be allowed to auto-terminate

### 15.3.3 Extended Interruption Time Frame

- An Extended Interruption is 90 for days:
  - Extended Interruptions can be backdated up to 30 days.
  - Extended Interruptions have a grace period of 15 days when action can still be taken
  - Extended Interruptions not restarted by day 105 will auto-terminate on day 106
  - Extended Interruptions should never be allowed to auto-terminate

### 15.3.4 Submitting a Waiver Interruption Request

All Waiver Interruption requests follow this process, except for the Facility Placement Reason. See [Existing Facility Placement Interruption Reason](#) and [Facility Not Found Interruption Reason](#) for additional information on interruptions due to facility placement.



1. Navigate to an individual that is active on a waiver and needs to have an interruption request submitted.
2. Click on the Waiver page in the individual’s record.
3. In the ‘Select an Available Action’ dropdown, choose ‘Request Waiver Interruption’.



The screenshot shows a 'Waiver Interruption Request' form. At the top, there is a title bar with a close button. The form contains several fields: 'Extended Interruption' with an unchecked checkbox (annotated with a red circle 4); 'Start Date' (09/28/2022, annotated with 2) and 'End Date' (10/27/2022, annotated with 3) date pickers; 'Interruption Reason' dropdown menu (annotated with 5) set to 'Travel outside of the U.S. HCBS service:'. Below these is a 'Facility' search field (annotated with 5) containing 'Test Facility | 123 Test Street, Test, IN 46725 | 1234567890' and a 'Not Found' checkbox. A 'Comments' text area (annotated with 6) contains the placeholder 'Enter comments here.'. At the bottom, there is a disclaimer: 'By clicking submit, you are indicating you want the individual's waiver interrupted for the time period indicated.' and two buttons: 'Cancel' and 'Submit' (annotated with 7).

4. If the Waiver Interruption Request will exceed 30 days, check the Extended Interruption box.  
**NOTE:** If this box is checked the End Date will default to 90 days from the entered Start Date. If this box is not checked the End Date will default to 30 days from the entered Start Date. Regardless of if this box is checked, the user can also manually update the End Date.
5. Select a Start and End Date and interruption reason from the 'Interruption Reason' dropdown.
6. Enter comments, if applicable.
7. Click Submit and Click Confirm to save the Waiver Interruption.

### 15.3.5 Existing Facility Placement Interruption Reason

This screenshot is similar to the previous one but with the 'Extended Interruption' checkbox checked (annotated with 1). The 'Interruption Reason' dropdown (annotated with 4) is now set to 'Facility placement'. The 'Facility' search field (annotated with 5) contains the same test facility information. The 'Comments' area (annotated with 6) is empty. The 'Submit' button (annotated with 7) is highlighted.

1. Check the Extended Interruption box if the Waiver Interruption Request will exceed 30 days,

**NOTE:** If this box is checked the End Date will default to 90 days from the entered Start Date. If this box is not checked the End Date will default to 30 days from the entered Start Date. Regardless of if this box is checked, the user can also manually update the End Date.

2. Select a Start Date.
3. Modify the End Date, if needed.
4. Choose 'Facility placement' from the 'Interruption Reason' dropdown.
 

**NOTE:** This displays the Facility dropdown.
5. Choose the facility from the 'Facility' dropdown.
6. Add comments to the request, if applicable.
7. Click Submit on the request and confirm to save the Waiver Interruption.

### 15.3.6 Facility Not Found Interruption Reason

The screenshot shows a 'Waiver Interruption Request' form with the following elements and callouts:

- 1:** 'Extended Interruption' checkbox (checked).
- 2:** 'Start Date' field (09/28/2022).
- 3:** 'End Date' field (12/26/2022).
- 4:** 'Interruption Reason' dropdown menu (Facility placement).
- 5:** 'Not Found' checkbox (checked) next to the 'Facility' search field.
- 6:** 'Name' field (Rehab BDDS Train Facility).
- 7:** 'Type' dropdown menu (Rehabilitation).
- 8:** 'Street' field (11223 Train Way).
- 9:** 'City' dropdown menu (Indianapolis).
- 10:** 'State' dropdown menu (IN).
- 11:** 'Zip Code' field (46014).
- 12:** 'Phone' field (3179999999).
- 13:** 'Add' button.
- 14:** 'Comments' text area (Enter comments here).
- 15:** 'Submit' button.

At the bottom of the form, there is a disclaimer: "By clicking submit, you are indicating you want the individual's waiver interrupted for the time period indicated." and 'Cancel' and 'Submit' buttons.

1. If the Waiver Interruption Request will exceed 30 days, check the Extended Interruption box.
 

**NOTE:** If this box is checked the End Date will default to 90 days from the entered Start Date. If this box is not checked the End Date will be default to 30 days from the entered Start Date. Regardless of if this box is checked, the user can also manually update the End Date.
2. Select a Start Date.
3. Modify the End Date, if needed.

4. Choose 'Facility Placement' from the 'Interruption Reason' dropdown.
5. Check the 'Facility Not Found' box if the facility isn't found in the 'Facility' dropdown.  
**NOTE:** *The Add Facility section will display in the modal with required fields.*
6. Enter the facility Name.\*
7. Choose the Type of facility in the dropdown.\*
8. Enter the Street address for the facility.\*
9. Enter the City for the facility.\*
10. Enter the State for the facility.\*
11. Enter the Zip Code for the facility.\*
12. Enter the Phone number for the facility.\*
13. Click the 'Add' button.  
**NOTE:** *If required information is missing, a red banner stating what is missing will display. If all required information has been entered, a Facility added successfully green banner will display.*
14. Add Comments, if applicable.
15. Click Submit on the request and confirm to save the Waiver Interruption.

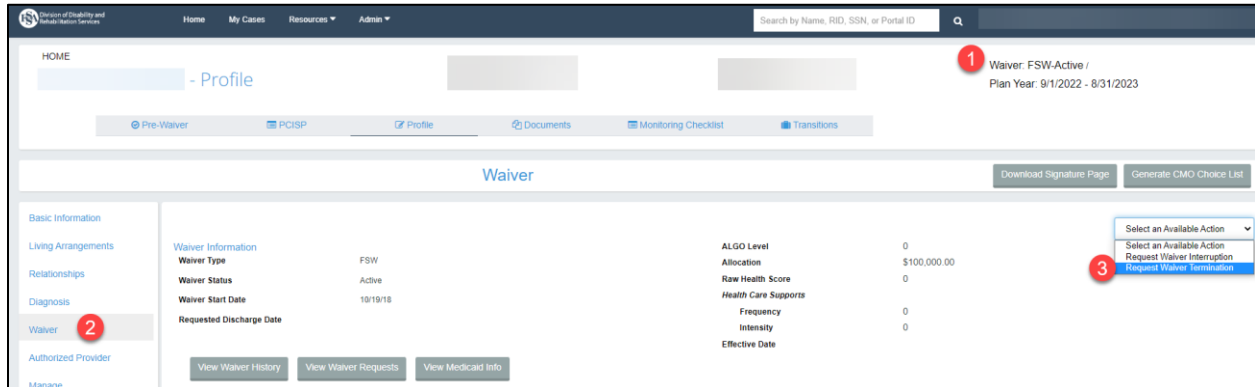
## 15.4 Waiver Termination

All Waiver Termination requests follow this process, except for the reasons Date of Death, and Facility Placement. See [Date of Death Termination Reason](#), [Existing Facility Termination Reason](#), and [Facility Not Found Termination Reason](#) for additional information on these termination reasons.

### 15.4.1 Waiver Termination Matrix

| Termination Process                               |  |
|---|--|
| Reason  | Review Process                                 |
| Facility Placement                                | CMO Acknowledgement                            |
| Voluntary withdrawal from services, signed FOC    | CMO Acknowledgement                            |
| Death (less than 30 days in the past)             | CMO Acknowledgement                            |
| Voluntary withdrawal from services, no signed FOC | CMO Acknowledgement and BDDS Approval Required |
| Cannot contact the individual or family           | CMO Acknowledgement and BDDS Approval Required |
| Death (greater than 30 days in the past)          | CMO Acknowledgement and BDDS Approval Required |

## 15.4.2 Submitting a Waiver Termination



1. Navigate to the record for an individual who is active on a waiver and needs to have a Termination Request submitted.
2. Navigate to the Waiver page of the individual's record.
3. Select 'Request Waiver Termination' from the 'Select an Available Action' dropdown.

The screenshot shows the 'Waiver Termination Request' form. The form has a title bar with a close button. Below the title bar, there are two main sections: 'Termination Reason' and 'Termination Date'. The 'Termination Reason' dropdown is set to 'Voluntary withdrawal from services sign'. The 'Termination Date' is set to '09/28/2022'. Below these sections is a 'Facility' section with a search bar and a 'Facility Not Found' checkbox. The 'Voluntary Withdrawal Documentation Received?' checkbox is checked. Below this is a 'Comments' section with a text area. At the bottom of the form, there is a disclaimer: 'By clicking submit, you are indicating you want the individual's waiver to terminate.' and two buttons: 'Cancel' and 'Submit'. Red callout numbers 4 through 8 are placed on the form to indicate key steps: 4 points to the 'Termination Reason' dropdown, 5 points to the 'Termination Date' field, 6 points to the 'Voluntary Withdrawal Documentation Received?' checkbox, 7 points to the 'Comments' text area, and 8 points to the 'Submit' button.

4. Choose a Termination Reason from the dropdown.
5. Choose a Termination Date.
6. Check the Voluntary Withdrawal Documentation Received? box, if applicable.

7. Enter Comments, if applicable.
8. Click Submit on the request and confirm to save the Waiver Termination.

### 15.4.3 Date of Death Termination Reason

The screenshot shows a web form titled "Waiver Termination Request - ( )". The form contains the following fields and elements:

- Termination Reason** (1): A dropdown menu with "Death" selected.
- Termination Date** (2): A date input field with "09/28/2022" and a calendar icon.
- Date of Death** (3): A date input field with "09/28/2022" and a calendar icon.
- Facility**: A search input field with "Search Facility..." and a dropdown arrow. To the right is a checkbox labeled "Facility Not Found".
- Voluntary Withdrawal Documentation Received?**: A checkbox that is currently unchecked.
- Comments** (4): A text area with the placeholder "Enter comments here." and a small edit icon in the bottom right corner.
- Disclaimer** (5): A line of text stating "By clicking submit, you are indicating you want the individual's waiver to terminate." followed by "Cancel" and "Submit" buttons.

1. Choose Death as the Termination Reason.
2. Enter a Termination Date.
3. Enter the Date of Death.  
**NOTE:** *The Date of Death must match the Termination Date to submit the request.*
4. Enter Comments, if applicable.
5. Click Submit on the request and confirm to save the Waiver Termination.

### 15.4.4 Existing Facility Termination Reason

**Waiver Termination Request - ( [redacted] )**

Termination Reason **1**: Facility Placement

Termination Date **2**: 09/28/2022

Facility **3**: Test Facility | 123 Test Street, Test, IN 46725 | (317) 000-0000

Facility Not Found

**4**  Voluntary Withdrawal Documentation Received?

Comments **5**: Enter comments here.

By clicking submit, you are indicating you want the individual's waiver to terminate. **6**

Cancel Submit

1. Choose Facility Placement as the Termination Reason.  
**NOTE:** This displays the 'Facility' dropdown.
2. Choose a Termination Date.
3. Choose a Facility from the Facility dropdown.
4. Check the Voluntary Withdrawal Documentation Received? box, if applicable.
5. Add comments, if applicable.
6. Click Submit on the request and confirm to save the Waiver Termination.

### 15.4.5 Facility Not Found Termination Reason

**Waiver Termination Request - ( [redacted] )**

Termination Reason **1**: Facility Placement

Termination Date **2**: 07/14/2022

Facility **3**: Search Facility...

Facility Not Found

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Last Revised: 11/21/2022

1. Choose Facility Placement as the Termination Reason.  
**NOTE:** This displays the 'Facility' dropdown.
2. Choose a Termination Date.
3. Check the 'Facility Not Found' box if the facility isn't found in the 'Facility' dropdown.  
**NOTE:** The Add Facility section will display in the modal with required fields.

The screenshot shows a form titled "Add Facility" with the following fields and callouts:

- 4:** \* Name (text input with "1234")
- 5:** \* Street (text input with "Test Ln")
- 6:** \* City (text input with "Indianapolis")
- 7:** \* State (dropdown menu with "IN")
- 8:** \* Zip Code (text input with "46033")
- 9:** \* Phone (text input with "3179999999")
- 10:** \* Type (dropdown menu with "Assisted Living")
- 11:** Add button

4. Enter the facility name.\*
5. Choose the type of facility in the dropdown.
6. Enter the facility street.\*
7. Enter the facility city.\*
8. Enter the facility state.\*
9. Enter the facility zip code.\*
10. Enter the facility phone number.\*
11. Click the 'Add' button.

**NOTE:** If required information is missing, a red banner stating what is missing will display. If all required information has been entered, a Facility added successfully green banner will display.

### Waiver Termination Request - ( )

Termination Reason: Facility Placement | Termination Date: 07/14/2022

Facility: Search Facility...  Facility Not Found

**Facility updated successfully.**

**Associated Facility**

|                     |                                       |
|---------------------|---------------------------------------|
| * Name: 12345       | * Type: Assisted Living               |
| * Street: Test Ln   | * City: Indianapolis                  |
| * State: IN         | * Zip Code: 46033                     |
| * Phone: 3179999999 | <input type="button" value="Update"/> |

Voluntary Withdrawal Documentation Received?

Comments: Facility not found in list termination request.

By clicking submit, you are indicating you want the individual's waiver to terminate.

12. Check, the Voluntary Withdrawal Documentation Received? box, if applicable.

13. Add comments, if applicable.

14. Click Submit on the request and confirm to save the Waiver Termination.



## 16 BDDS PORTAL 2.0 REPORTS

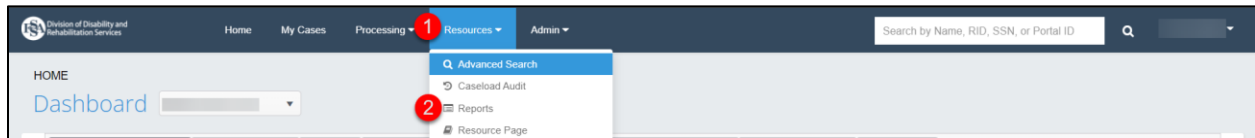
### 16.1 Purpose

This section instructs on how to navigate to the Reports available for Provider users and gives an explanation of the report(s) available.

### 16.2 Prerequisites

All Provider user roles can access and run the reports available.

### 16.3 Accessing BDDS Portal Reports



1. Click on the 'Resources' dropdown.
2. Click on 'Reports'.

### 16.4 BDDS Portal Reports

#### 16.4.1 Open IR Report

1. This report displays information about any open incident reports.