IN - DDRS - BDDS

BDDS PORTAL USER GUIDE FOR PROVIDERS

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FSSA – DDRS | 402 W Washington Street, Indianapolis, IN 46204, RM W453

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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.

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.

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	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 & dollar limits must be adhered to before a plan can be submitted. 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. At the end of this table are additional PCISP business rules the plan services must follow.	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

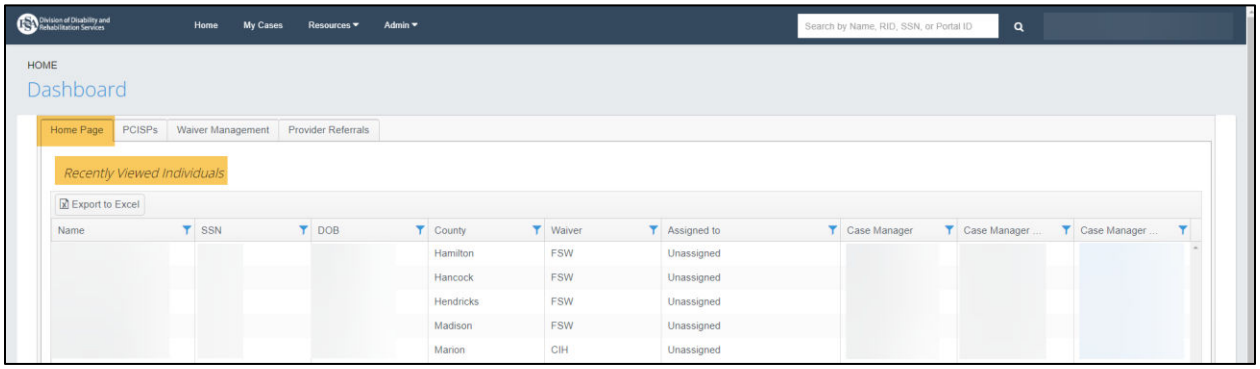
Dashboard tabs separate information into similar categories. Each dashboard grid serves a unique purpose that assists with business processes. This section is broken down by Dashboard tab, and a screenshot of each grid, along with how records get added, removed, and what actions are available to take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

2.2 Prerequisites

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

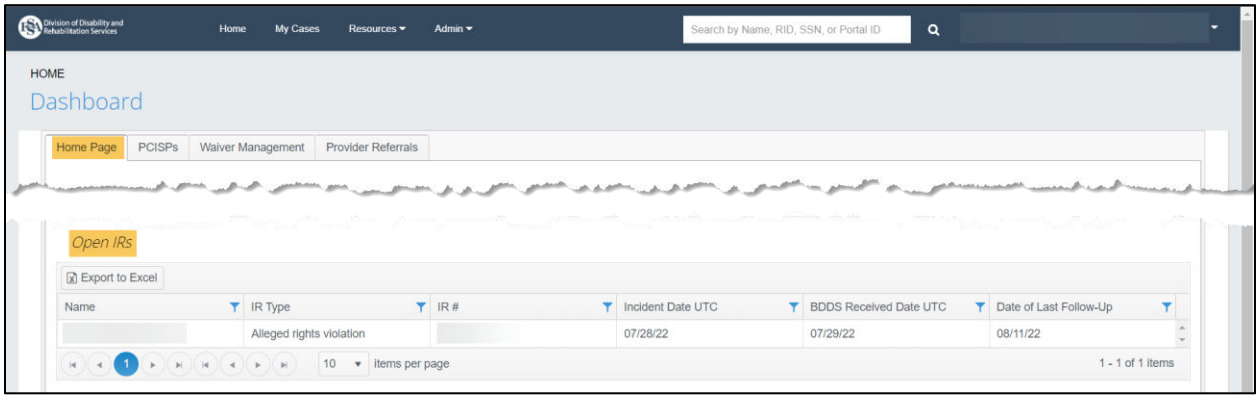
2.3 Home Page Tab

2.3.1 Recently Viewed Individuals Grid



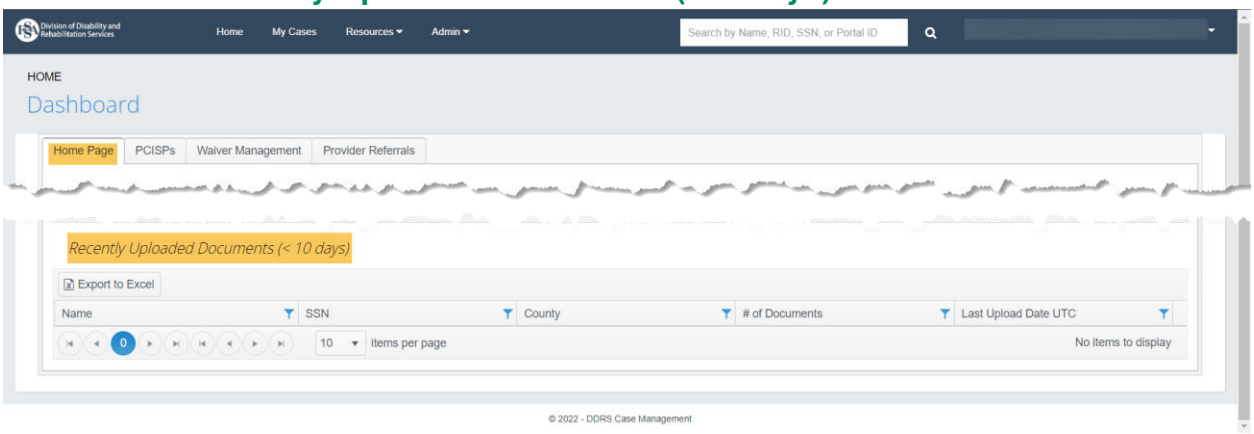
- Displays the 15 most recently viewed records for individuals.
- Clicking a record from the grid will open the individual's record

2.3.2 Open IRs Grid



- 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

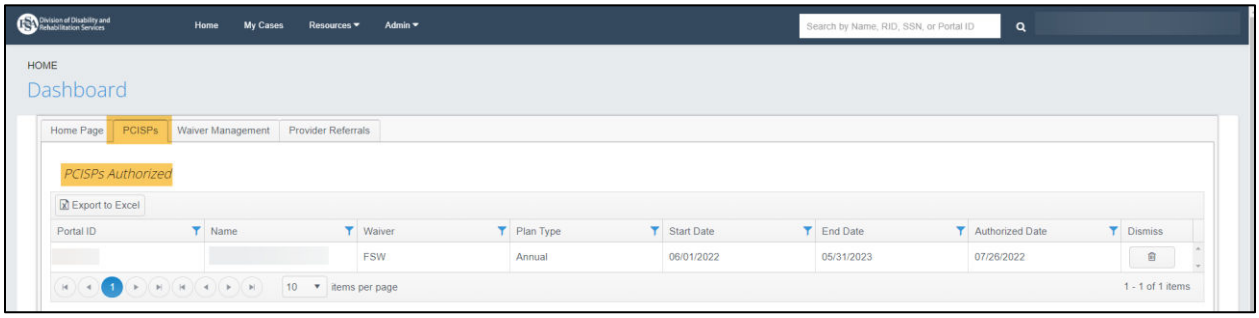
2.3.3 Recently Uploaded Documents (<10 days) Grid



- 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

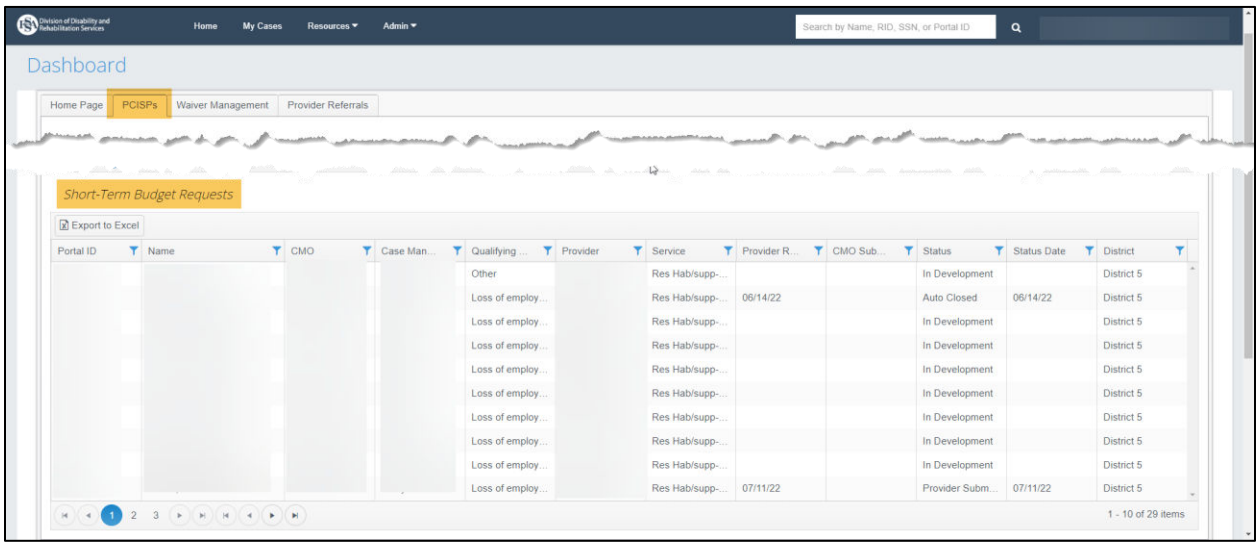
2.4 PCISPs Tab

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

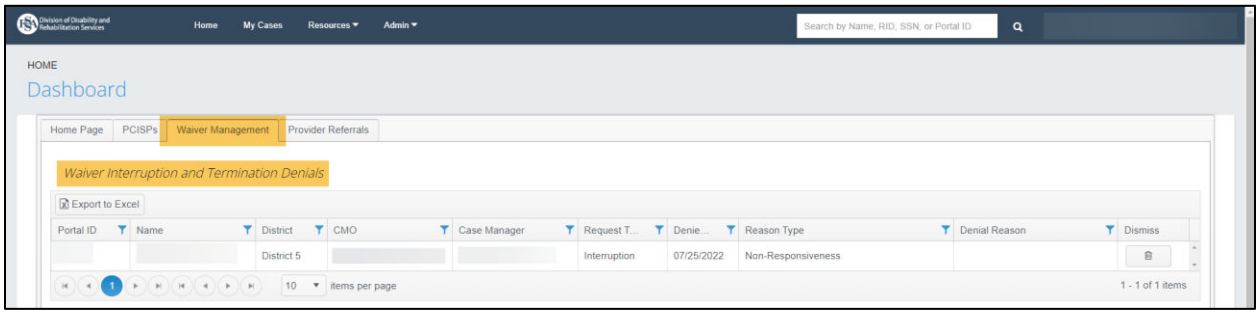
2.4.2 Short-Term Budget Requests Grid



- 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

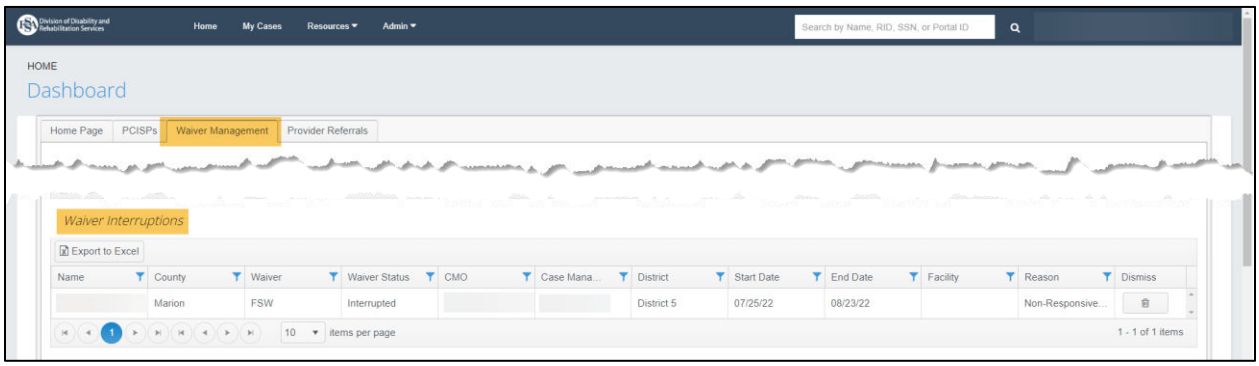
2.5 Waiver Management Tab

2.5.1 Waiver Interruption and Termination Denials Grid



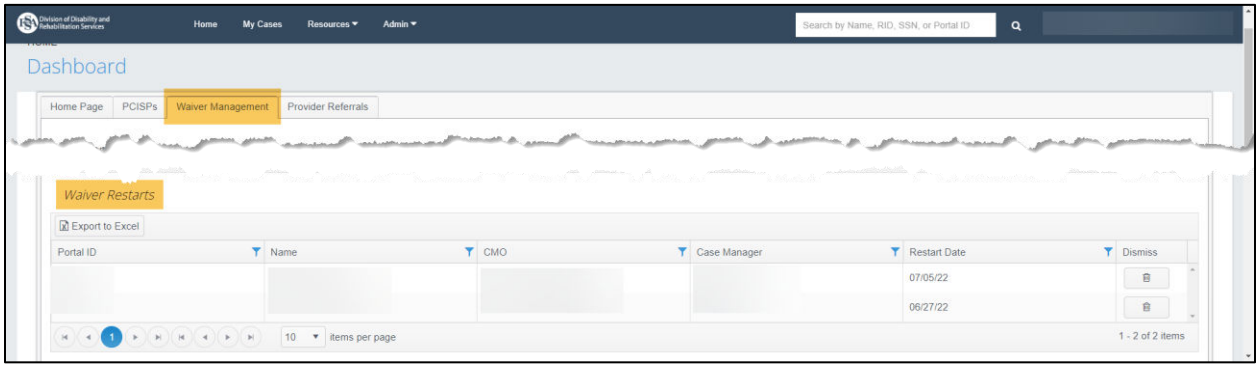
- Records are displayed when an interruption or termination request requiring BDDS authorization is denied
- Click the record to access the Waiver page of the individual's Profile
- Records are removed when the Dismiss button to the right of the record is used or after the record has displayed for 15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

2.5.2 Waiver Interruptions Grid



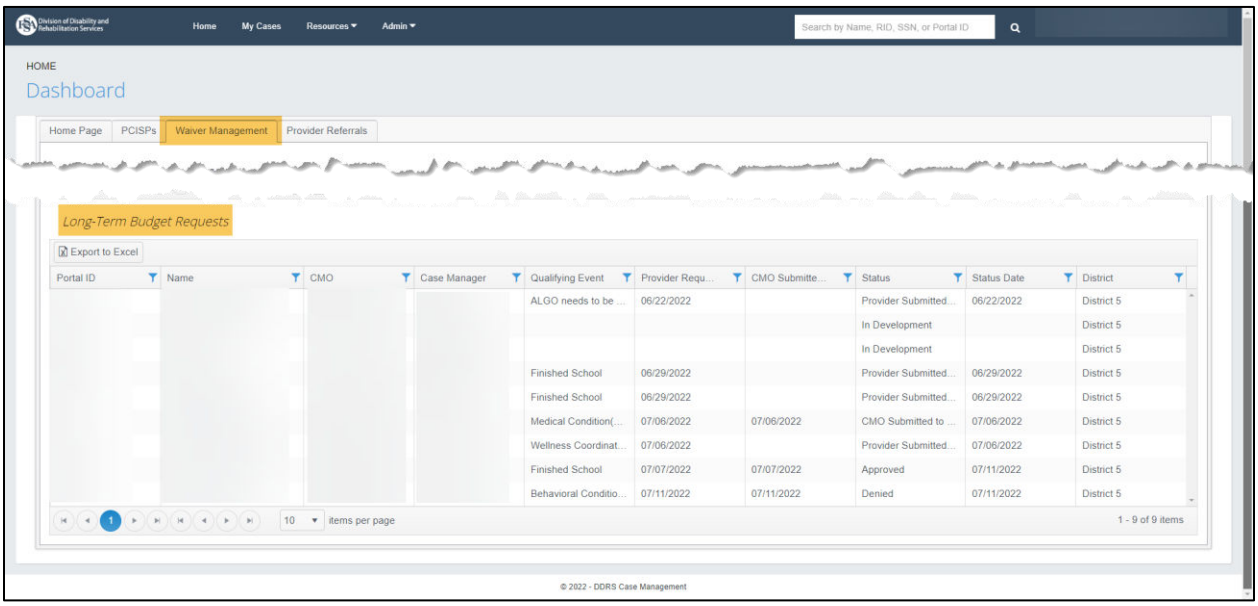
- Records are displayed when a waiver is interrupted
- The record is informational in nature and is not selectable
- Records are removed when the waiver is re-started, terminated, when the Dismiss button to the right of the record is used, or after the record has displayed for 15 days

2.5.3 Waiver Restarts Grid



- 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

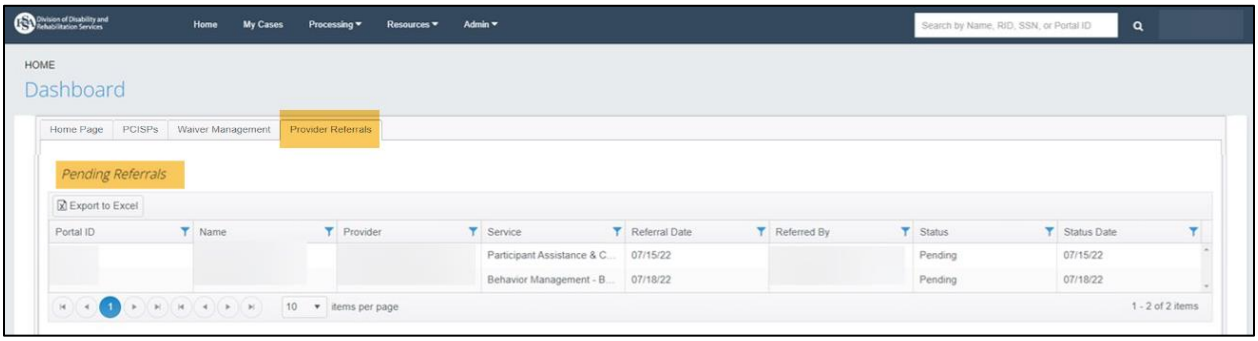
2.5.4 Long-Term Budget Requests Grid



- 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

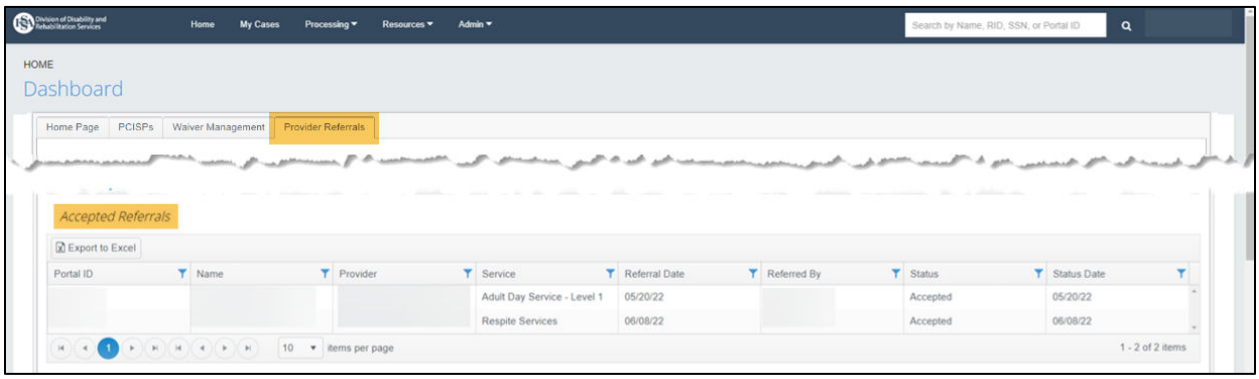
2.6 Provider Referrals

2.6.1 Pending Referrals Grid



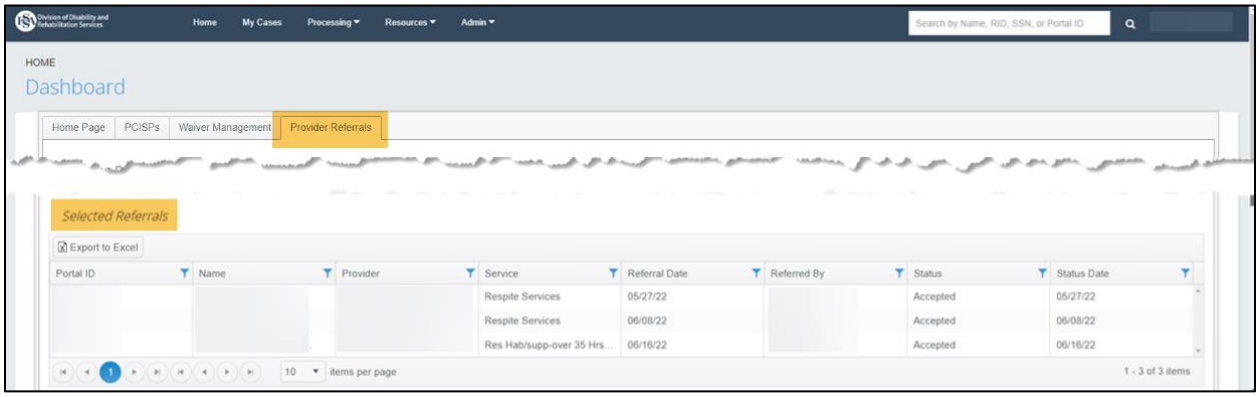
- Records are displayed when a Provider Referral is made
- Click to access the specific referral page
- Records are removed:
  - When the provider accepts or rejects the referral
  - When more information is requested by the provider
  - When the referral is automatically withdrawn after 30 days with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

2.6.2 Accepted Referrals Grid



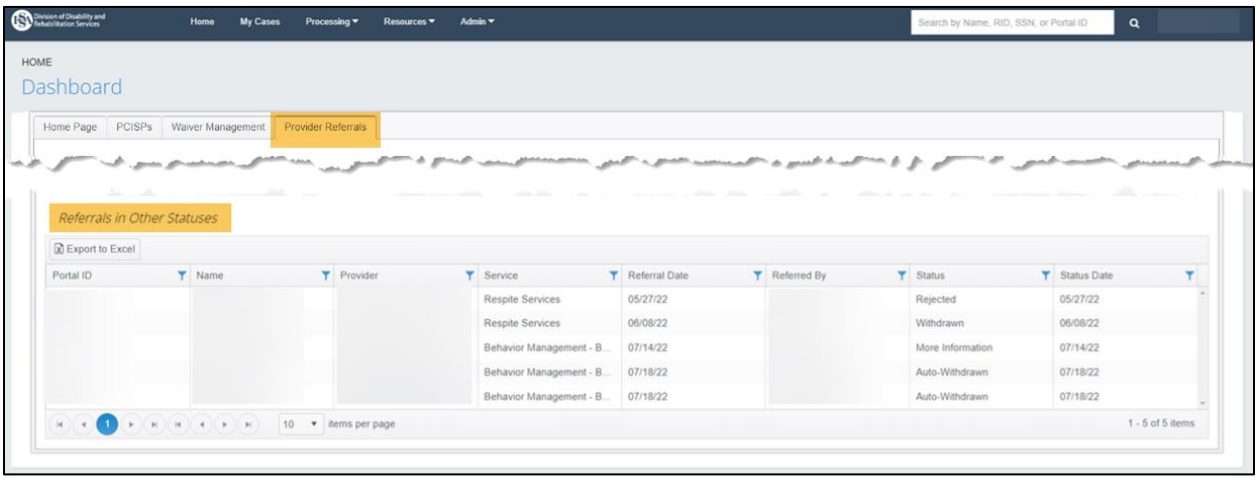
- Records are displayed when a provider has accepted the referral
- Click to access the specific referral page
- Records are removed when either:
  - the referral is viewed AND has the Select for Individual action taken; OR
  - the individual's decision is not to select another provider AND the Select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

2.6.3 Selected Referrals Grid



- 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



- 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.

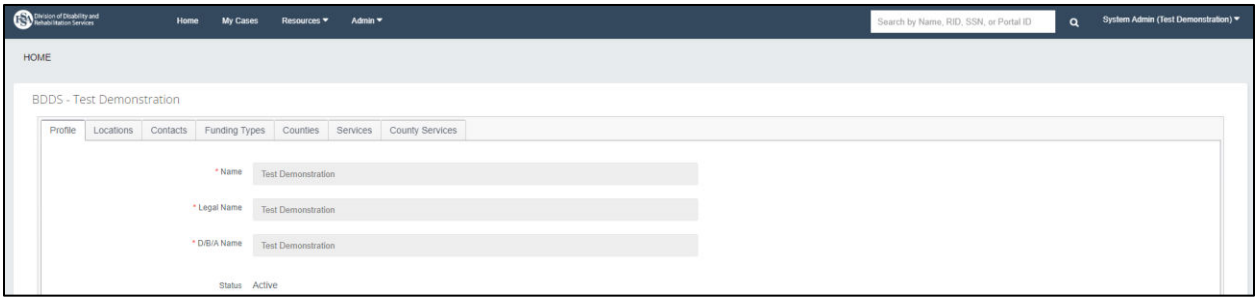
3.2 Prerequisites

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: _____

Page 1 of 1

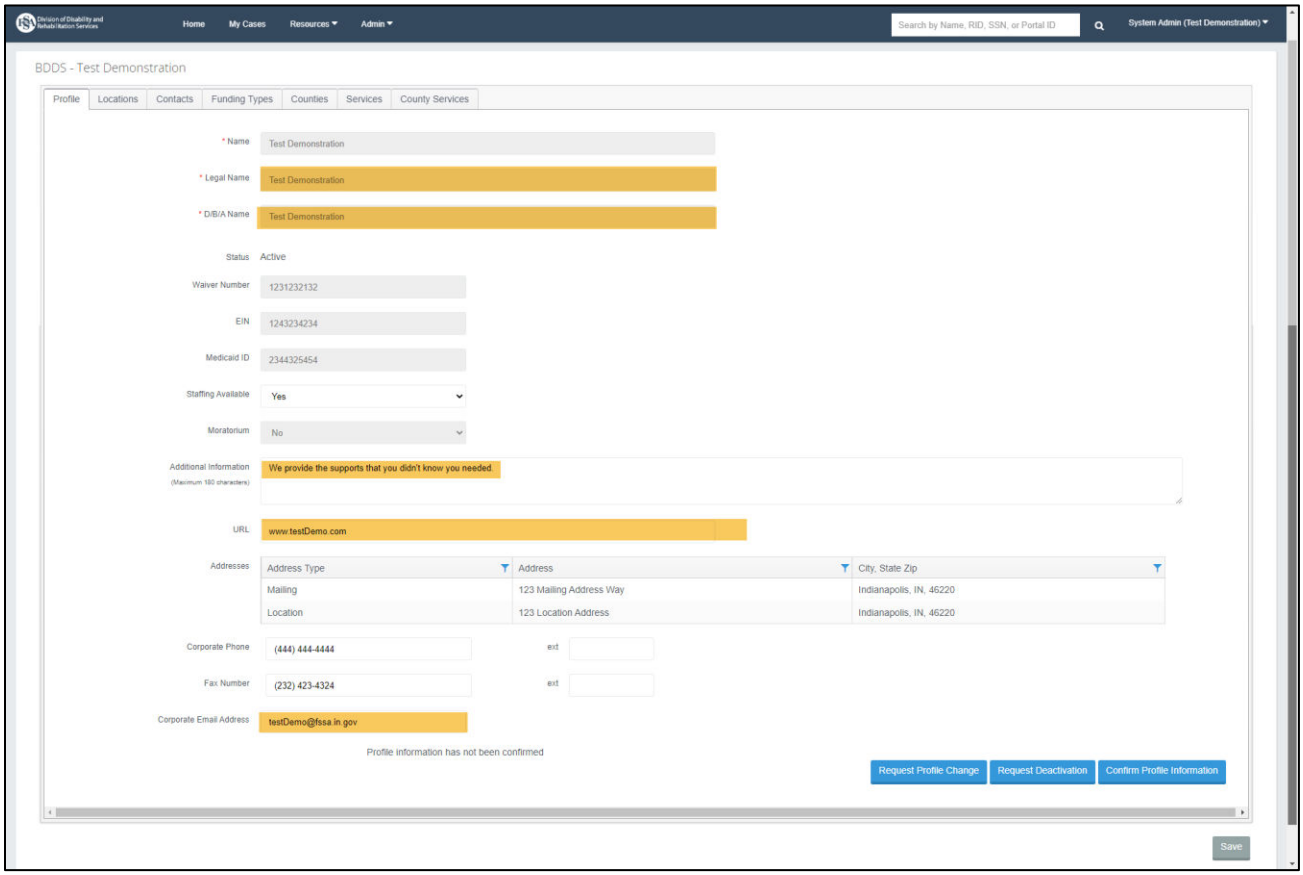
4.4 Provider Information That Displays on the Medicaid Waiver Provider Choice List

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

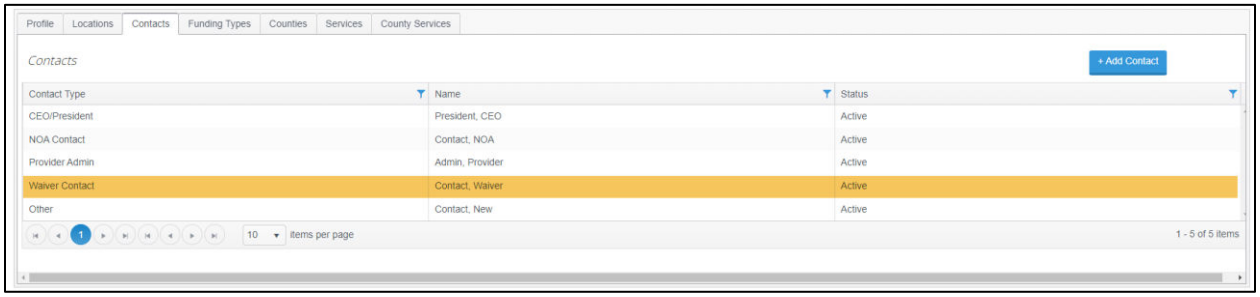
***NOTE**: Provider Profile Change Requests covers how to modify this information. The Additional Information, URL and the Corporate Email fields can be updated by the provider and do not require BDDS review.*

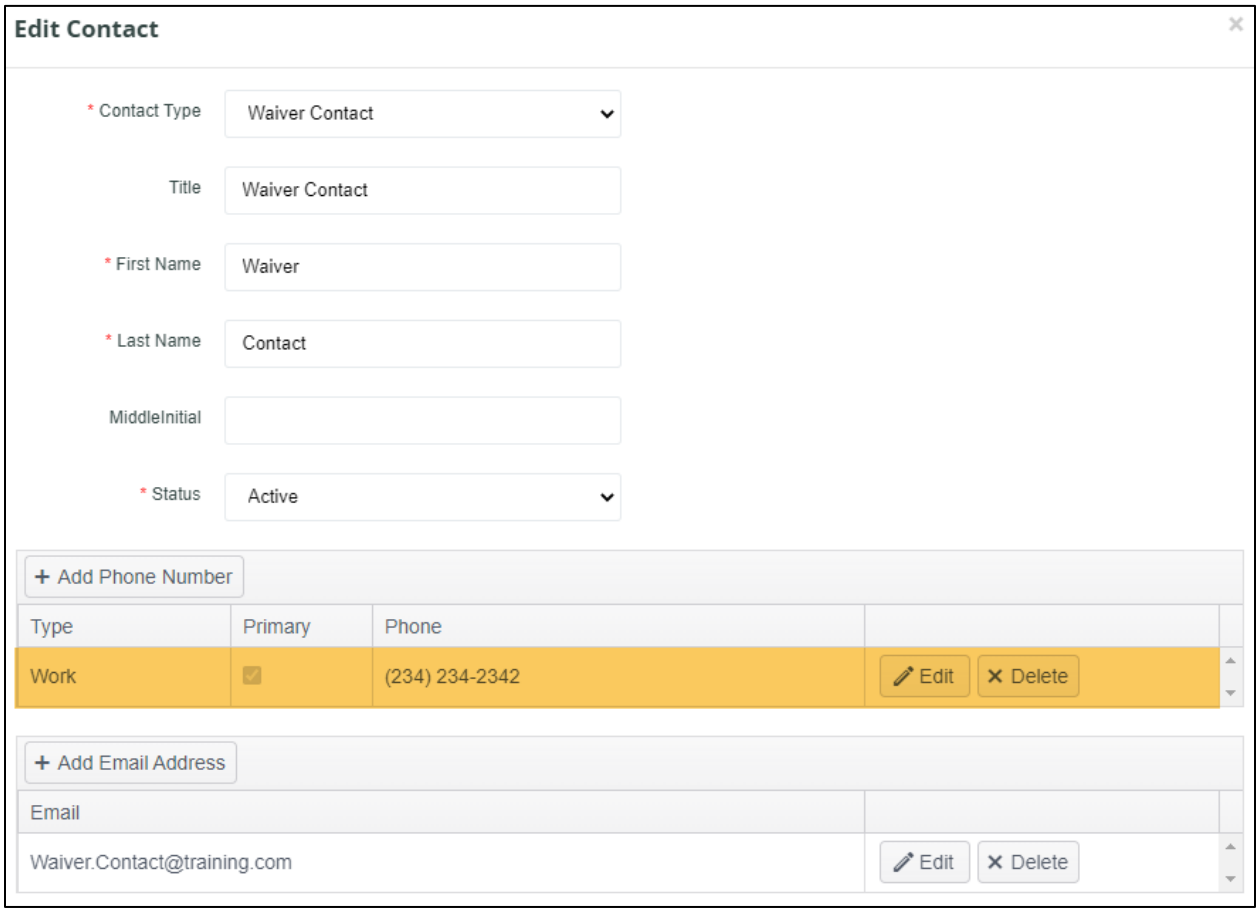


4.4.2 Waiver Contact Information

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.*





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.

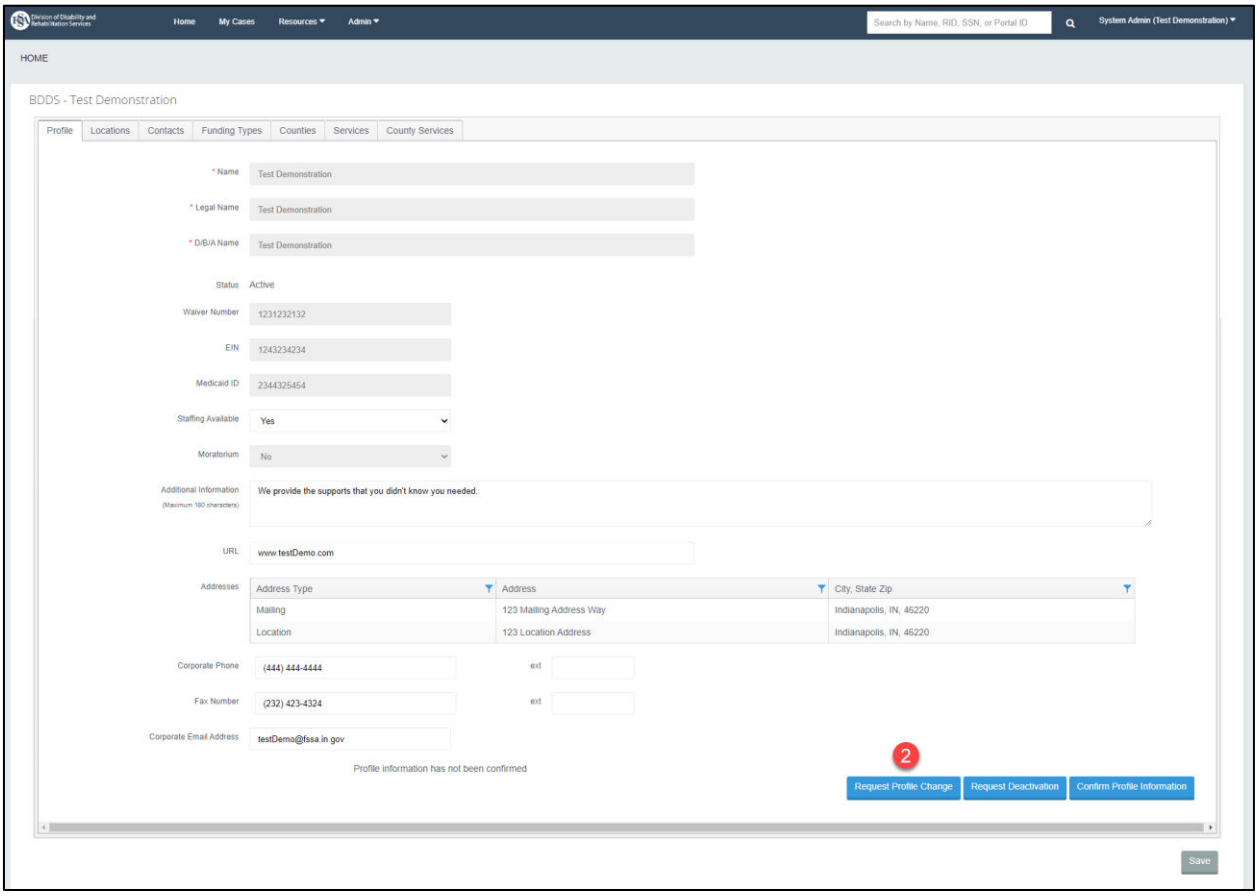
5.2 Prerequisites

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

5.3 Provider Profile Change Requests

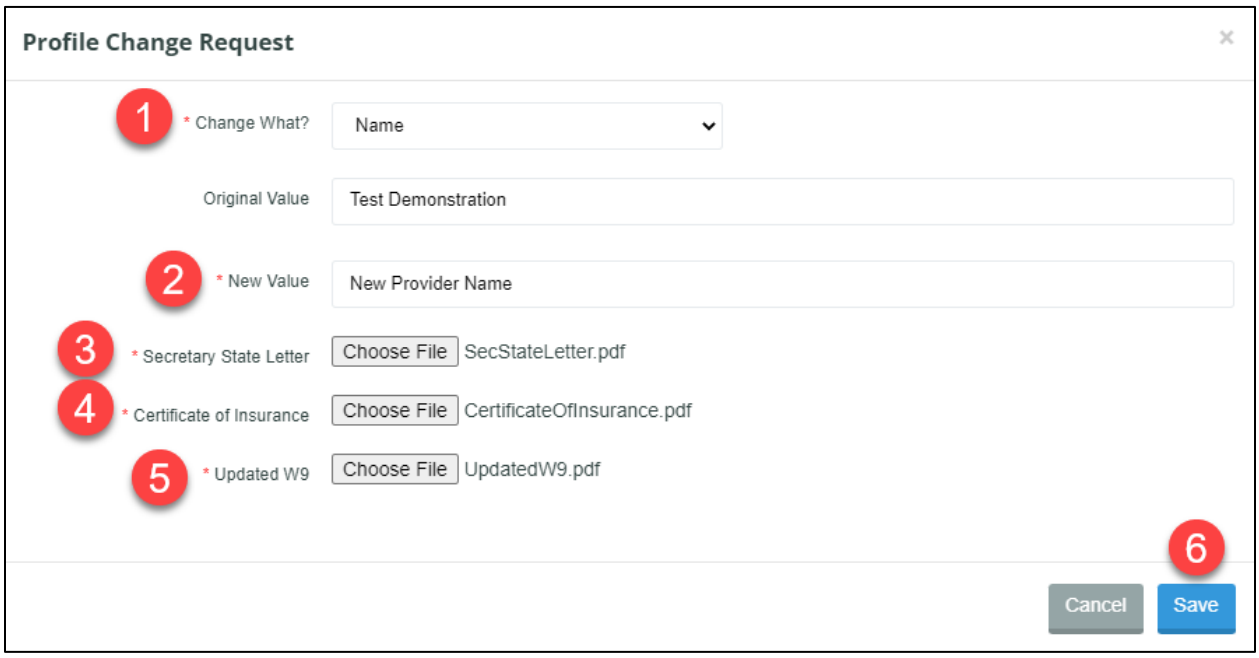
On the Provider Profile, you can request to change the Name, Legal Name, DBA Name, and the EIN number on your Profile.

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



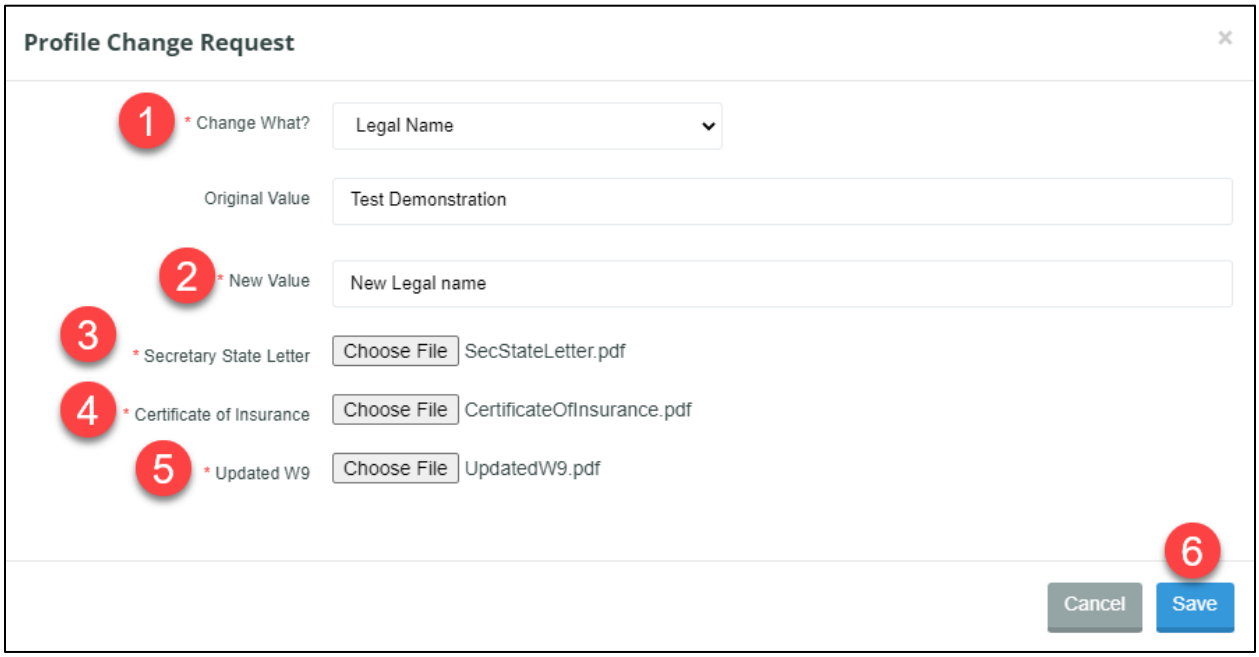
2. Click the 'Request Profile Change' button.

5.3.1 Profile Change Request: Name



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.

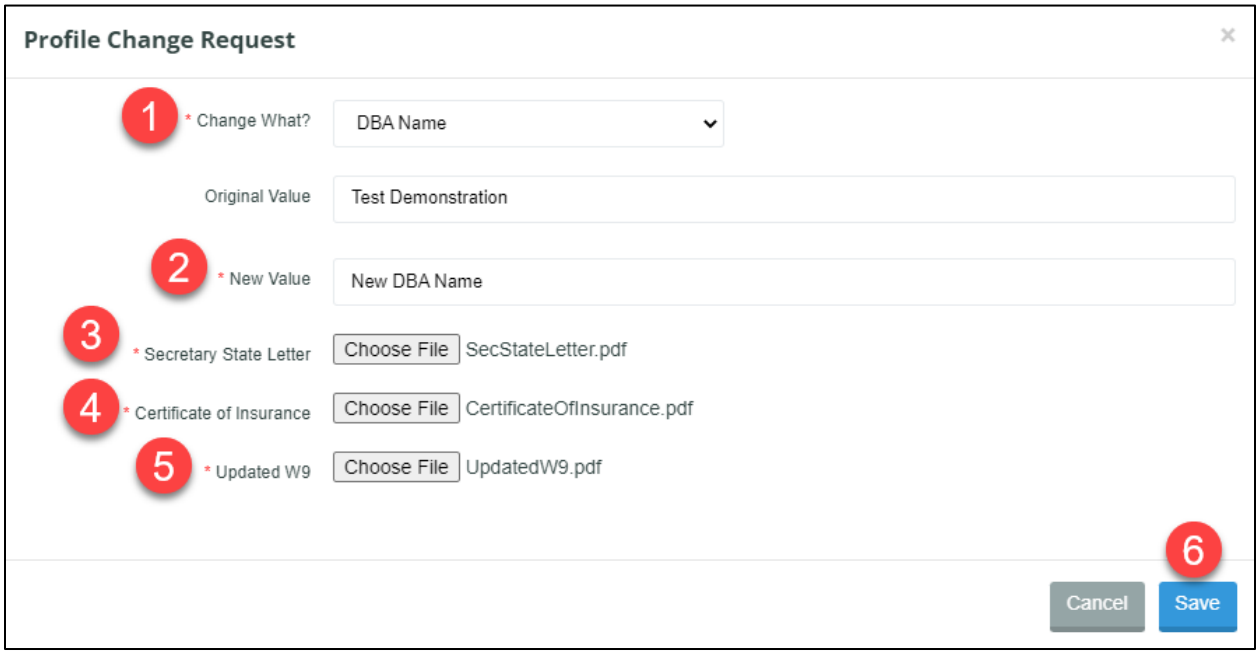
5.3.2 Profile Change Request: Legal Name



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

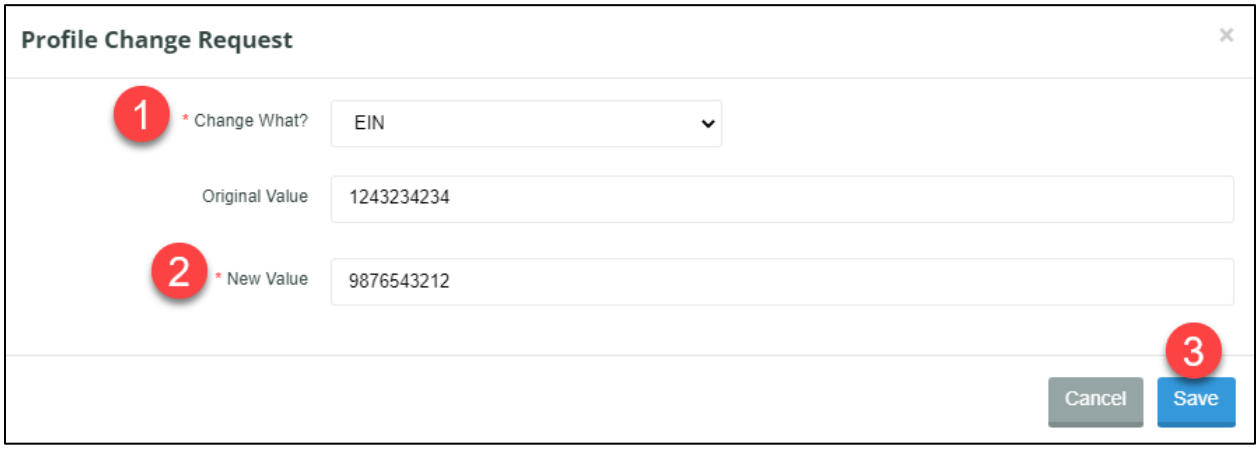
2. Enter the new name of the Provider agency in the New Value field.*
3. Find the Secretary of State Letter file in the file finder.*
4. Find the Certificate of Insurance file in the file finder.*
5. Find the Updated W9 file in the file finder.*
6. Click Save to send the request to BDDS for review.

5.3.3 Profile Change Request: DBA Name



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



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.

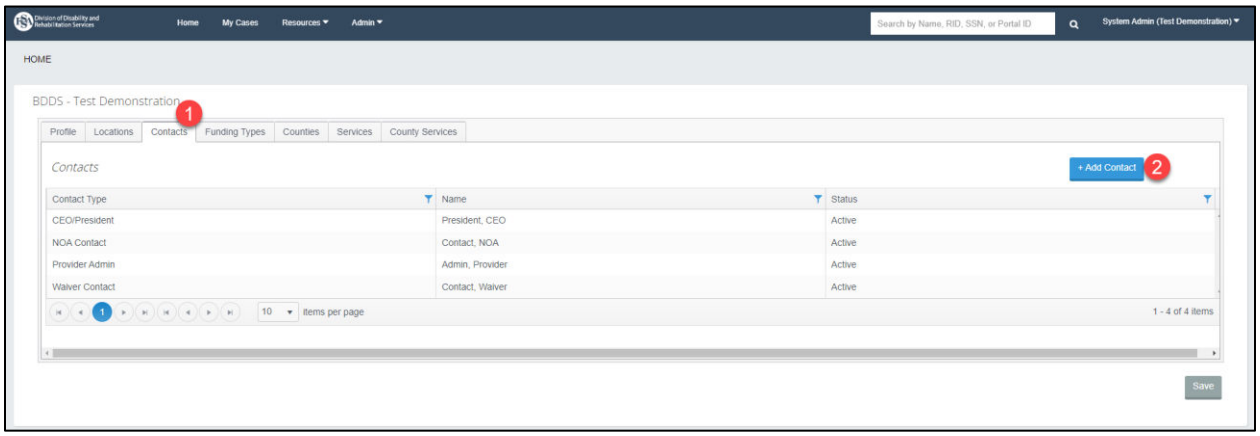
6.2 Prerequisites

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

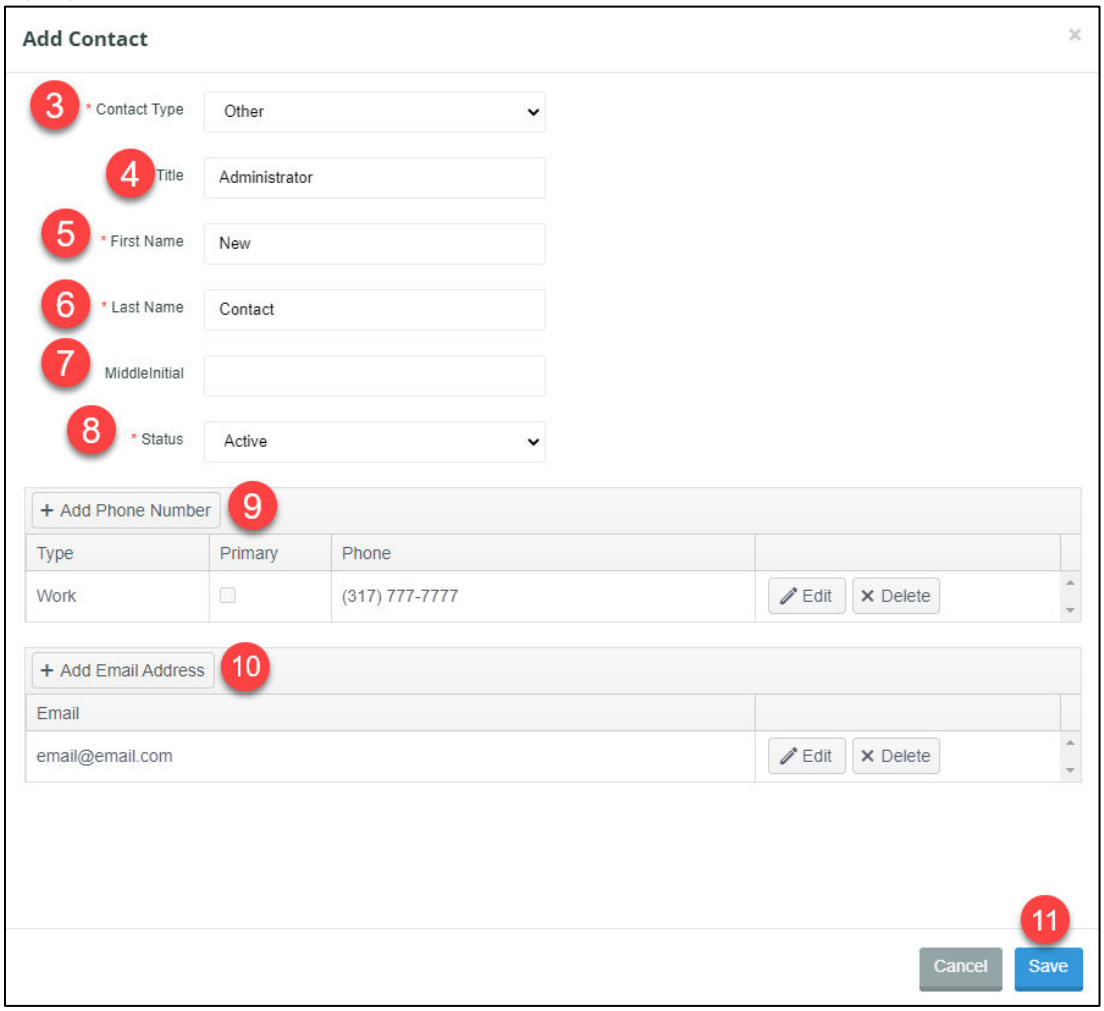
6.3 Editing Waiver Provider Information

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.



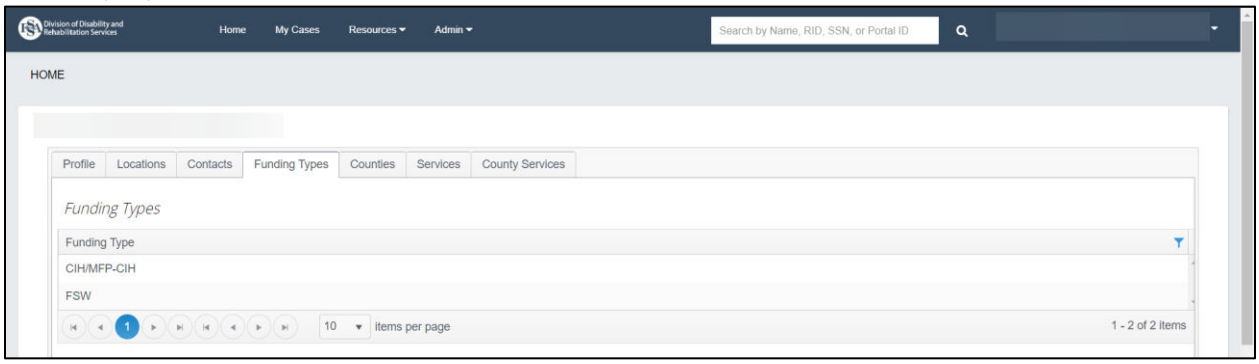
1. Click on the Contacts tab of the Provider Profile.
2. Click the '+Add Contact' button.
   ***NOTE**: The Add Contact modal appears.*



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

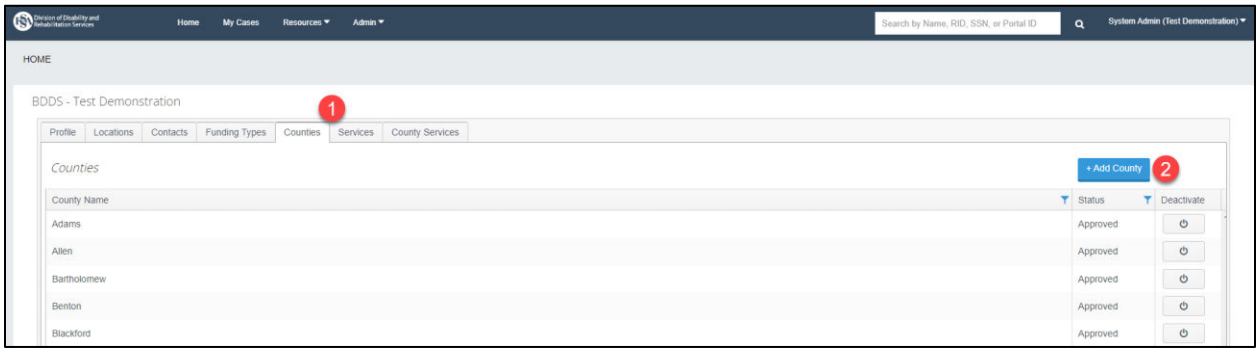
The Funding Types tab displays the approved funding types for the provider. BDDS manages the approved funding types for providers. If there is a change to a provider's approved funding type, then please submit a Jira ticket with this information.



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.

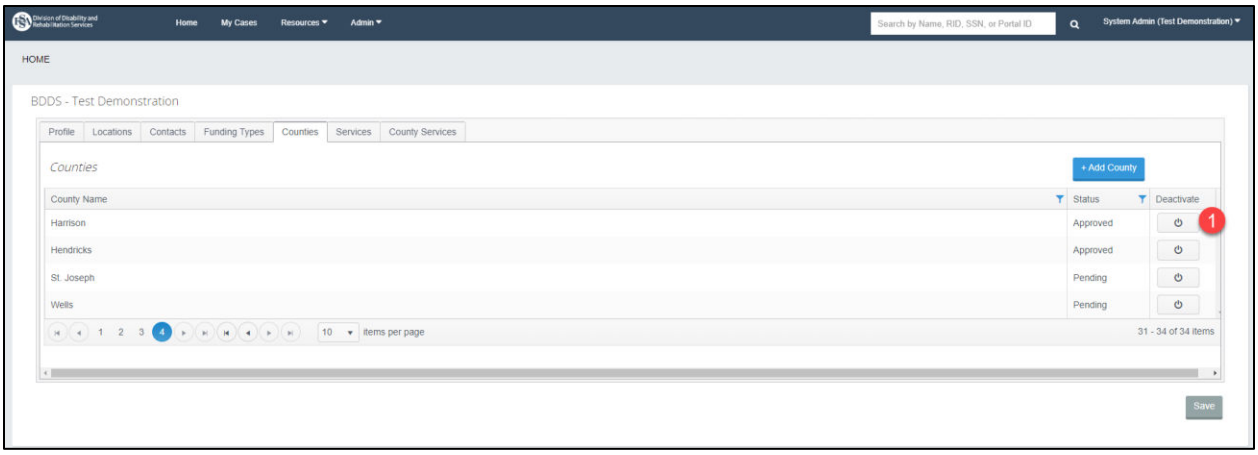
6.3.3.1 Requesting to Add Provider County



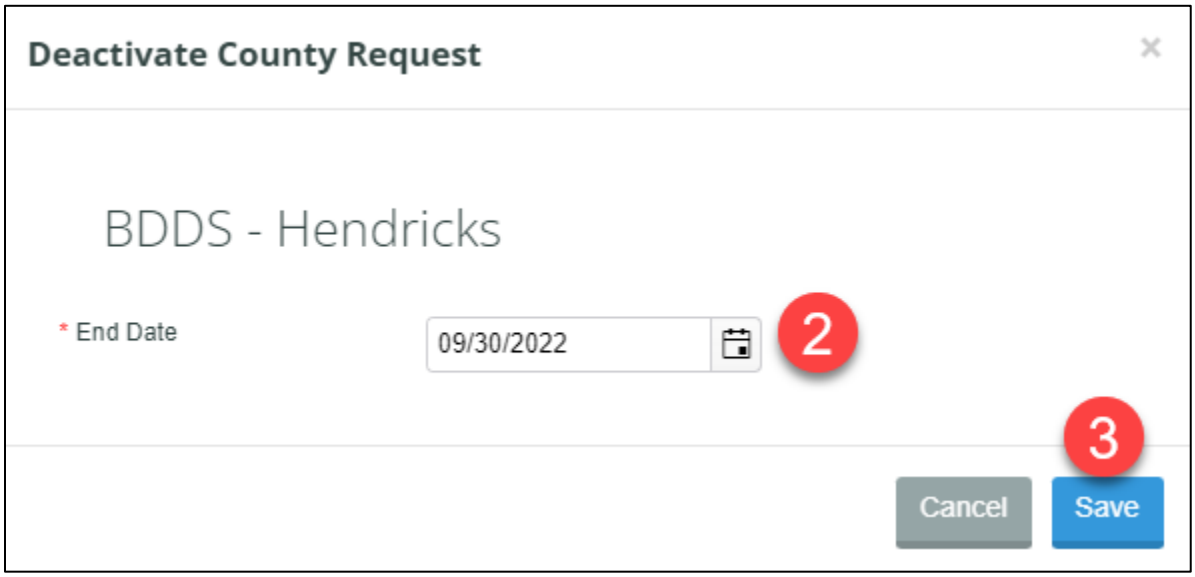
1. Click the Counties tab on the Provider Profile.
2. Click the '+Add County' button.
   ***NOTE**: The Add County modal appears.*

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.

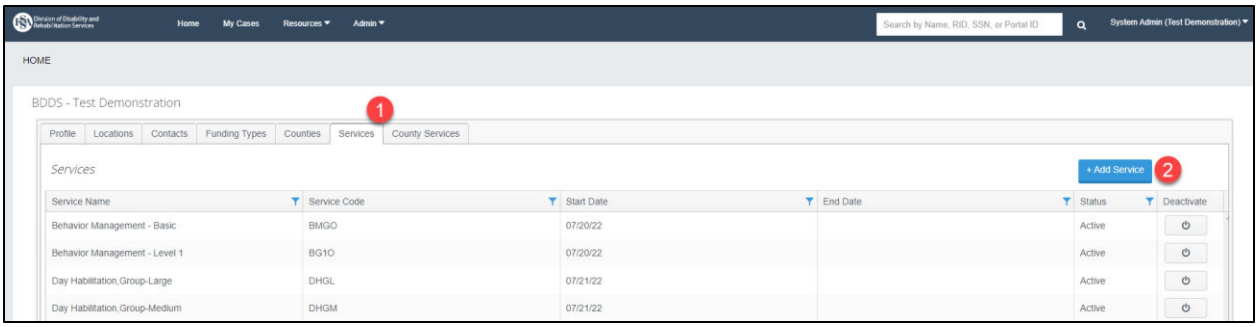


2. Enter an End Date for the County.*
3. Click Save to send to BDDS for review.
   ***NOTE**: The status of the County record updates to Pending Closure. Once BDDS reviews and approves the request, the status updates to Deactivated.*

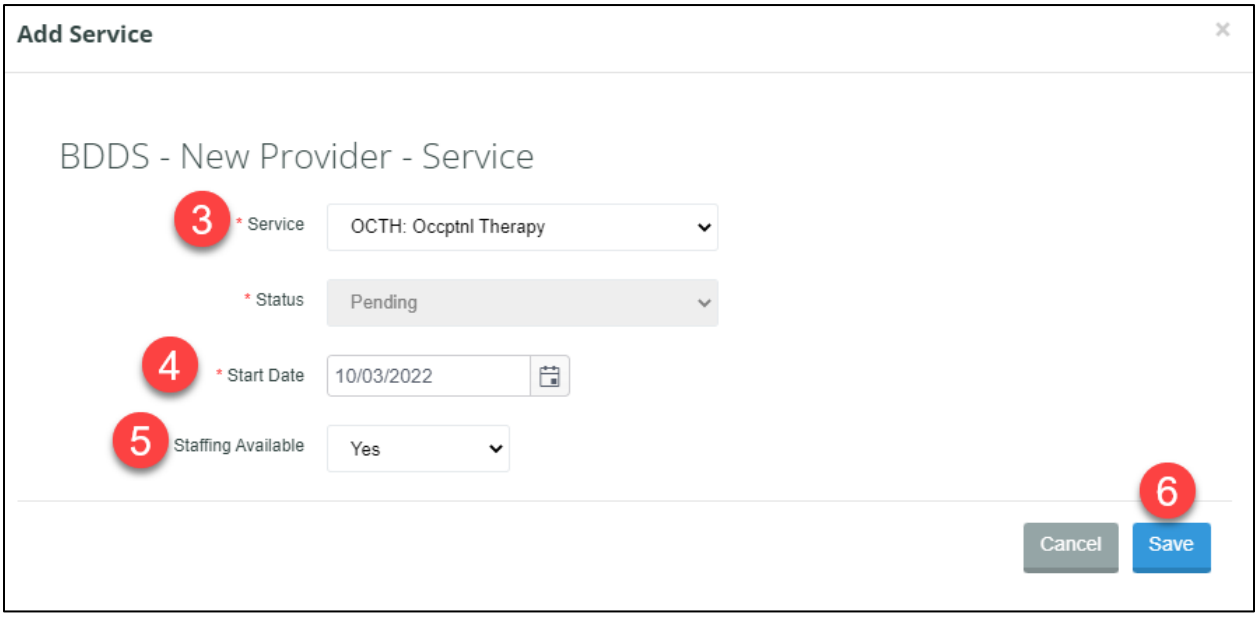
6.3.4 Services

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

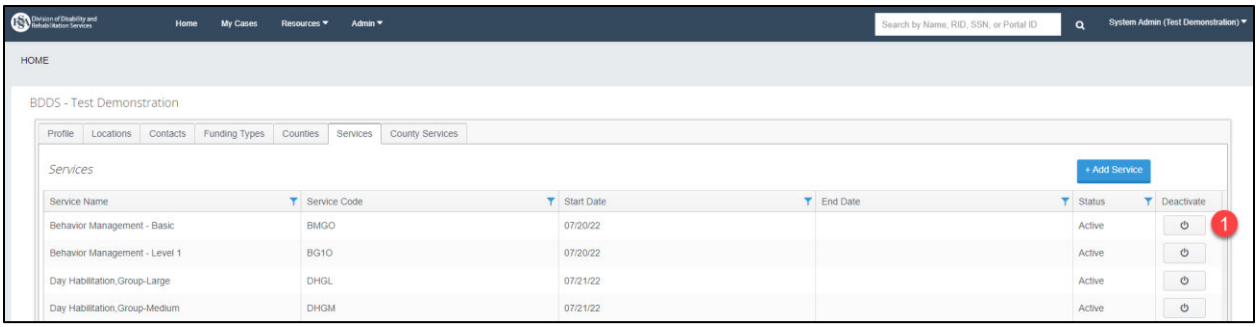


1. Click on the Services Tab of the Provider Profile.
2. Click the '+Add Service' Button.
   ***NOTE**: The Add Service modal appears.*

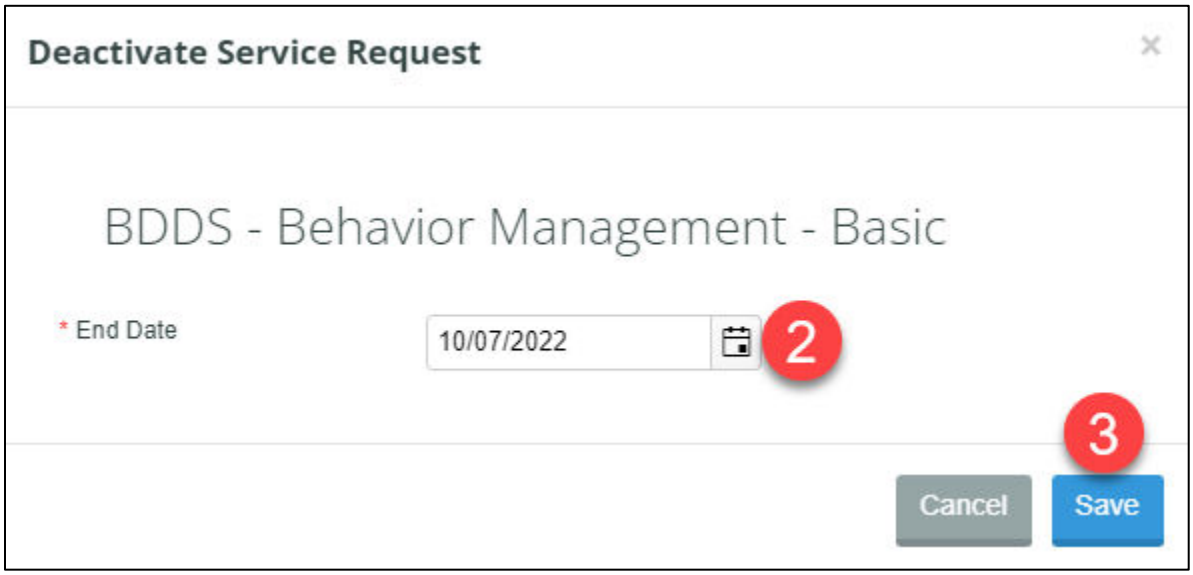


3. Choose a Service from the dropdown.*
4. Choose the Start Date for when the Provider will begin to offer the service.*
5. Select Yes or No to indicate if Staffing is Available.
6. Click Save to send to BDDS for review.
   ***NOTE**: The service gets added to the Services grid with a status of Pending.*

6.3.4.2 Requesting to Deactivate a Provider Service



1. Click the Deactivate button on a Service record.

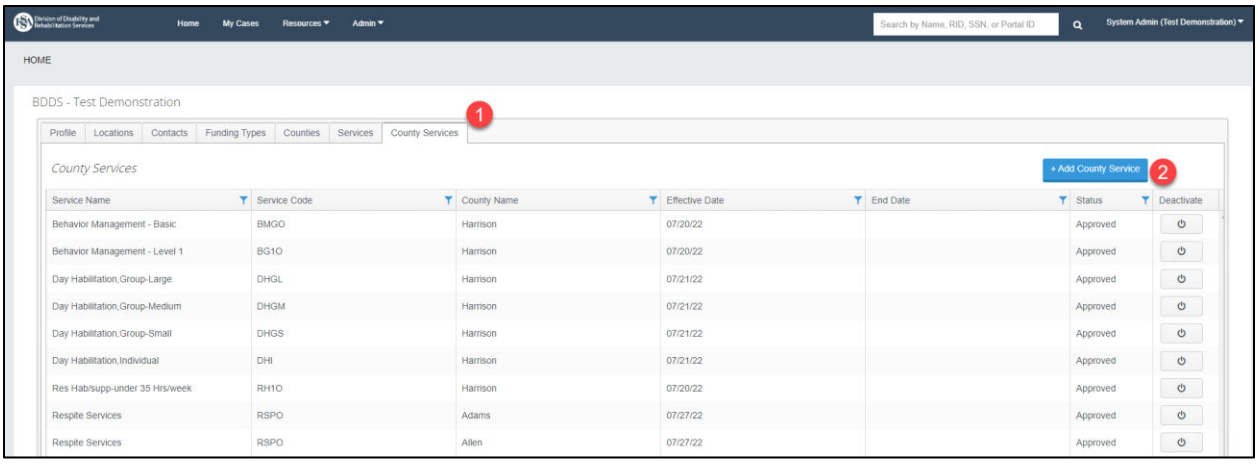


2. Enter an End Date for when the Provider will stop providing the service.*
3. Click Save to send to BDDS for review.
   ***NOTE**: The status of the Service updates to Pending Closure. Once BDDS approves the request, then the Service status updates to Deactivated.*

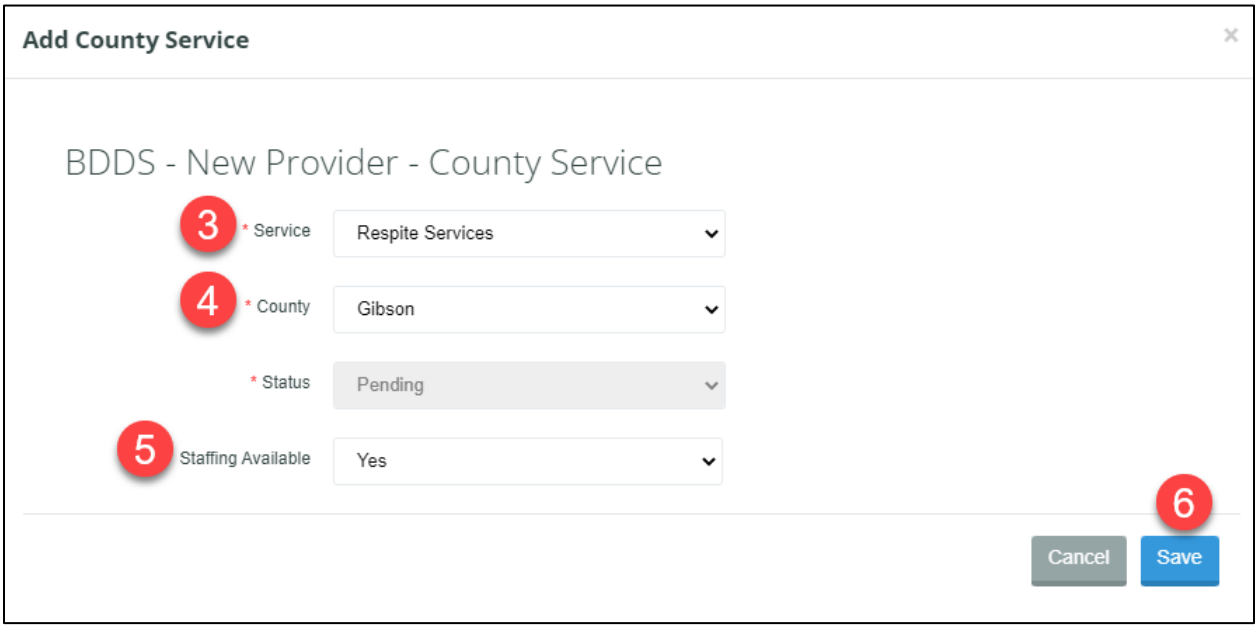
6.3.5 County Services

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

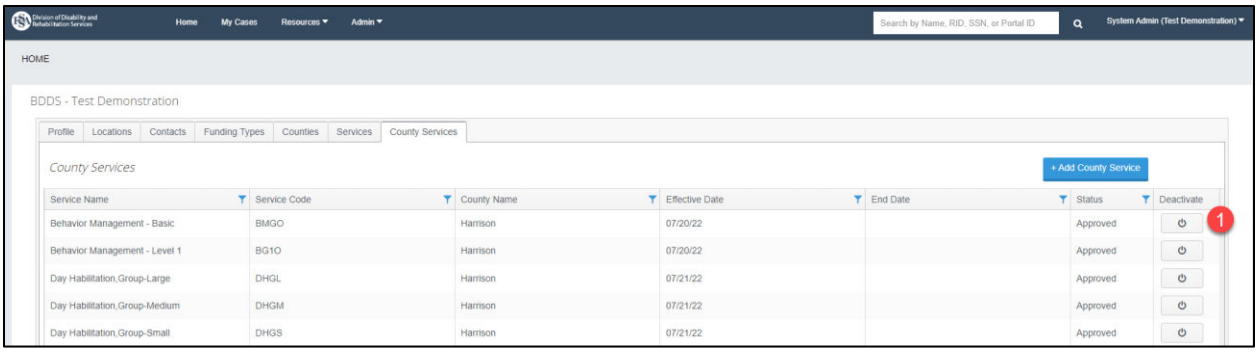


1. Click the County Services tab on the Provider Profile.
2. Click the '+Add County Service' Button.



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

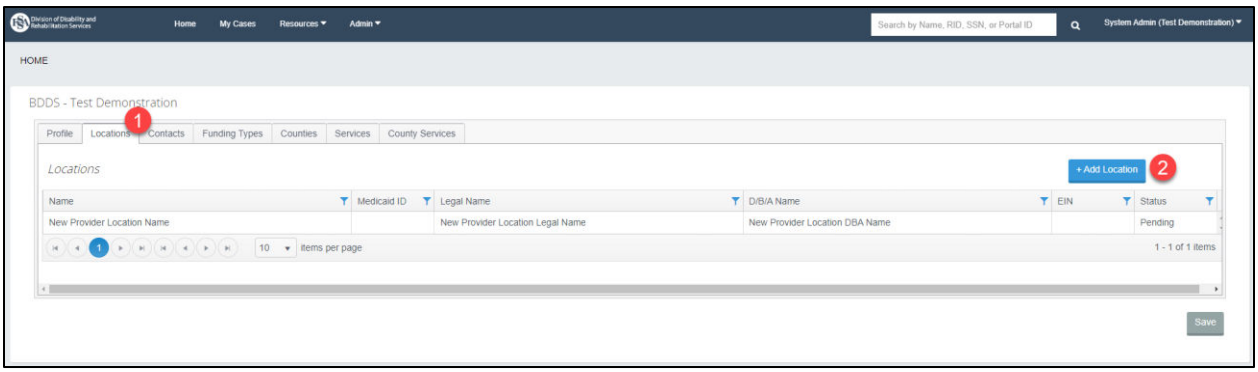
This section outlines creating a request for a new provider location (Child Provider) and adding an address for the Child Provider.

7.2 Prerequisites

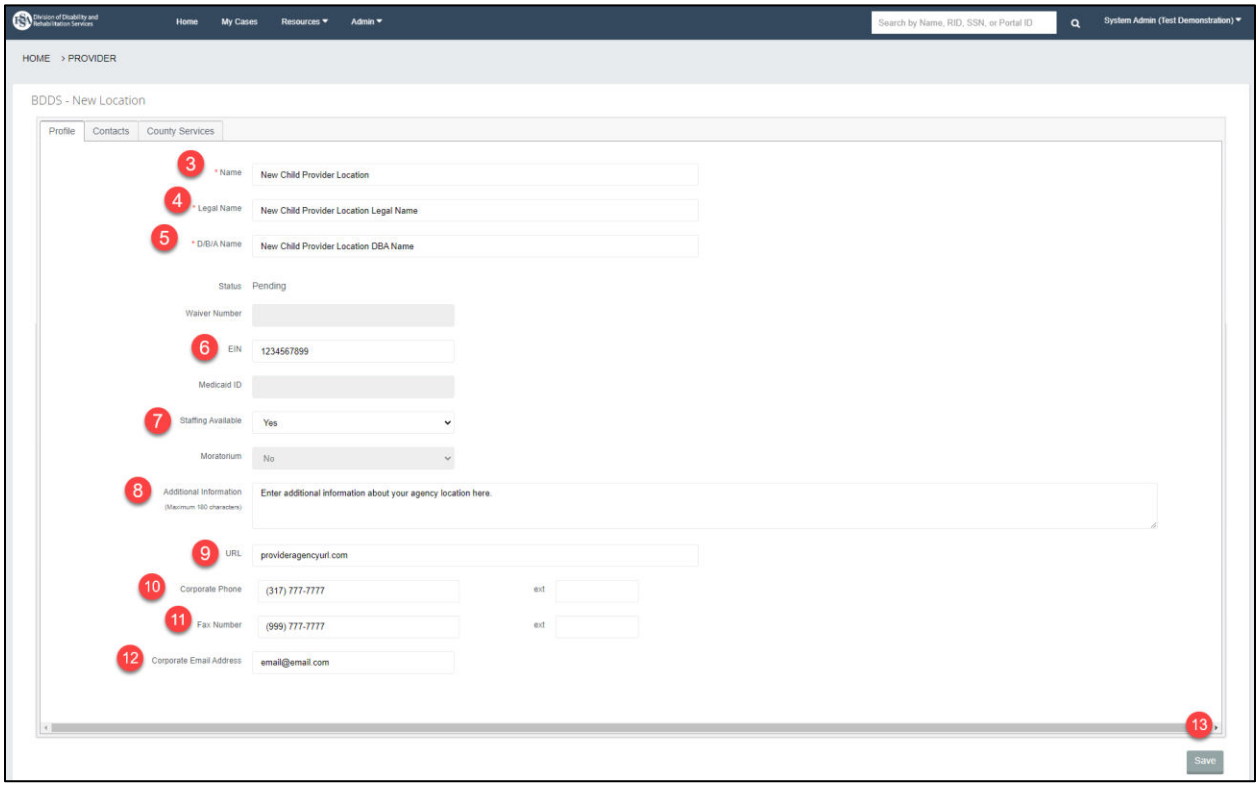
A System Administrator can request to add a new location.

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.



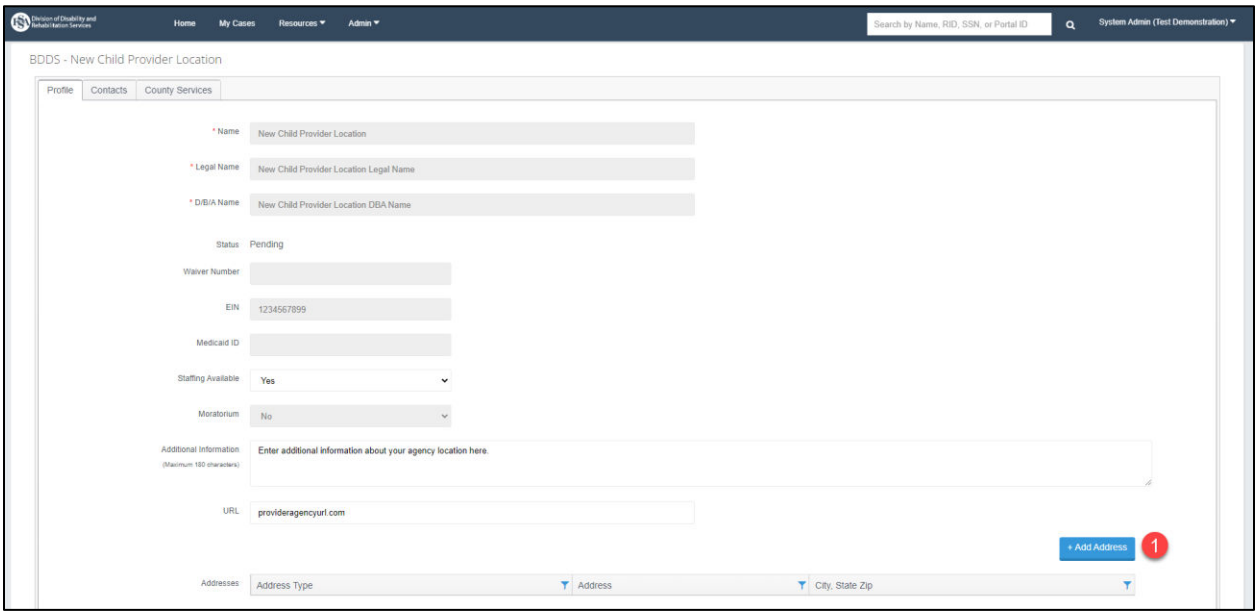
1. Click the Locations tab on the Provider Profile.
2. Click the '+Add Location' button.
   ***NOTE**: The New Location page opens with blank fields to fill in with new location information.*



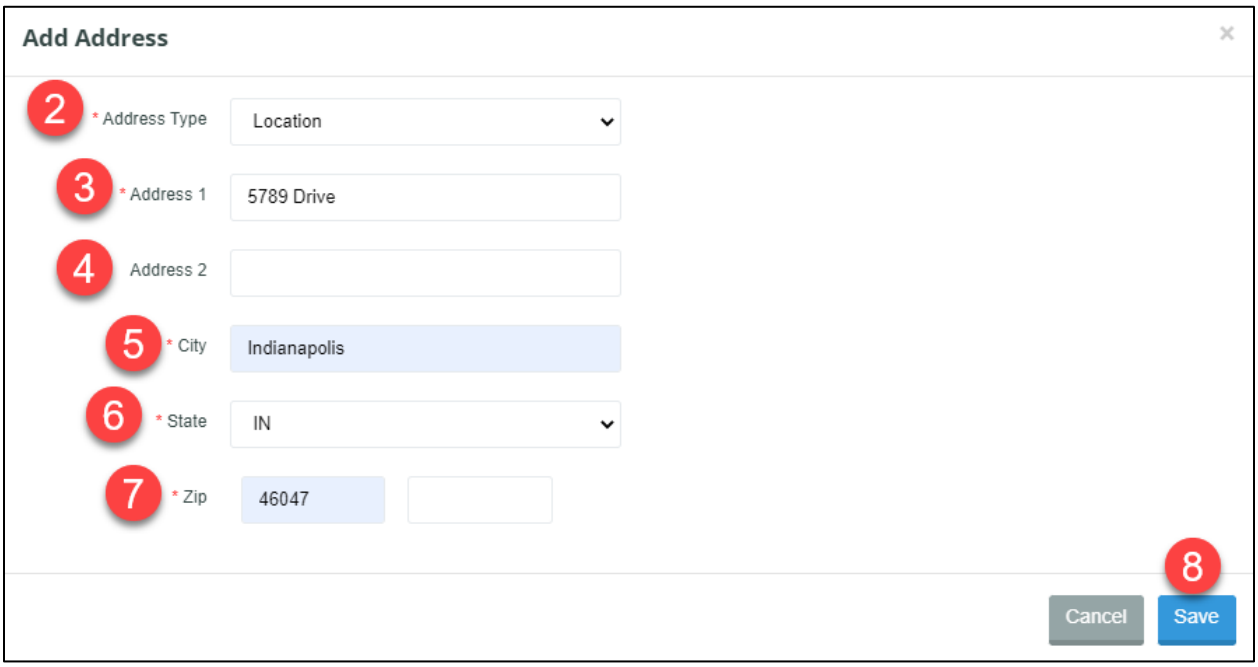
3. Enter the Name of the new location.*
4. Enter the Legal Name of the new location.*
5. Enter the D/B/A name of the new location.*
6. Enter the EIN number of the new location.
7. Select Yes or No if Staffing is Available for the new location.
8. Enter Additional information for the new location.
9. 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.



1. Click the '+Add Address' button.



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

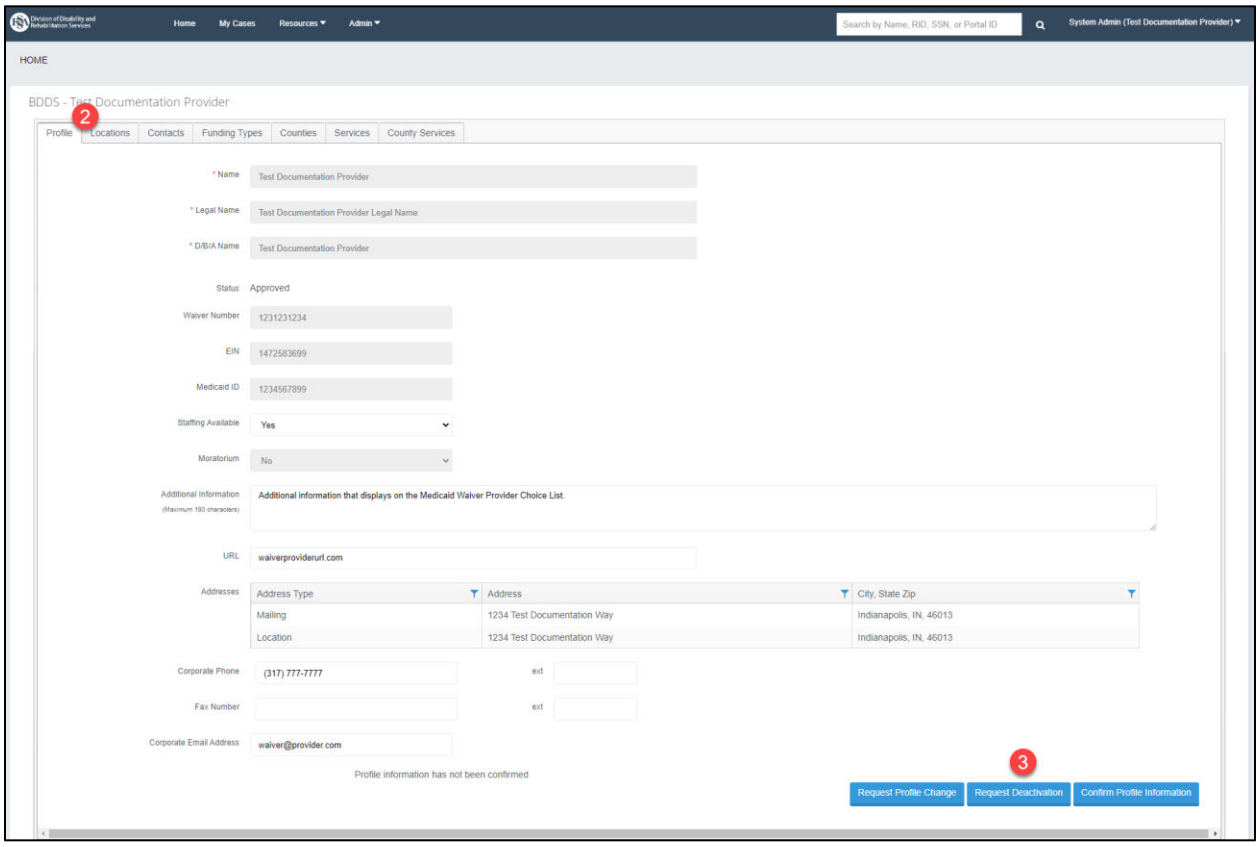
This section outlines the steps needed to request a deactivation of a Provider.

8.2 Prerequisites

A System Administrator can request to close a location.

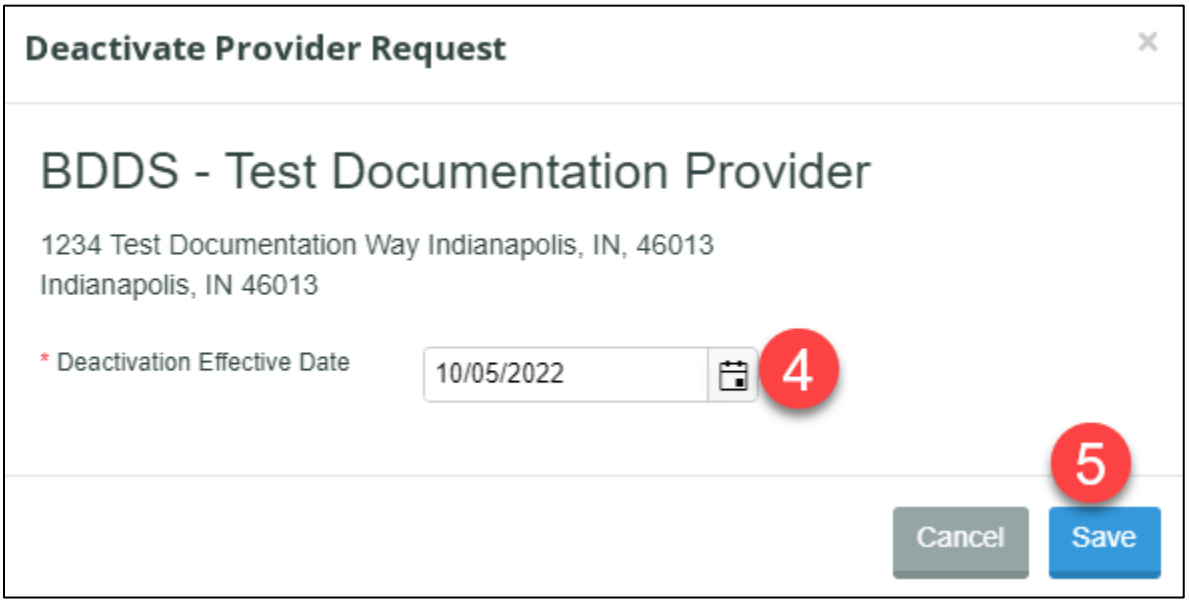
8.3 Closing a Waiver Provider

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.

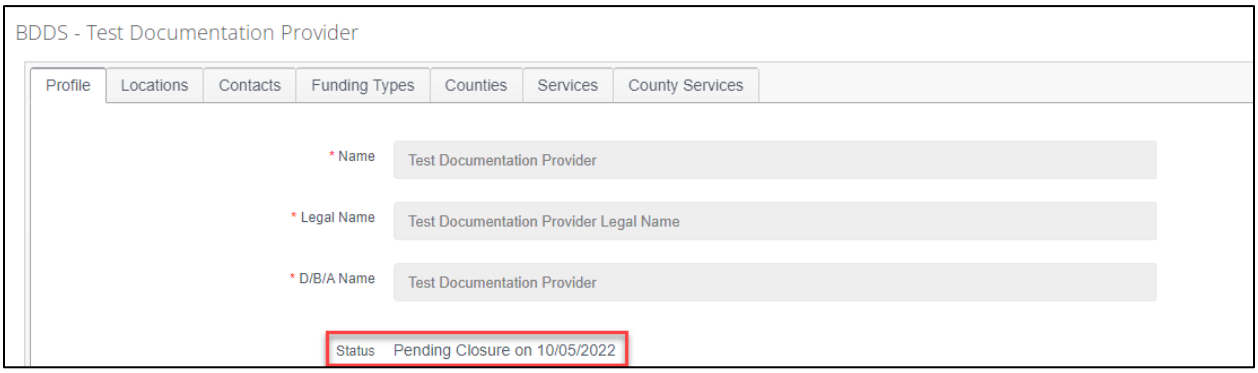


1. Navigate to the Provider Profile.

2. Navigate to the Provider Profile – Profile tab.
3. Click the 'Request Deactivation' button.
   ***NOTE**: The Deactivate Provider Request modal displays.*



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.*



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

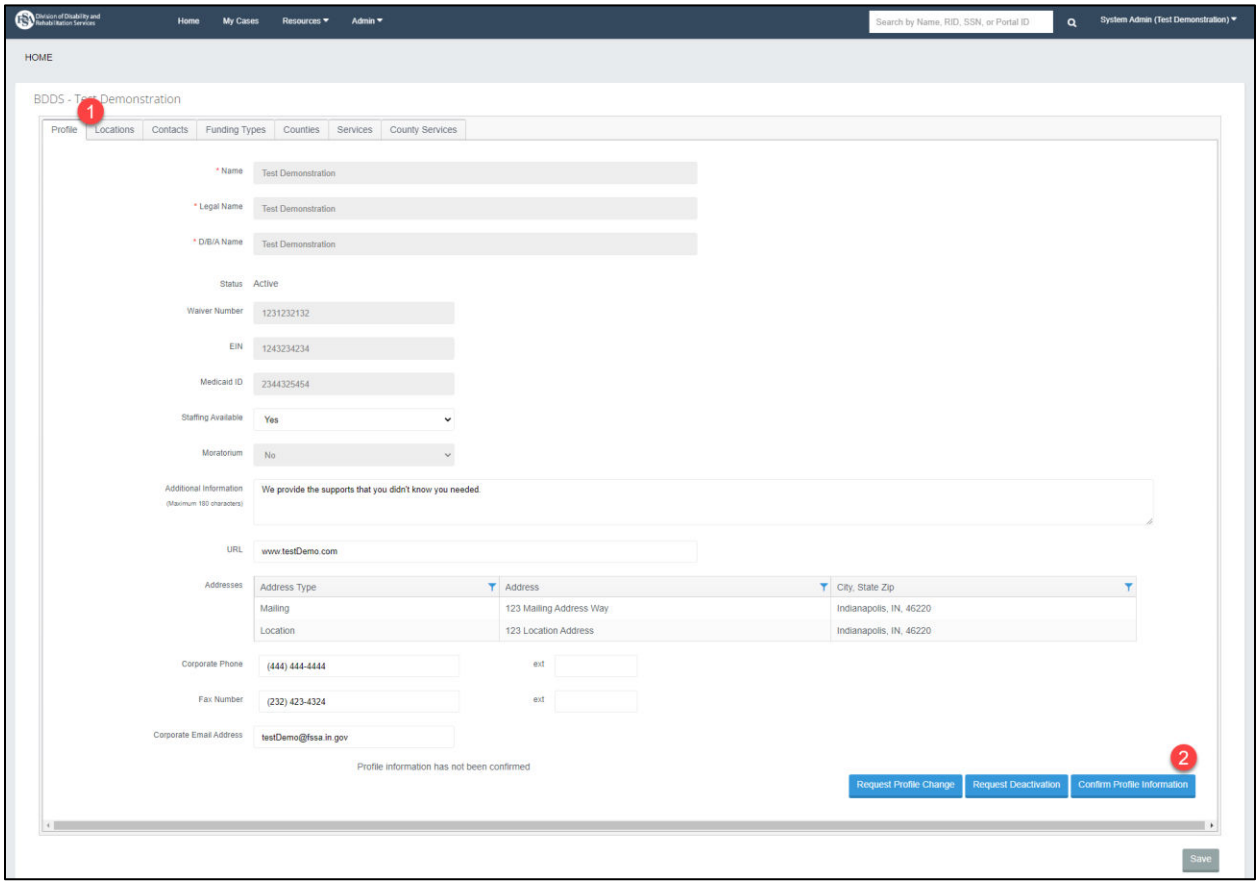
This section outlines the requirement of confirming Provider Profile information and the steps to complete a Provider Attestation.

9.2 Prerequisites

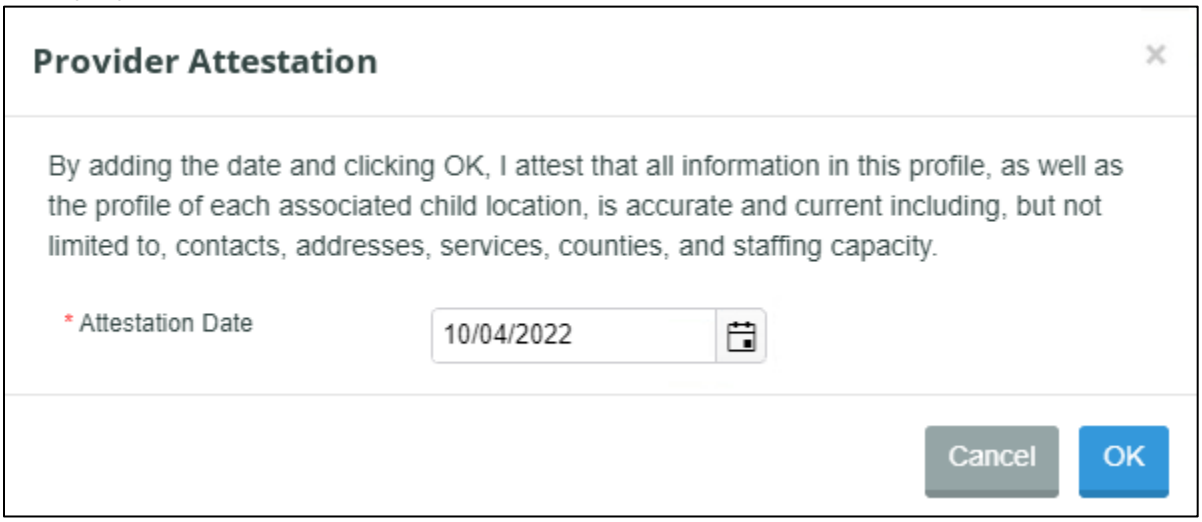
System Administrator user role is required to complete a Provider Attestation.

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.



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."*



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".*

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.

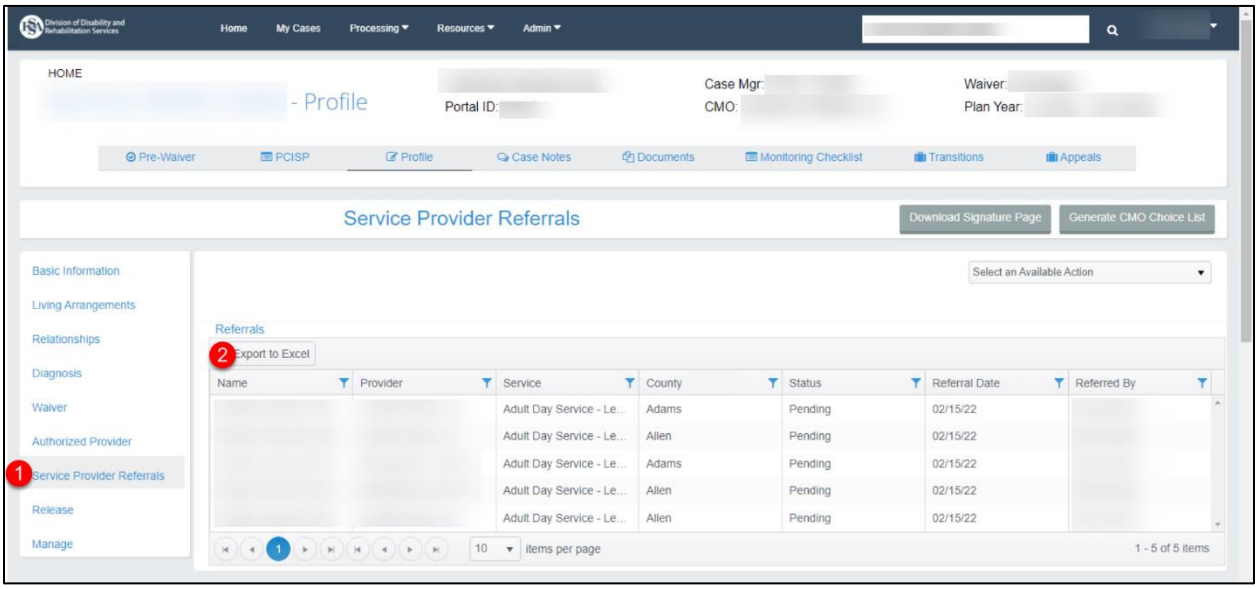
10.1 Purpose

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.

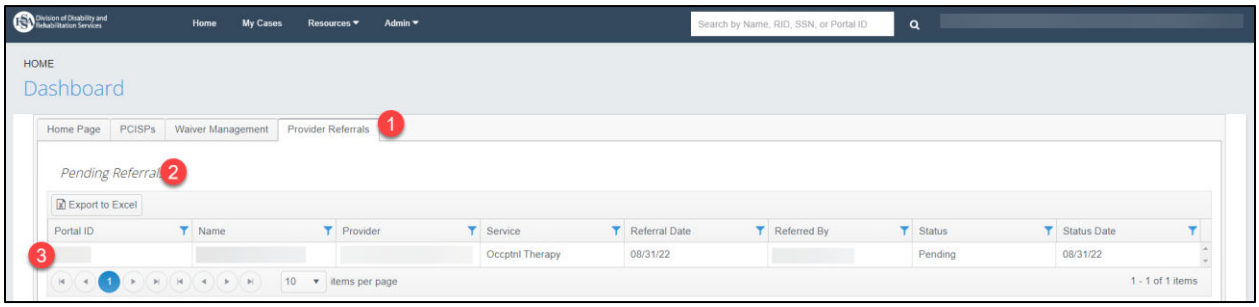
10.4 Provider Referral Request Statuses

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.

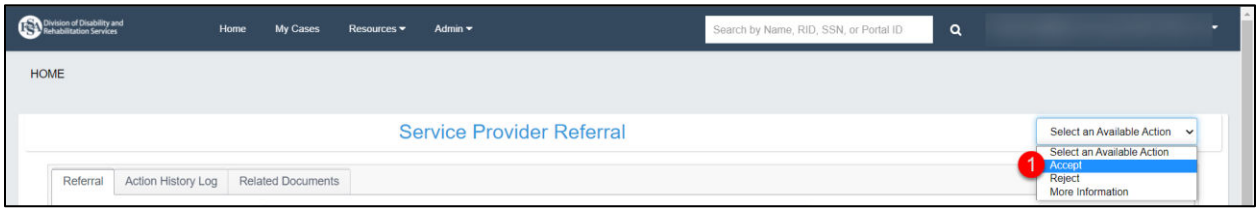
Reject	Indicates that a provider has rejected the provider referral made to them.
Withdrawn	Indicates that a provider referral has been withdrawn.
Auto Withdrawn	Indicates that an accepted provider referral was not selected by the individual.

10.5 Navigate to Pending Provider Referrals Grid

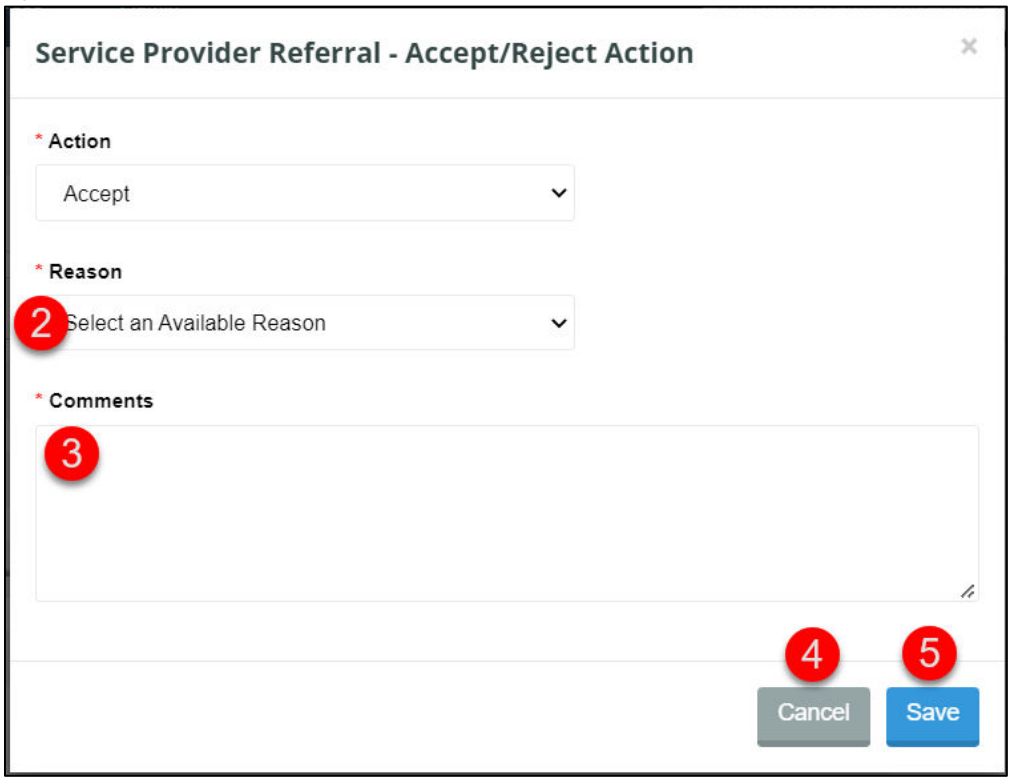


1. Navigate to the 'Provider Referrals' Dashboard tab.
2. Find the Pending Referrals grid.
3. Click a record from the grid to open the Service Provider Referral.

10.5.1 Accepting a Provider Referral

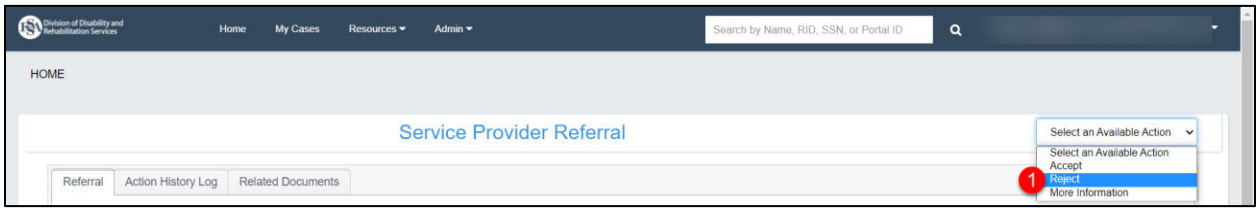


1. Select 'Accept' from the 'Select an Available Action' dropdown.

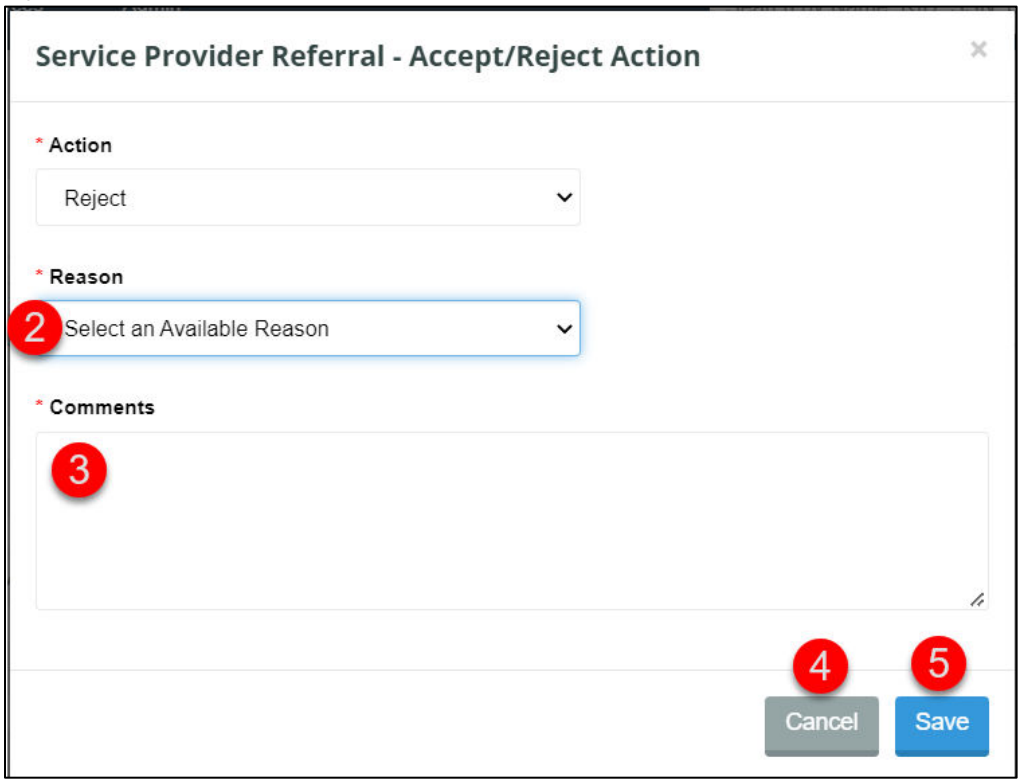


2. Select a value from the 'Reason' dropdown.*
3. Enter text in the Comments field.*
4. Click the 'Cancel' button to cancel accepting the referral.
   ***NOTE**: If the 'Cancel' button is clicked, then the provider referral will not be accepted.*
5. Click the 'Save' button to accept the referral.
  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

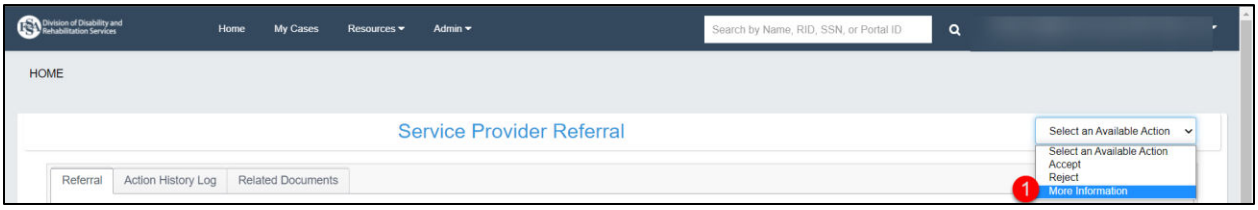


1. Select 'Reject' from the 'Select an Available Action' dropdown.



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.*

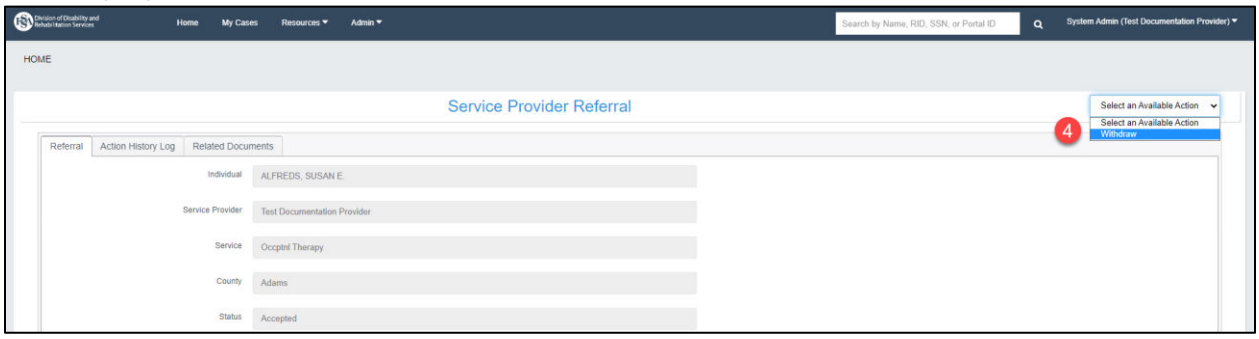
2. Enter text in the Comments field to clearly identify what additional information is needed.
3. Click the 'Cancel' button to cancel requesting more information.
   ***NOTE**: If the 'Cancel' button is clicked, then the request for more information will not be made.*
4. Click the 'Save' button to continue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

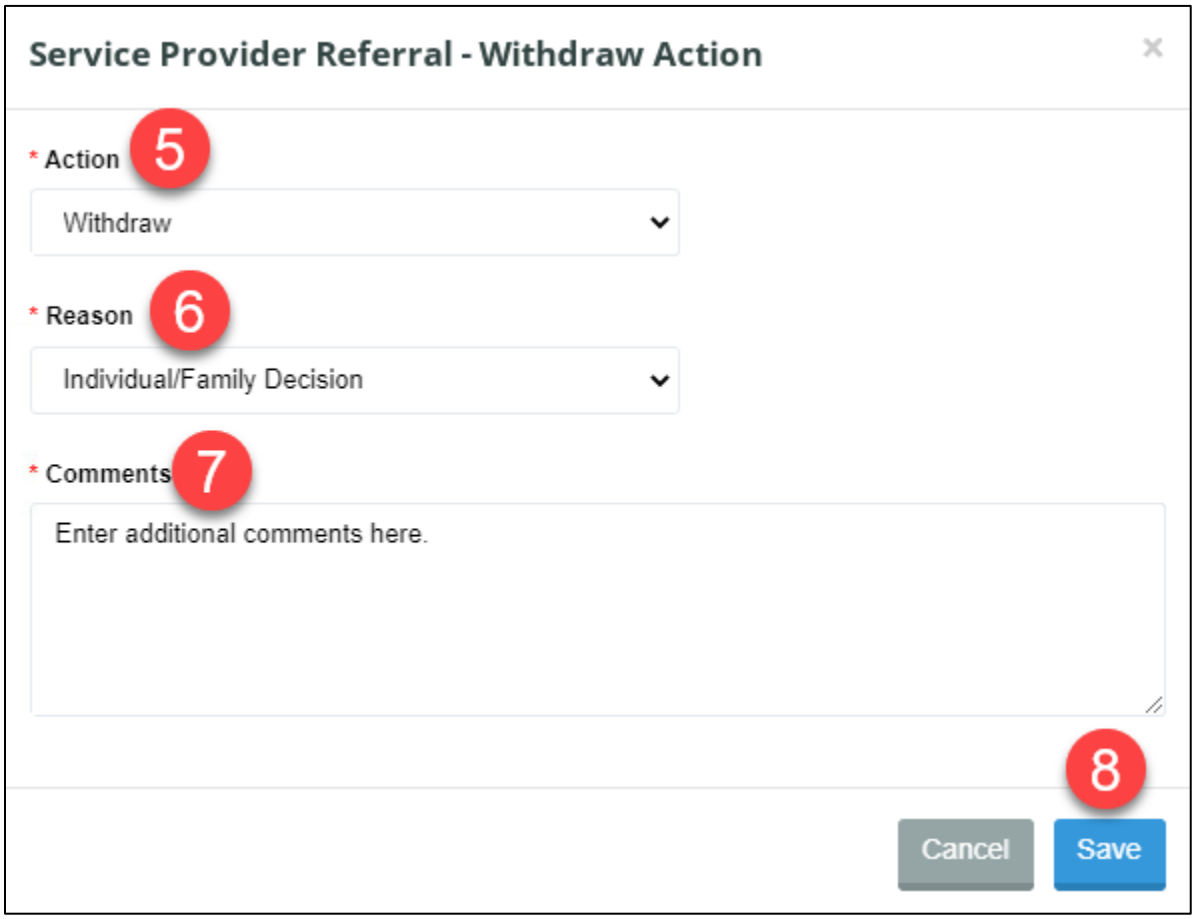
Provider users can choose to Withdraw from Selected and Accepted referrals.

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.

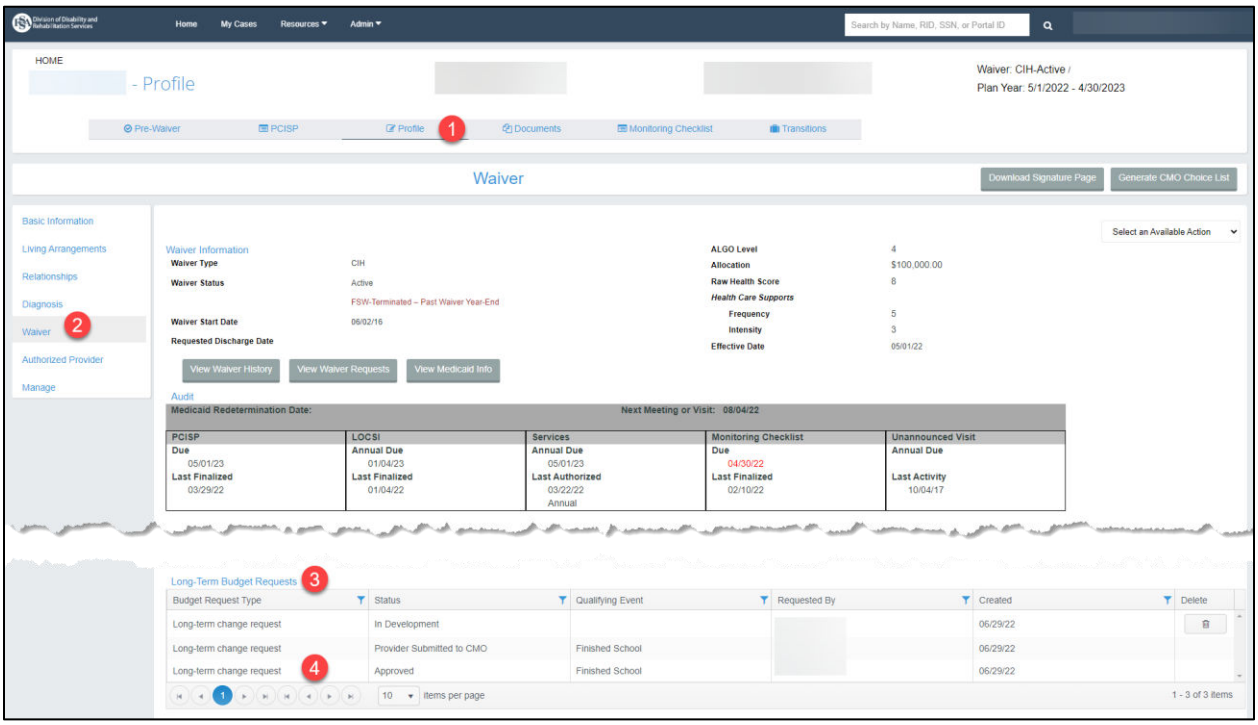
11.2 Prerequisites

- 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.

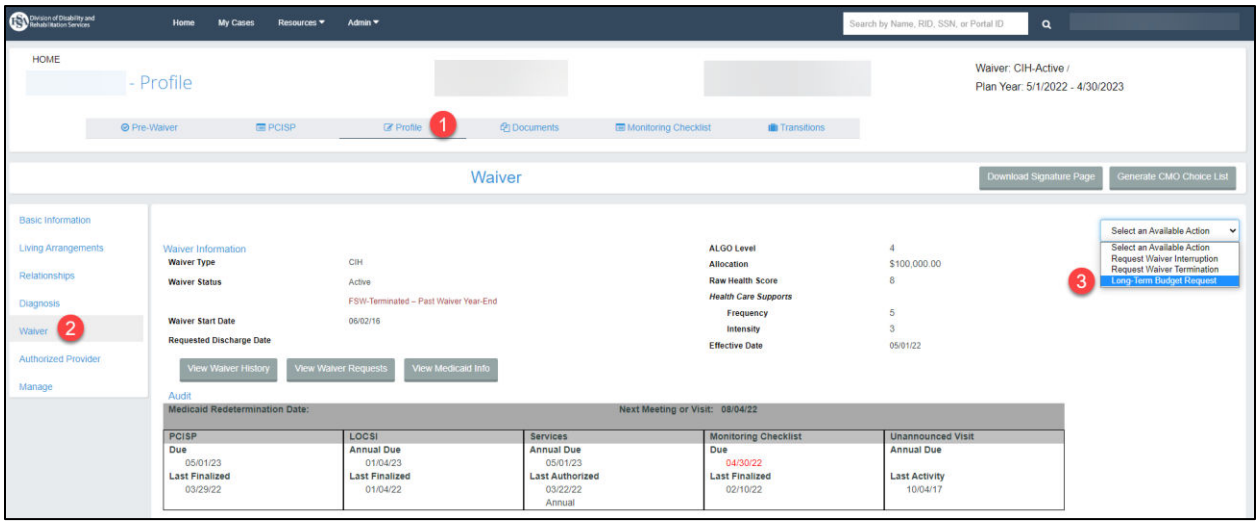
11.3.1 Long-Term Budget Request Navigation & Overview



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.

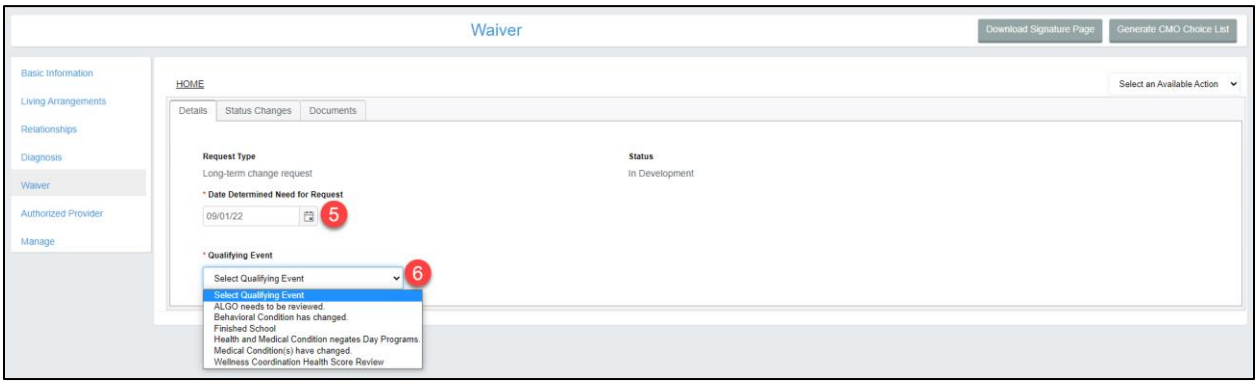
5. Review each tab of the budget request.
6. Click the HOME link to return to the Waiver page.

11.3.2 Create a Long-Term Budget Request

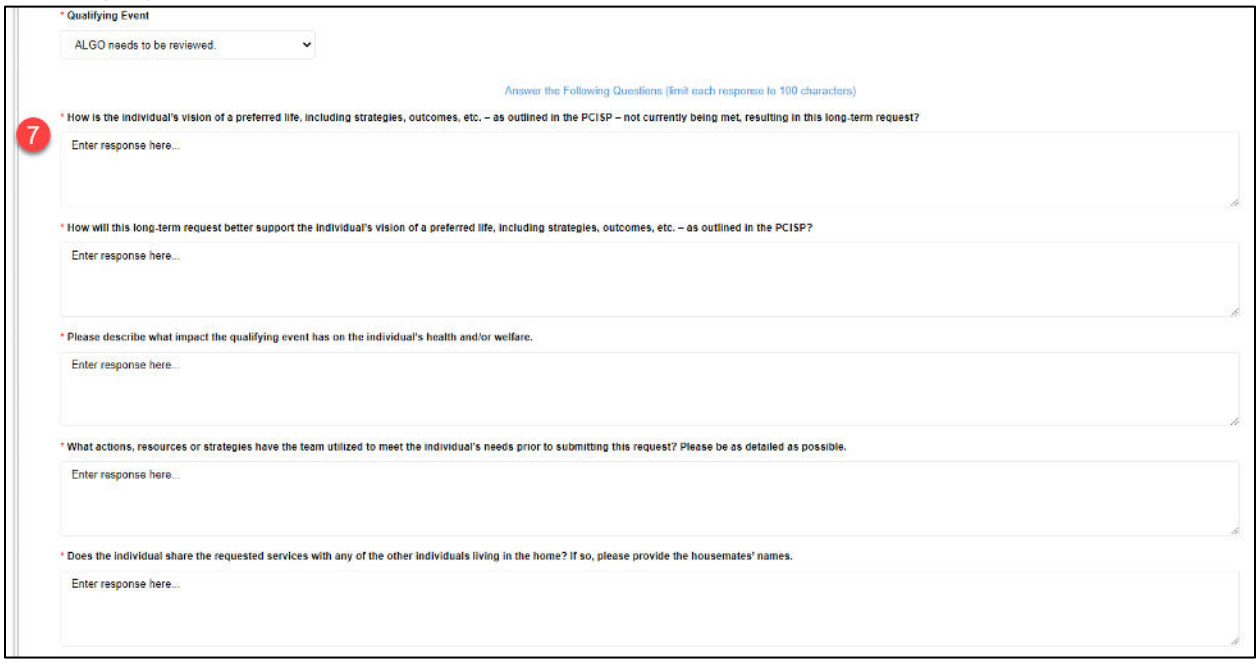


1. Navigate to the Profile page in the top navigation bar.
2. Navigate to the Waiver page in the left navigation bar.
3. Select ‘Long-Term Budget Request’ from the ‘Select an Available Action’ dropdown.

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

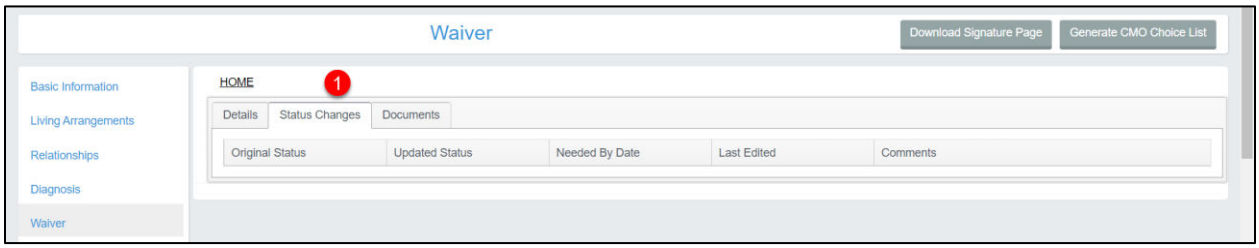


5. Enter a Date Determined Need for Request.*
6. Pick a Qualifying Event from the dropdown.*
   ***NOTE**: Each Qualifying Event will generate a set of unique required questions.*



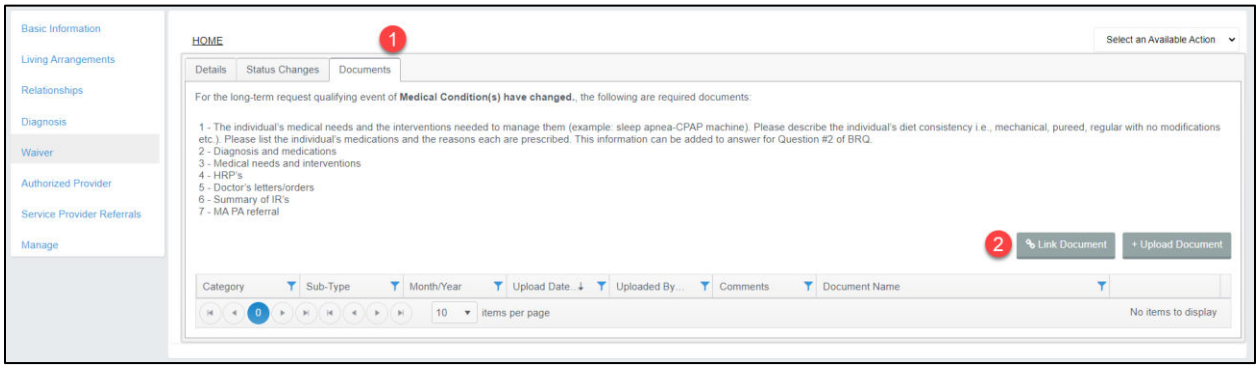
7. Type in answers to each required question.*

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



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.*

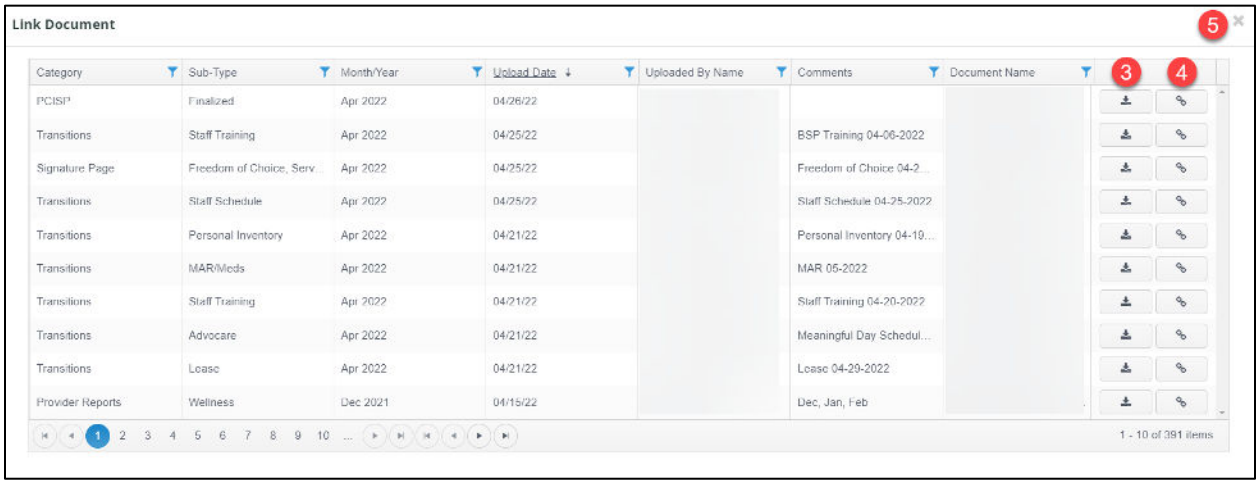
11.3.4 Link and Upload Documents to a Long-Term Budget Request



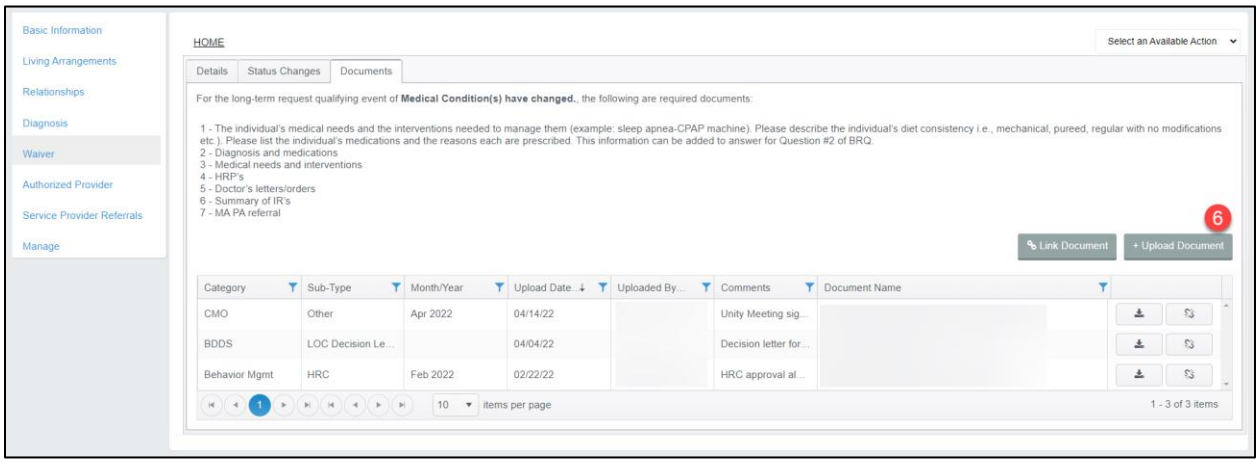
1. Click the Documents tab of the new Long-Term Budget Request.

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

2. Click the 'Link Document' button.

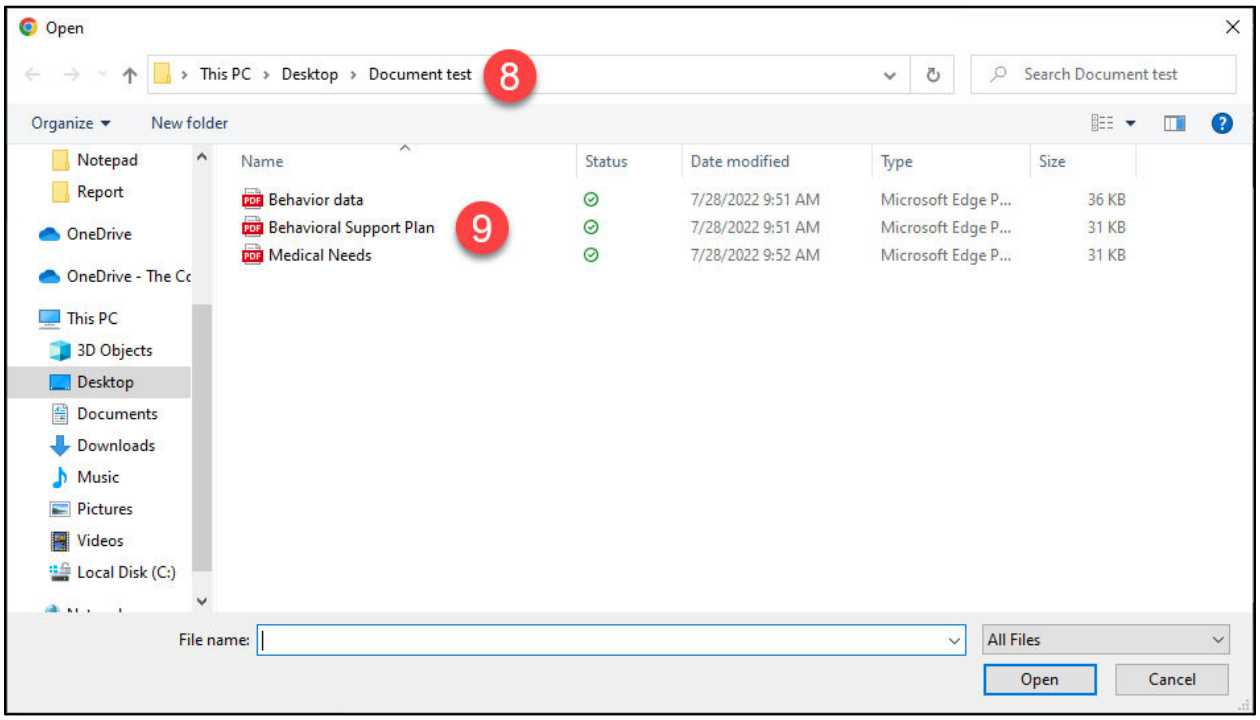


3. Click the Download button to view any documents before linking them to the budget request.
4. Click the Link button to link a document to the budget request.
5. Click the 'X' in the top right corner once finished linking & downloading documents.



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.*

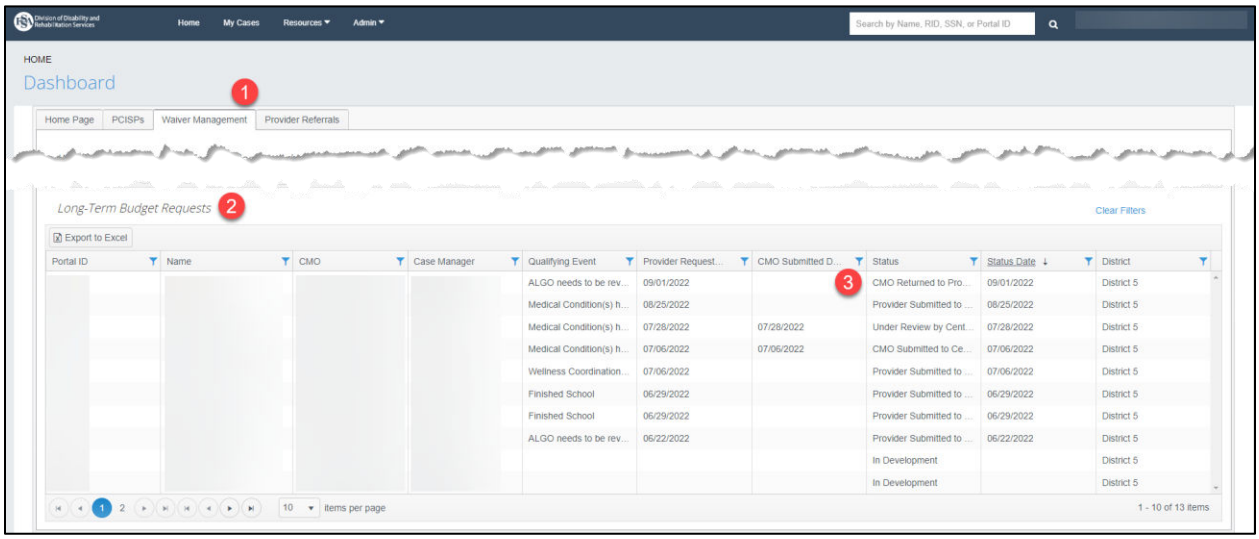
11.3.5 Submit a Long-Term Budget Request to CMO

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

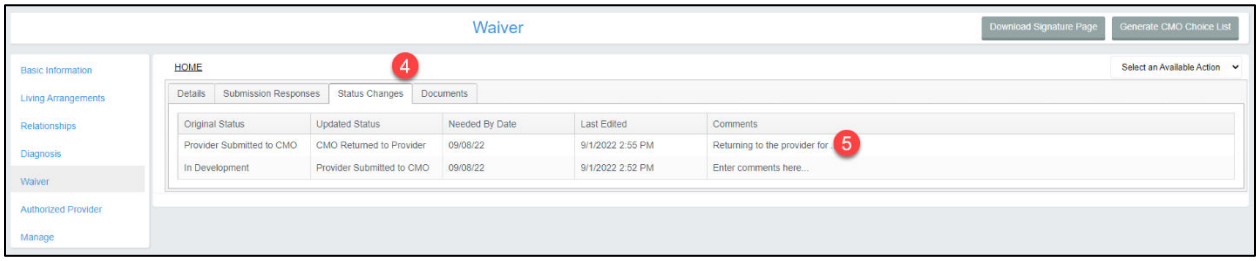
2. Enter comments, if applicable.
3. Adjust the Needed by Date, if applicable.*

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

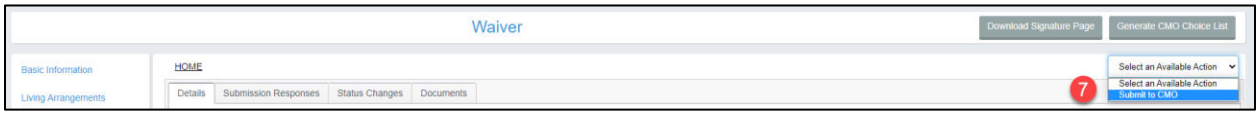
11.3.6 Respond to a Request for More Information



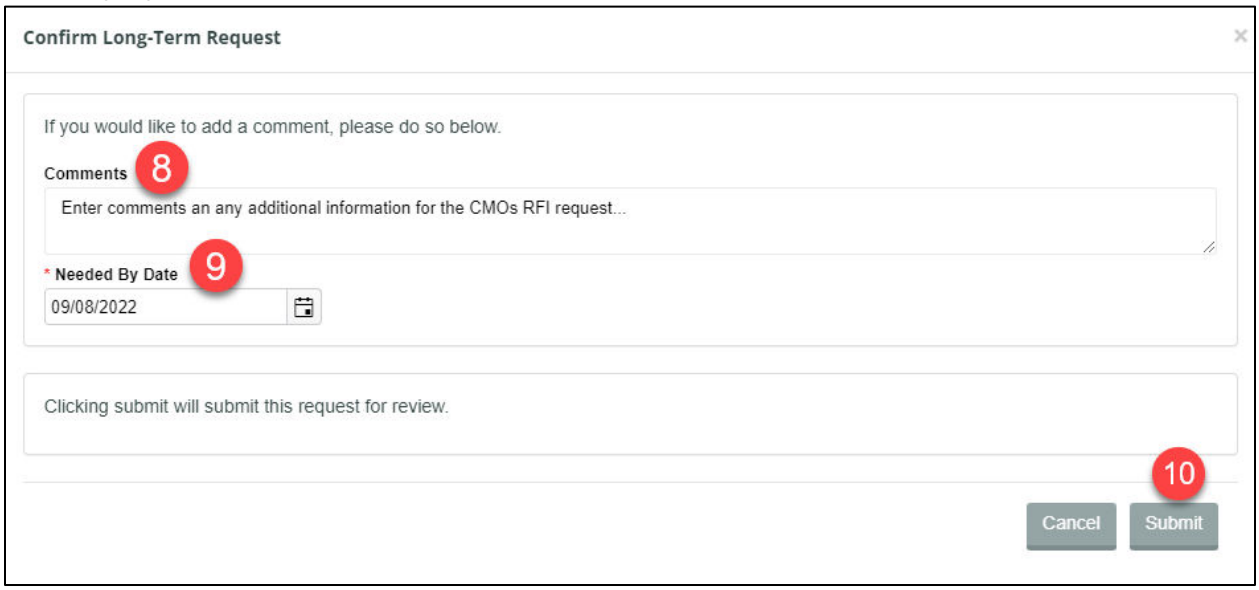
1. Navigate to the 'Waiver Management' Dashboard tab.
2. Scroll down to the Long-Term Budget Request grid.
3. Click on a record from the grid with a status of CMO Returned to Provider or Central Office Returned to Provider.



4. Navigate to the Status Changes tab.
5. 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.*
6. Make any adjustments to the long-term budget request based on the CMO's request, if applicable.



7. 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

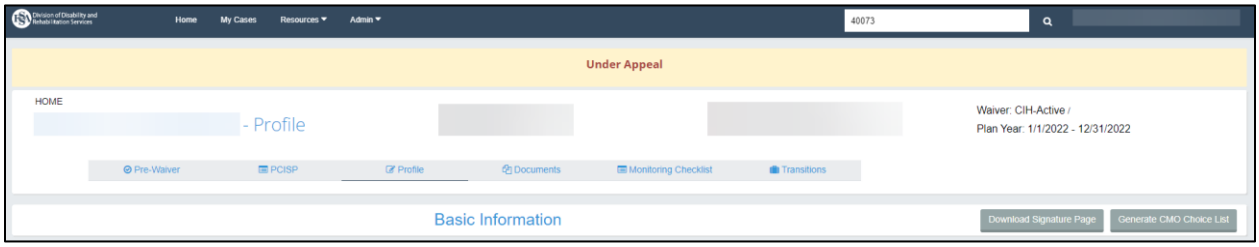
This section calls out the Appeals banner and what it means for an individual.

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

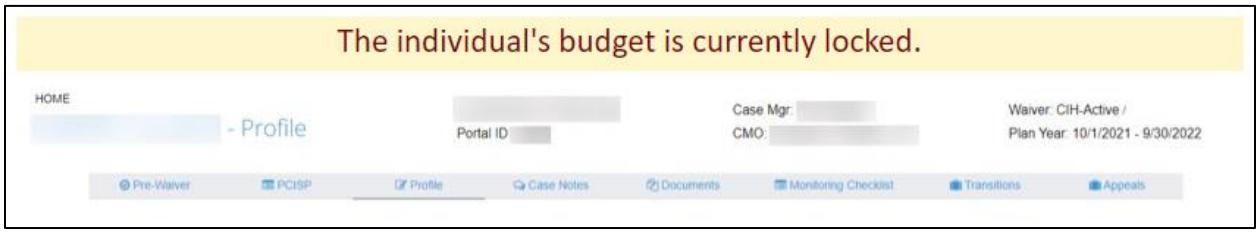
This section outlines Locked Budgets, and how to tell when an allocation (budget) is locked and when it is unlocked.

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.

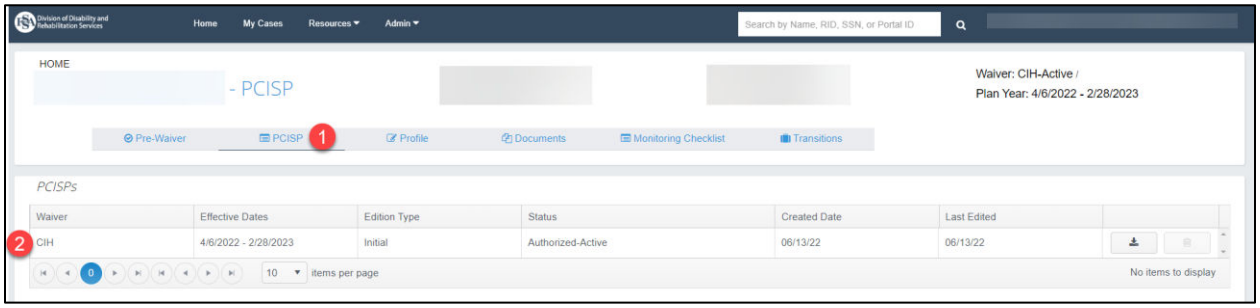
14.2 Prerequisites

- 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.

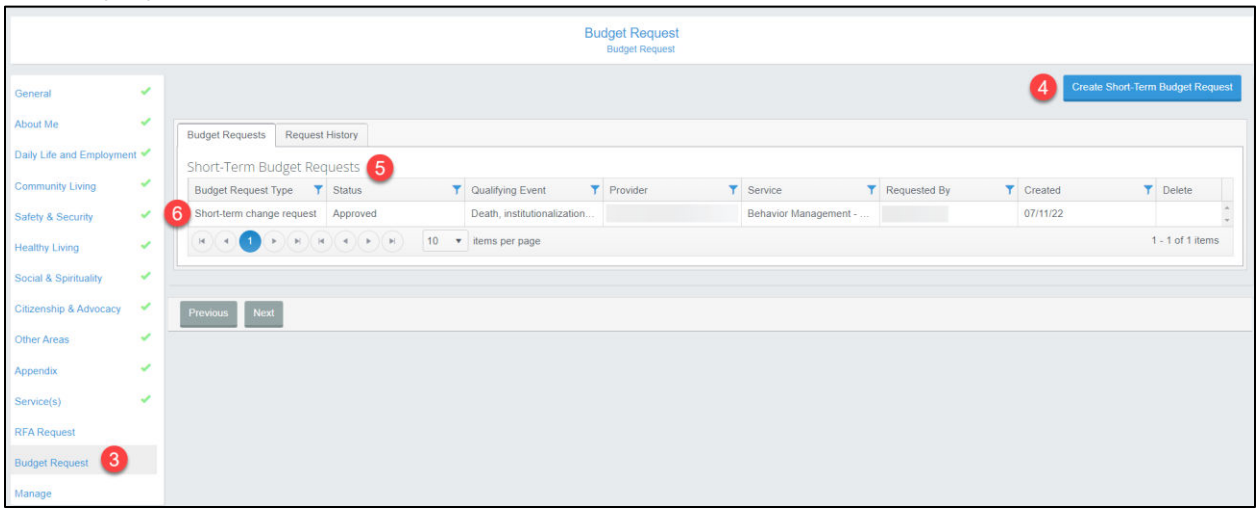
14.3 Short-Term Changes to Budget Requests

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.

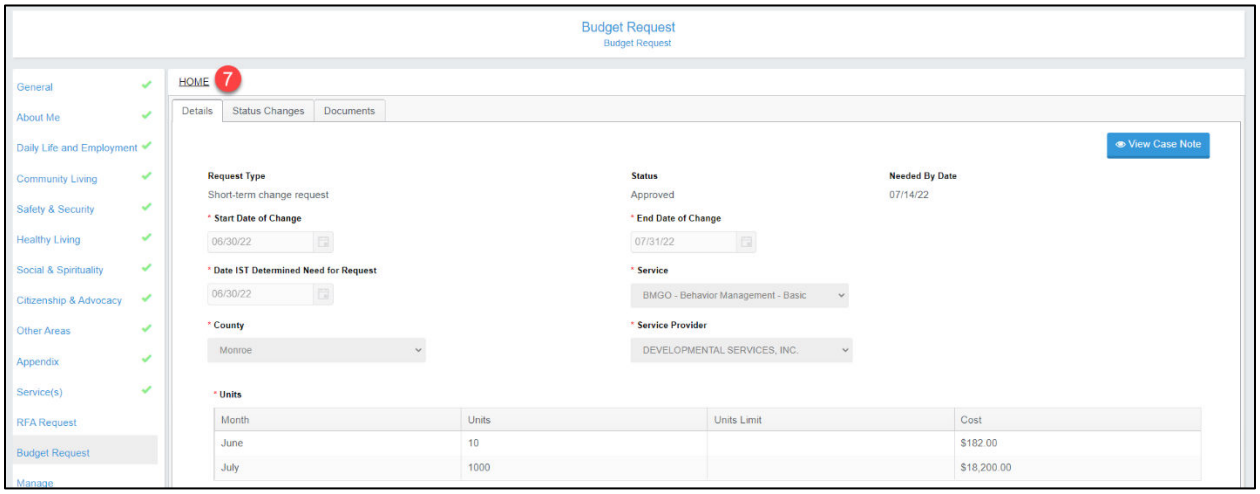
14.3.1 Short-Term Budget Request Navigation & Overview



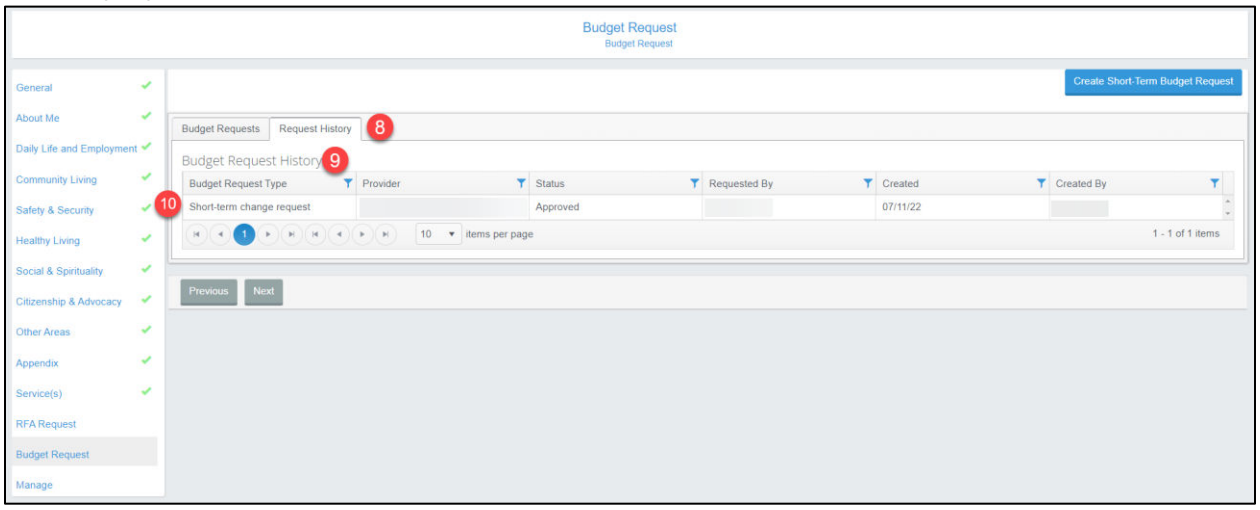
1. From within an individual's record, navigate to the PCISP page in the top navigation bar.
2. Click the Authorized-Active PCISP from the PCISPs grid.



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.

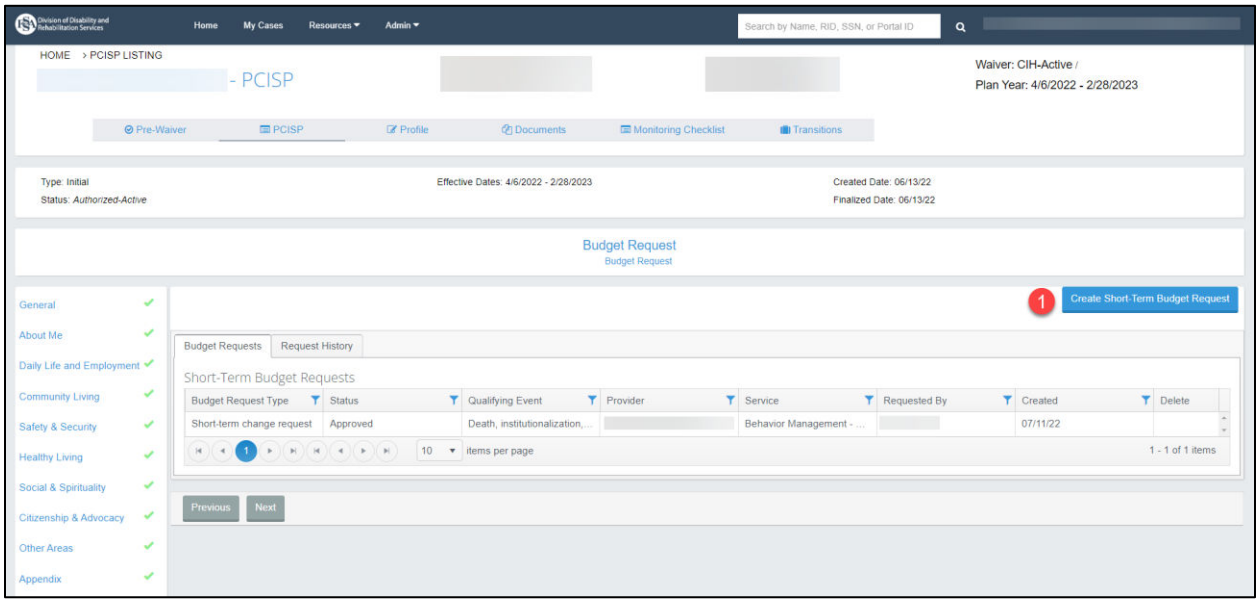


7. Click HOME in the breadcrumb trail once finished reviewing the budget request to return to the Budget Request page.

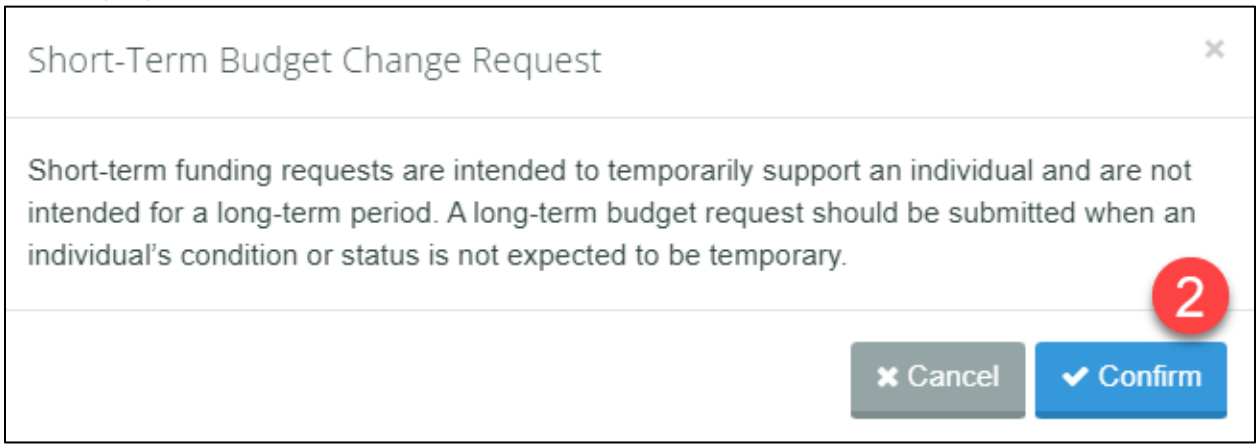


8. Click the Request History tab.
9. The Budget Request History grid shows historical short-term budget requests for the individual.
10. Click a record from the grid to view the details of the request.

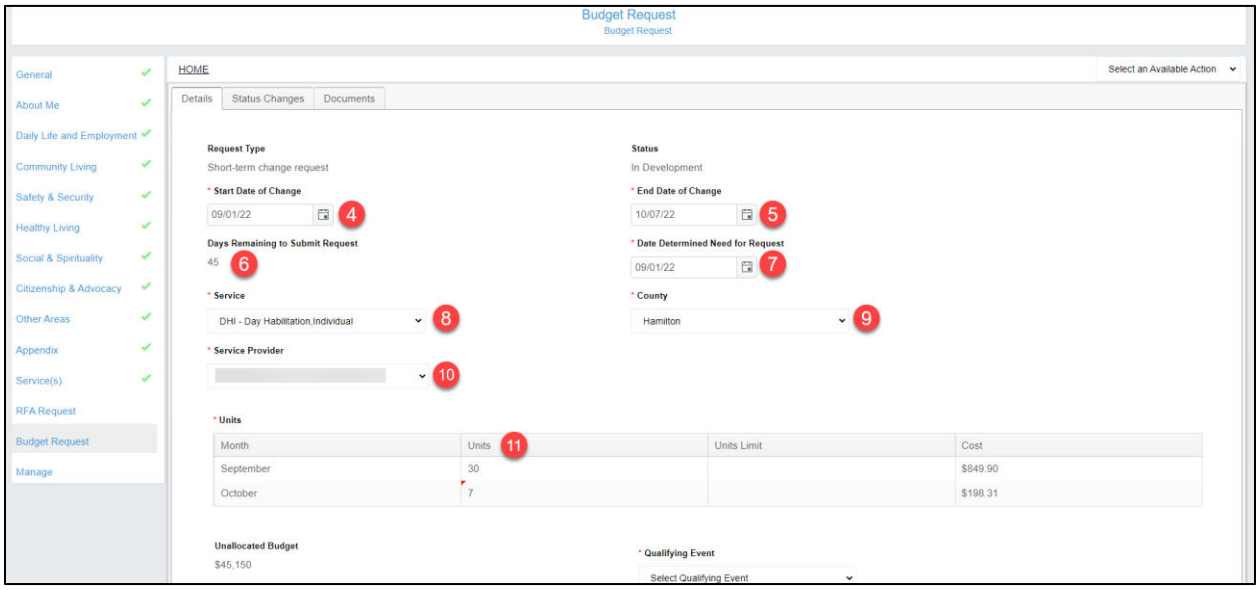
14.3.2 Create a Short-Term Budget Request



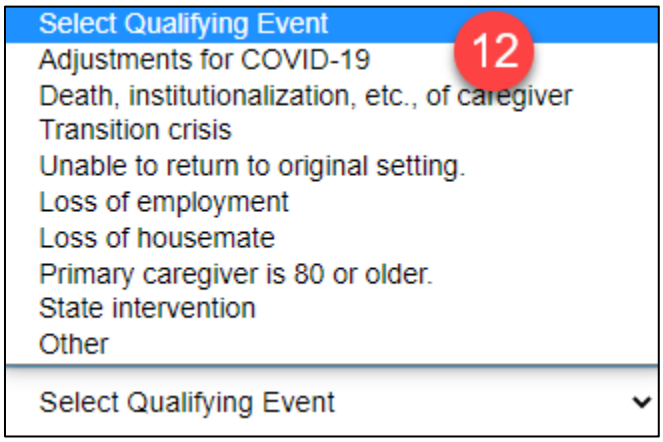
1. Click the 'Create Short-Term Budget Request' button.
   ***NOTE**: Refer to the previous section, [Short-Term Budget Request Navigation & Page Overview](), for information on how to find this button.*



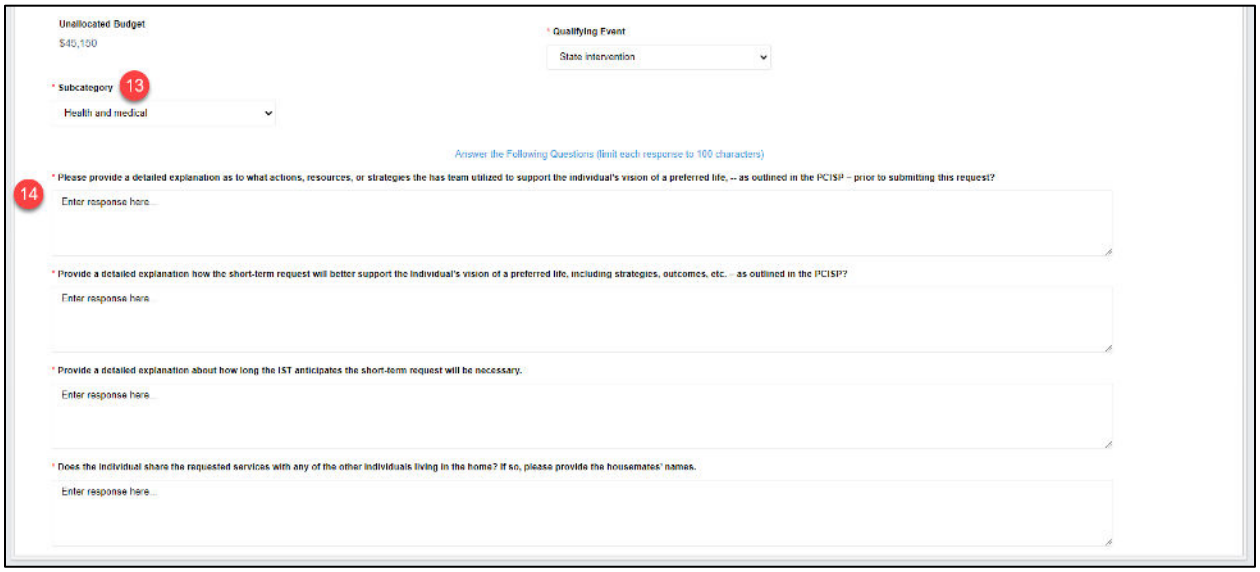
2. Click Confirm once finished reading the message to proceed.
3. The Details tab of the Budget Request displays.



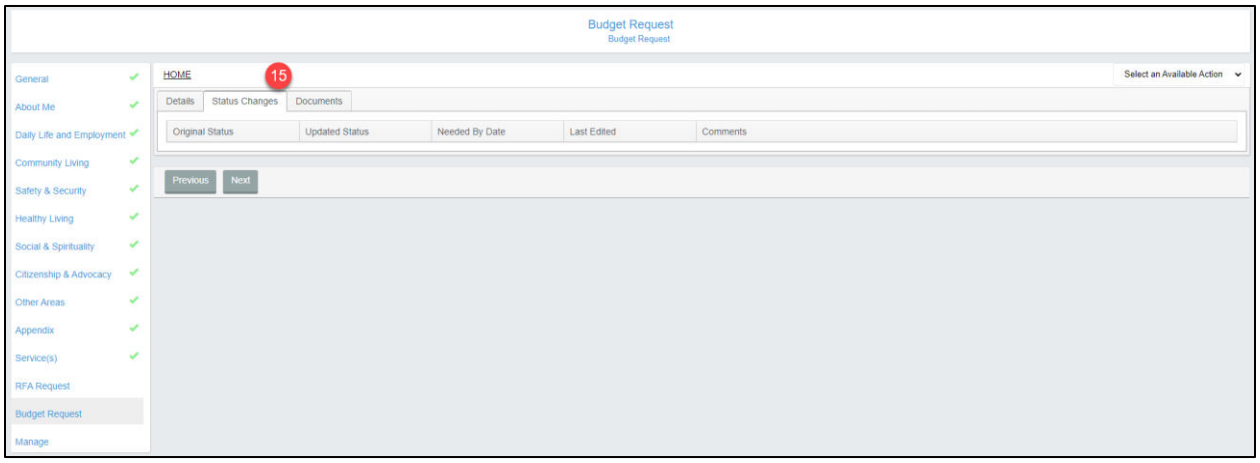
4. Enter the Start Date of Change.*
5. Enter the End Date of Change.*
6. The Days Remaining to Submit Request will generate a number based on the Start Date.
7. Enter a Date Determined Need for Request.*
8. Choose the service from the 'Service' dropdown.*
9. Choose the county the individual will receive 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.*

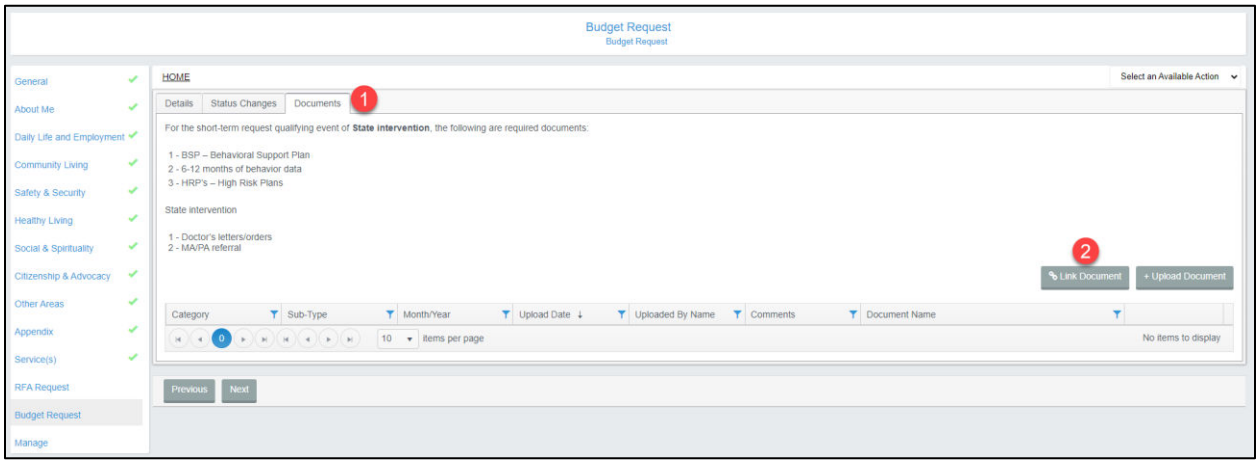


13. Choose a Subcategory, if applicable.*
14. Type in a response for each required question.*

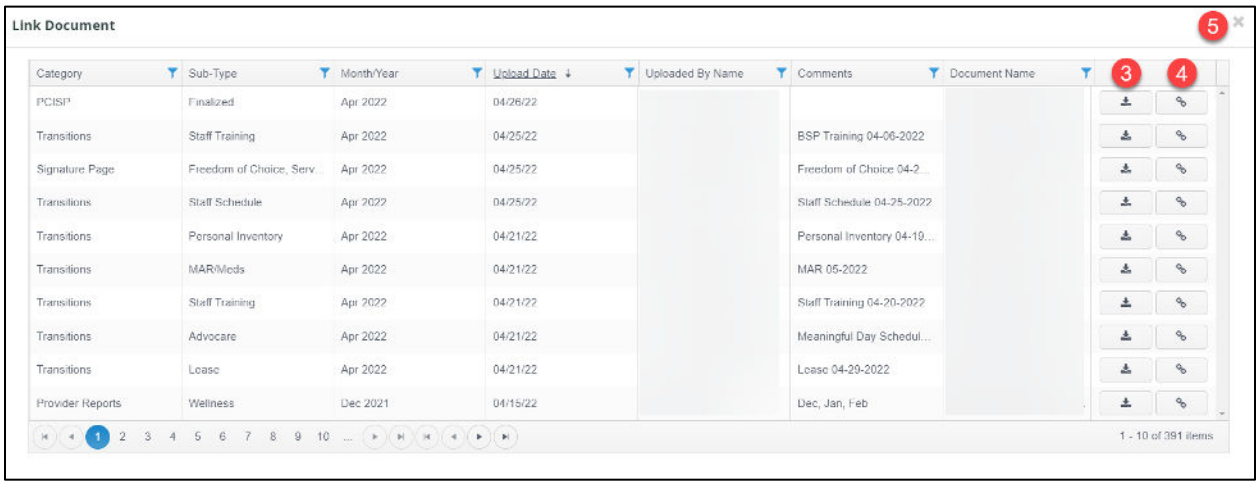


15. Click the Status Changes tab at the top of the Budget Request page.
    ***NOTE**: This page is informational. Once the budget request has been submitted, you can view this tab to see the status, the dates of actions taken, and any comments made by each group.*

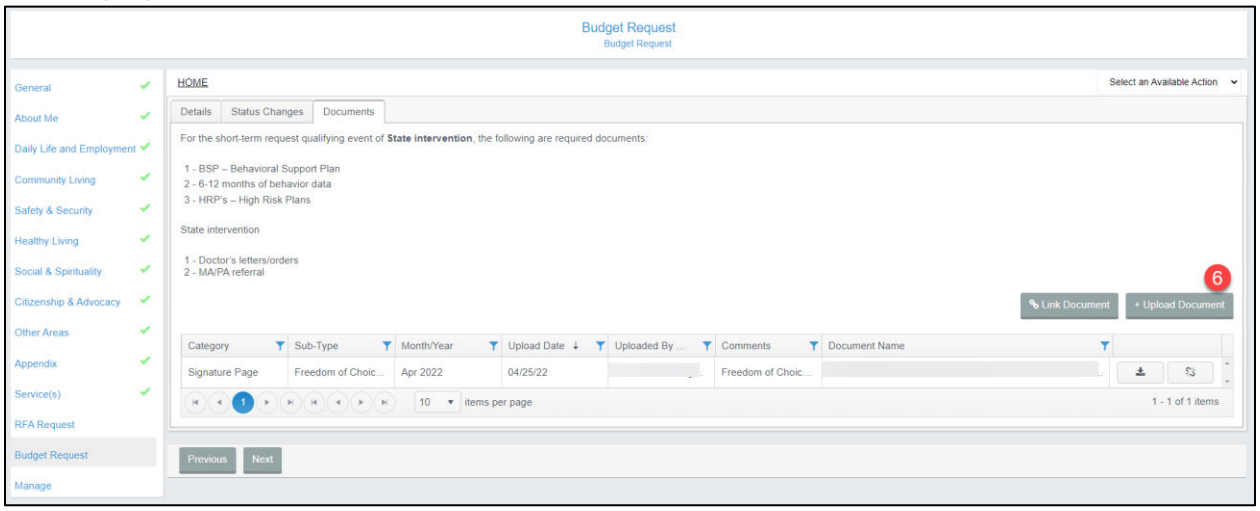
14.3.3 Link and Upload Documents to a Short-Term Budget Request



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.

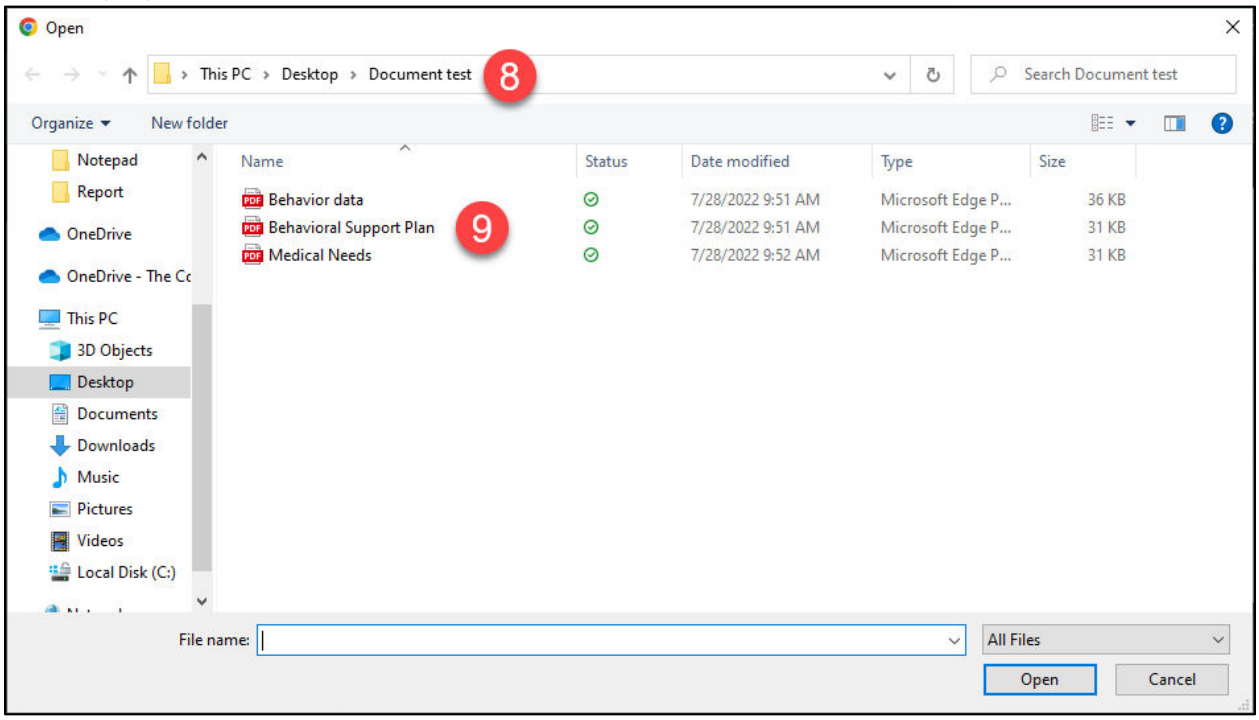


3. Click the Download button to view any documents before linking them to the budget request.
4. Click the Link button to link a document to the budget request.
5. Click the 'X' in the top right corner once you have finished linking & downloading documents.



6. Click the 'Upload Document' button.

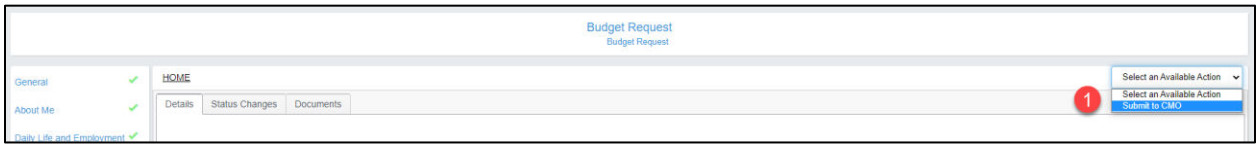
7. Click Choose File.
   ***NOTE**: Only one file can be uploaded at a time. Only PDF files can be uploaded to the BDDS Portal.*



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

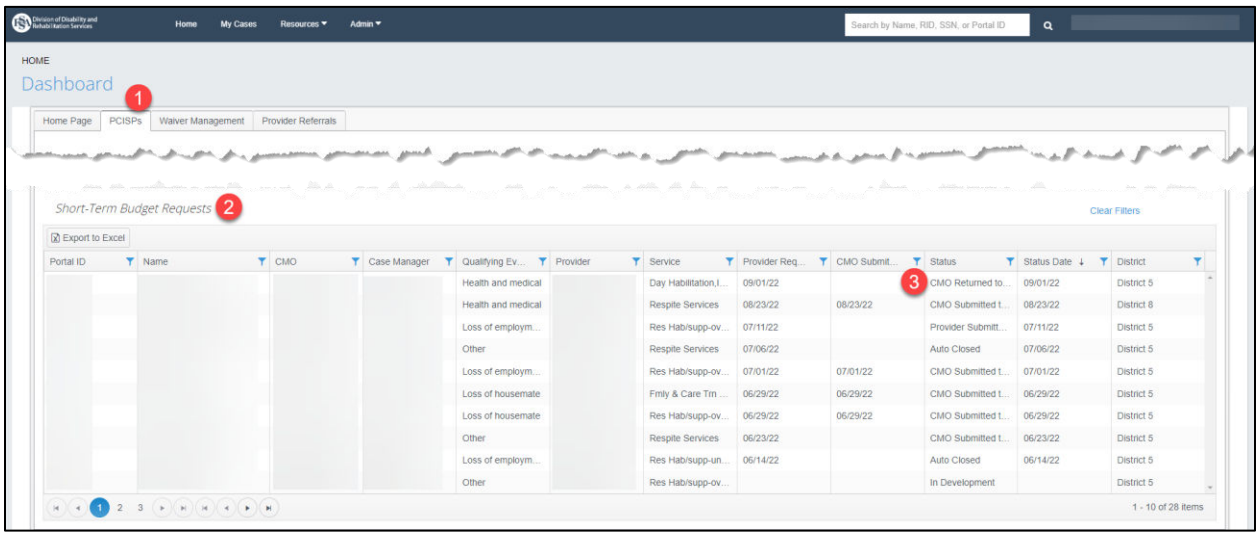


1. Select 'Submit to CMO' from the 'Select an Available Action' dropdown.

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.*

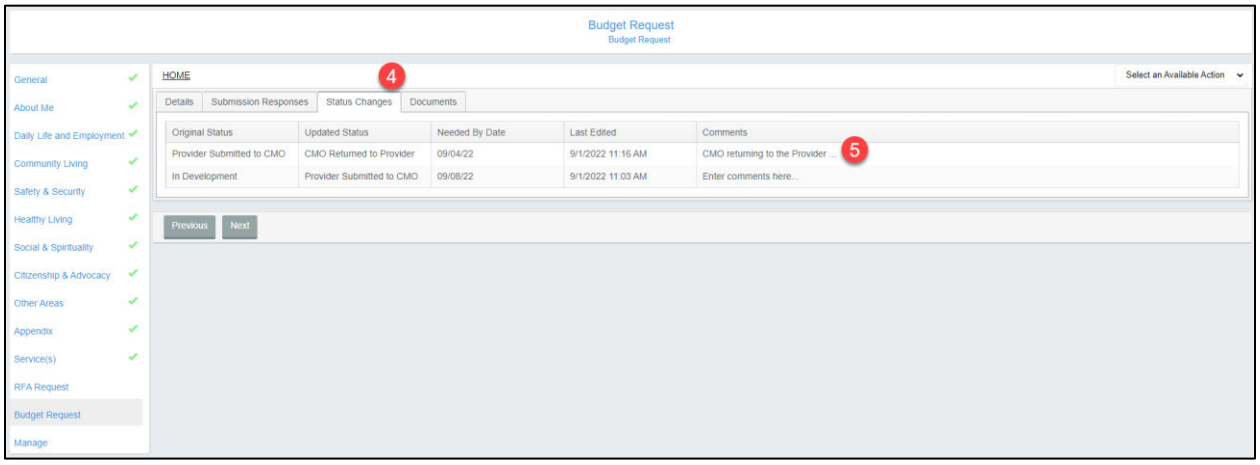
14.3.5 Respond to a Request for More Information

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.

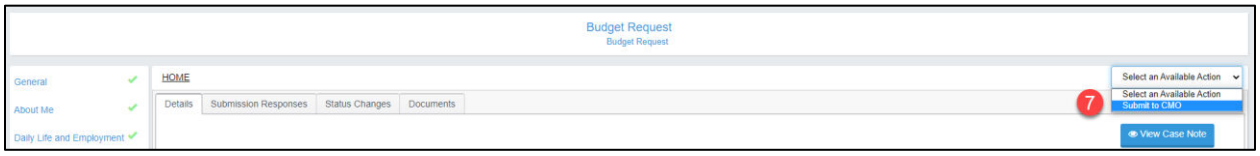


1. Navigate to the 'PCISPs' Dashboard tab.

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.



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.



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

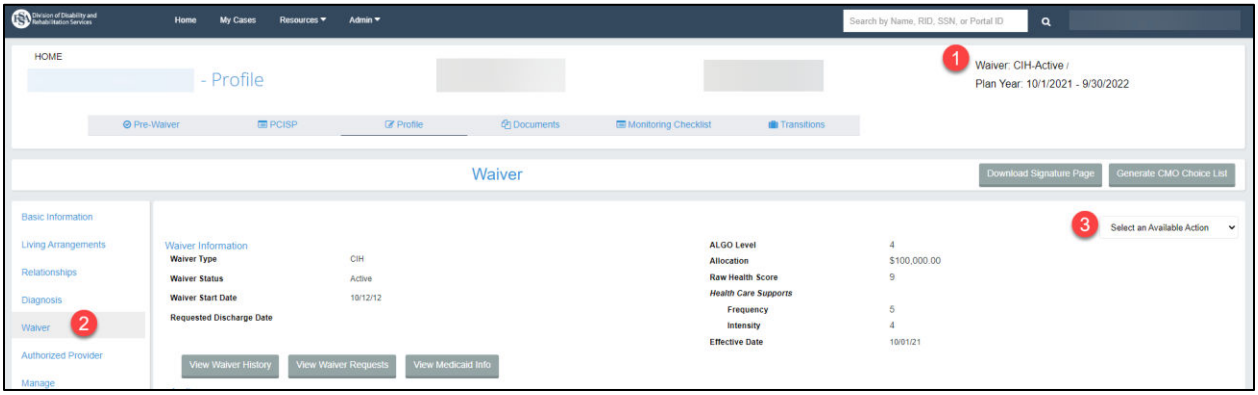
- A standard interruption is for 30 days:
  - Interruptions can be backdated up to 30 days.
  - Interruptions have a grace period of 15 days when action can still be taken
  - Interruptions not restarted or extended by day 45 will auto-terminate the waiver on day 46
  - An Interruption should never be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

15.3.3 Extended Interruption Time Frame

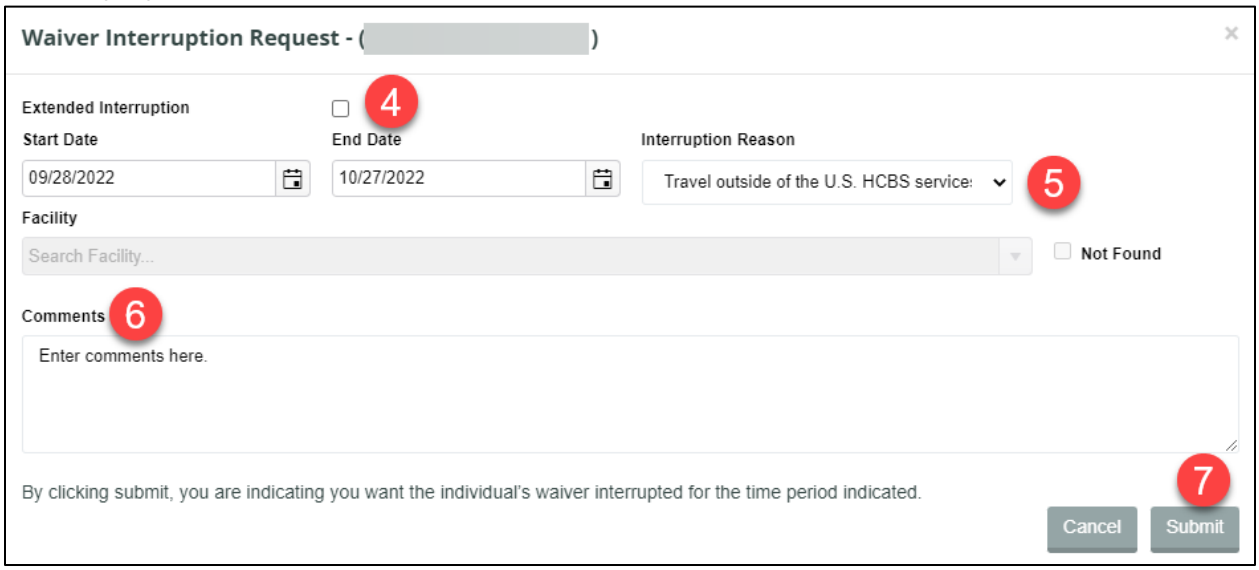
- An Extended Interruption is 90 for days:
  - Extended Interruptions can be backdated up to 30 days.
  - Extended Interruptions have a grace period of 15 days when action can still be taken
  - Extended Interruptions not restarted by day 105 will auto-terminate on day 106
  - Extended Interruptions 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.

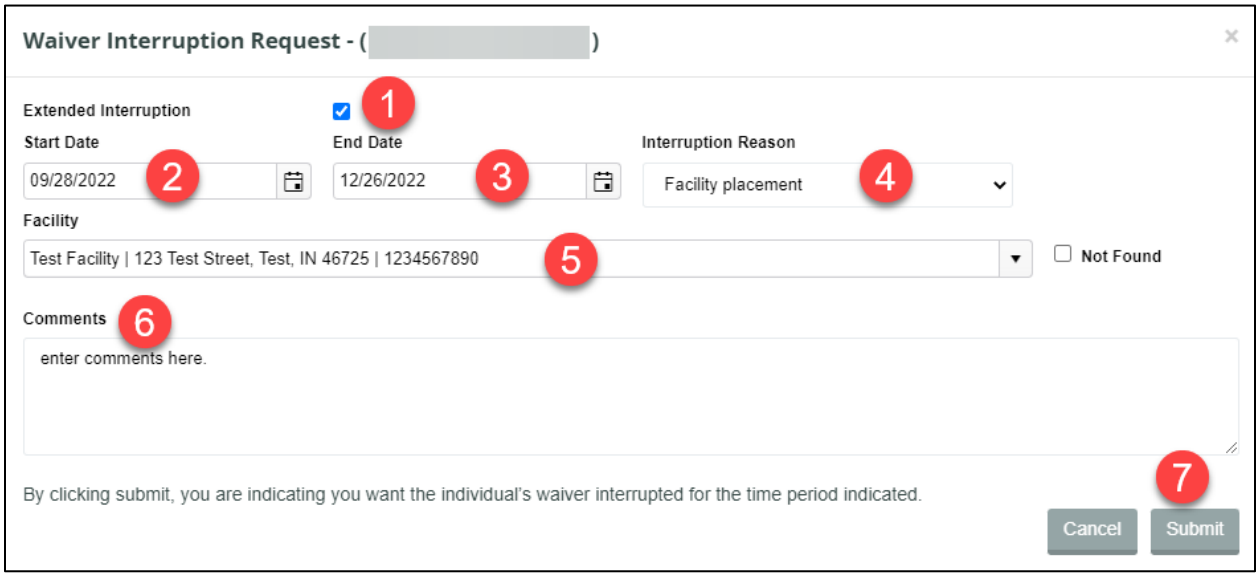


1. Navigate to an individual that is active on a waiver and needs to have an interruption request submitted.
2. Click on the Waiver page in the individual's record.
3. In the 'Select an Available Action' dropdown, choose 'Request Waiver Interruption'.



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

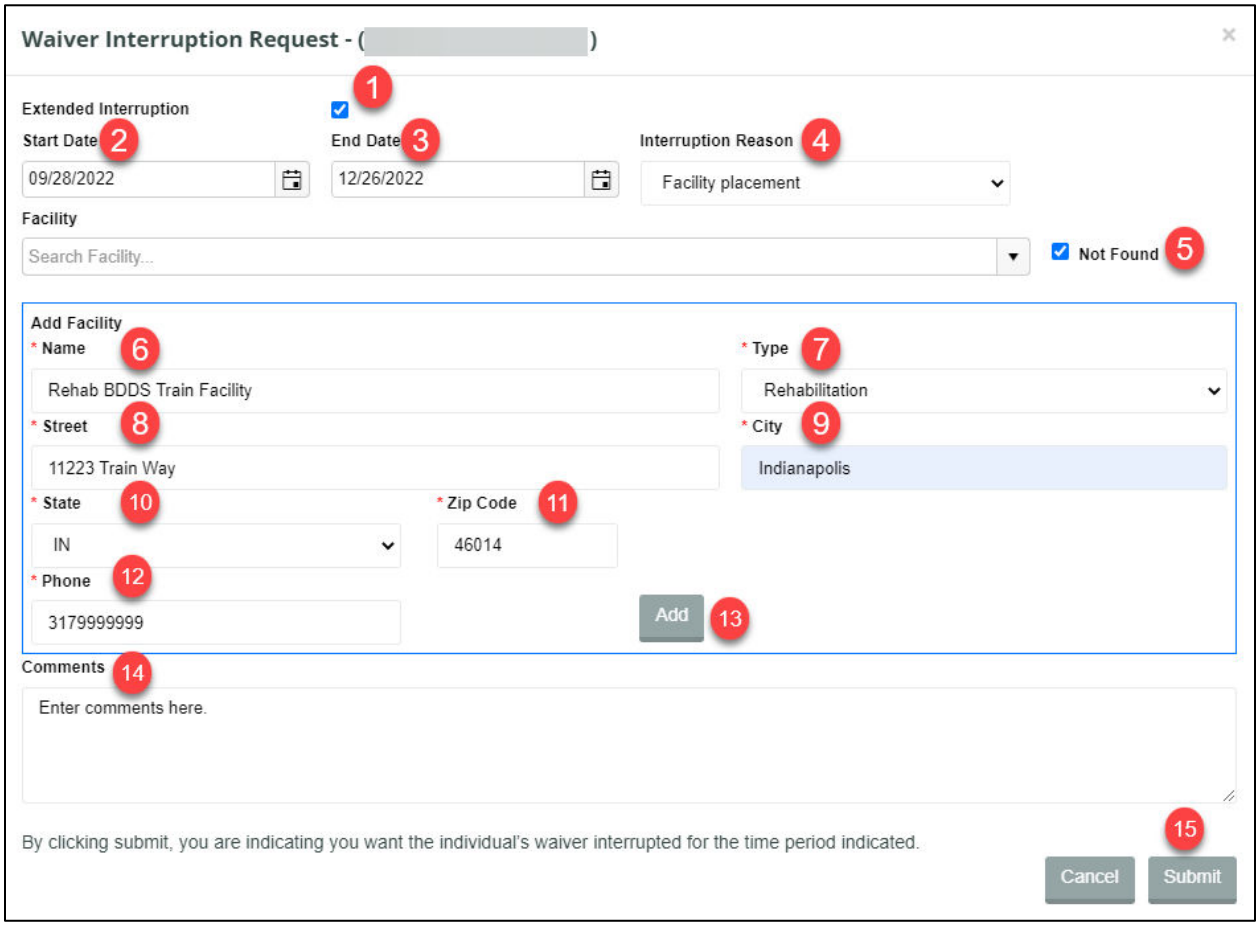


1. Check the Extended Interruption box if the Waiver Interruption Request will exceed 30 days,

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



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.

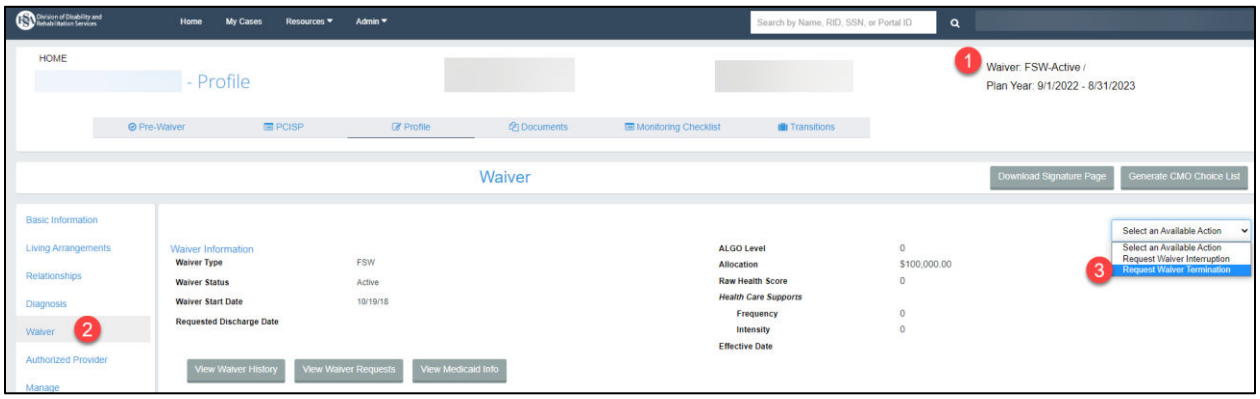
15.4 Waiver Termination

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.

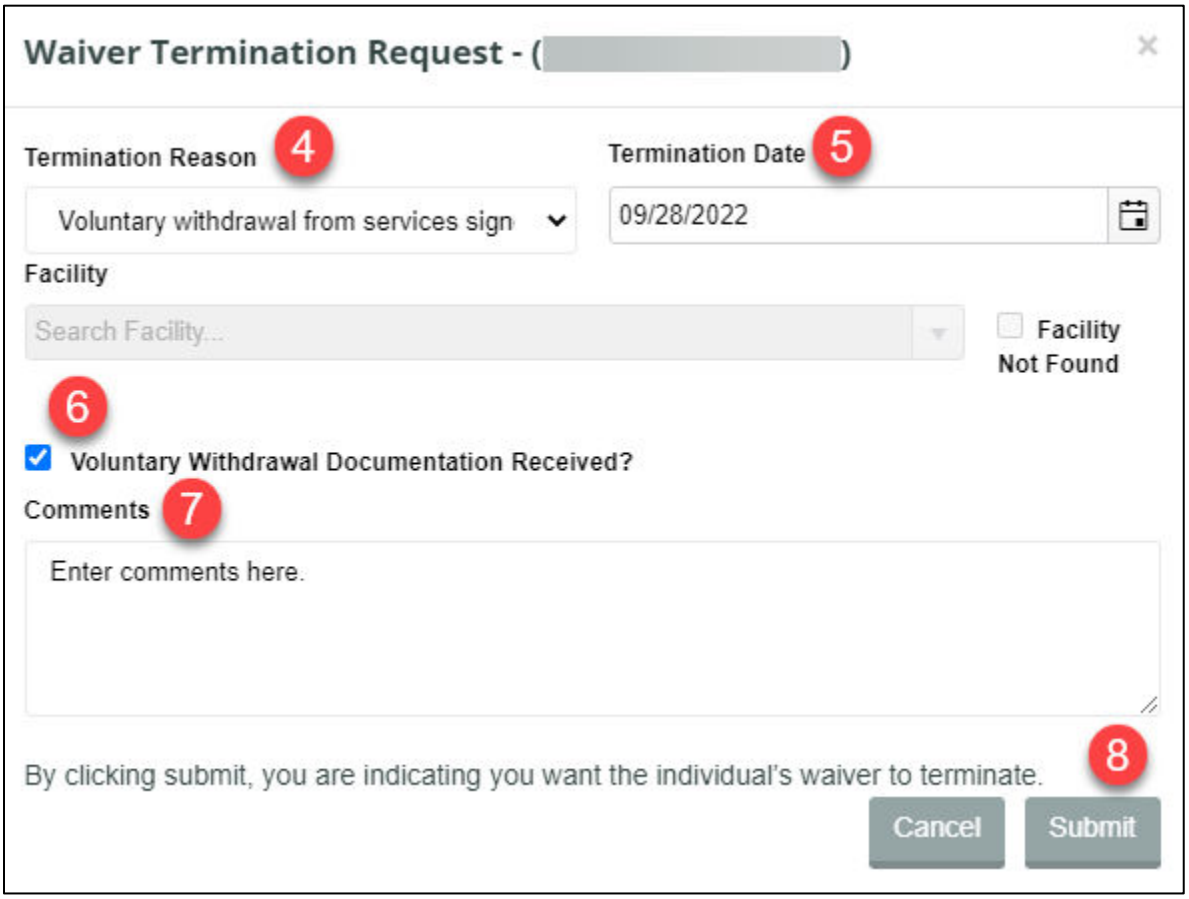
15.4.1 Waiver Termination Matrix

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



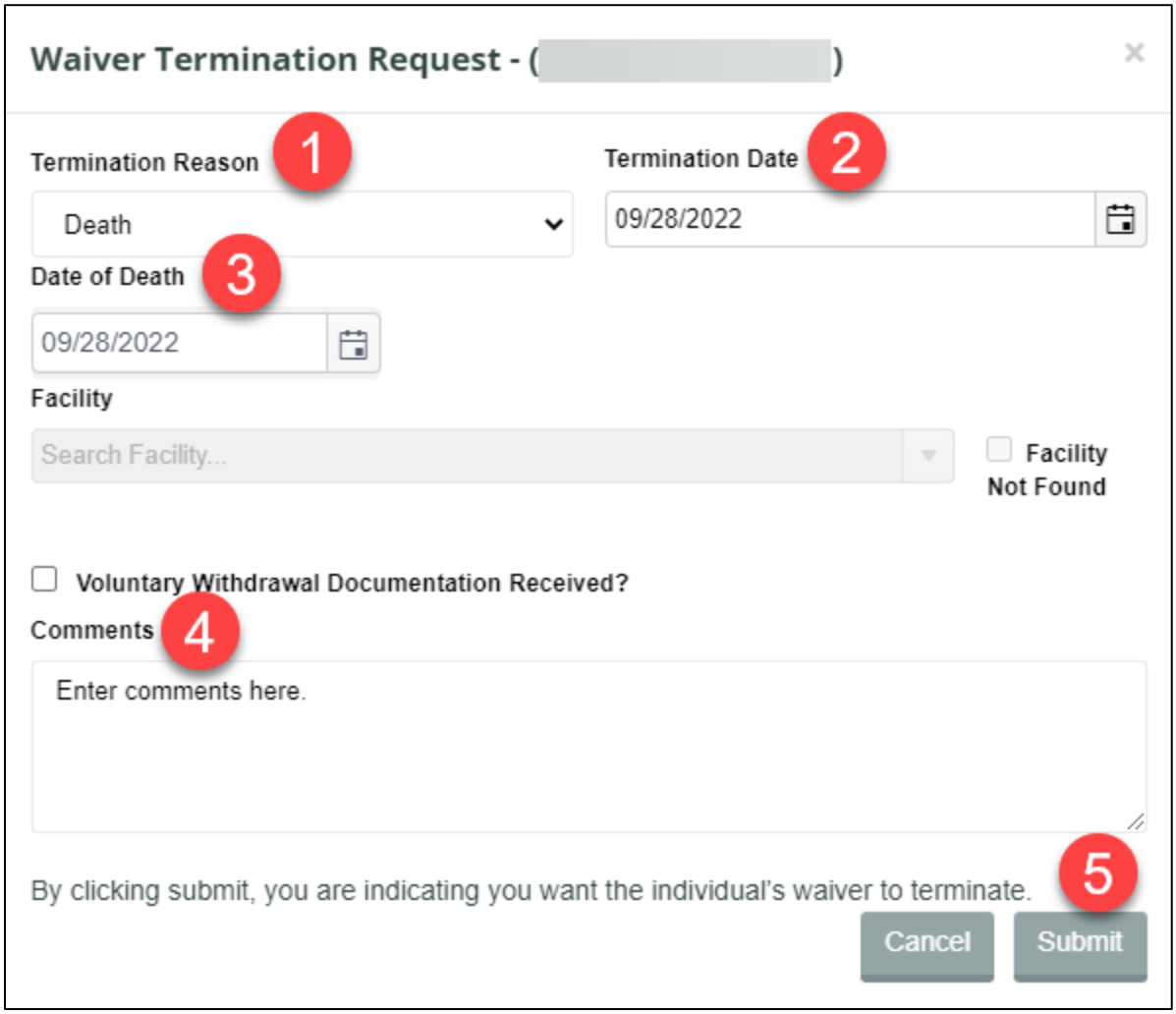
1. Navigate to the record for an individual who is active on a waiver and needs to have a Termination Request submitted.
2. Navigate to the Waiver page of the individual's record.
3. Select 'Request Waiver Termination' from the 'Select an Available Action' dropdown.



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

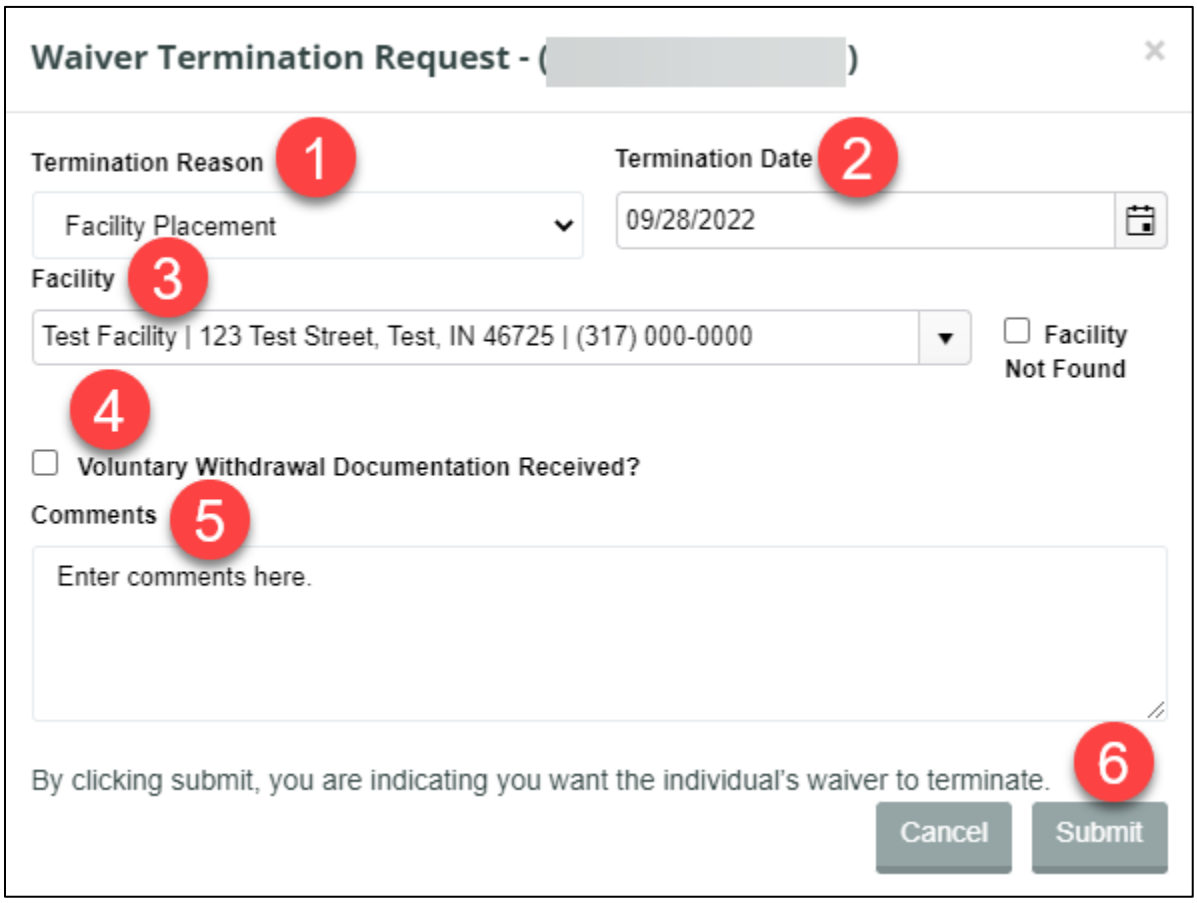
7. Enter Comments, if applicable.
8. Click Submit on the request and confirm to save the Waiver Termination.

15.4.3 Date of Death Termination Reason



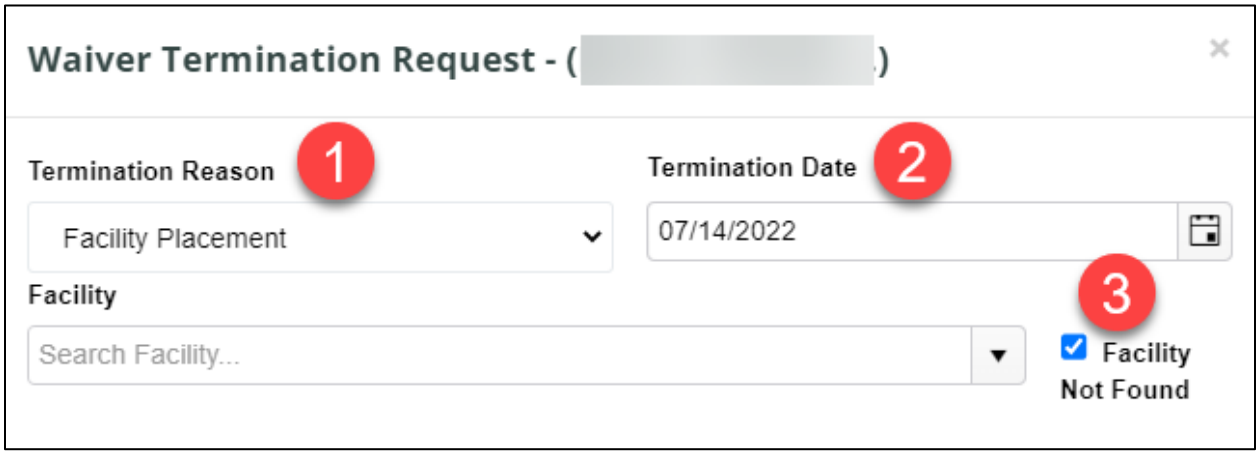
1. Choose Death as the Termination Reason.
2. Enter a Termination Date.
3. Enter the Date of Death.
   ***NOTE**: The Date of Death must match the Termination Date to submit the request.*
4. Enter Comments, if applicable.
5. Click Submit on the request and confirm to save the Waiver Termination.

15.4.4 Existing Facility Termination Reason

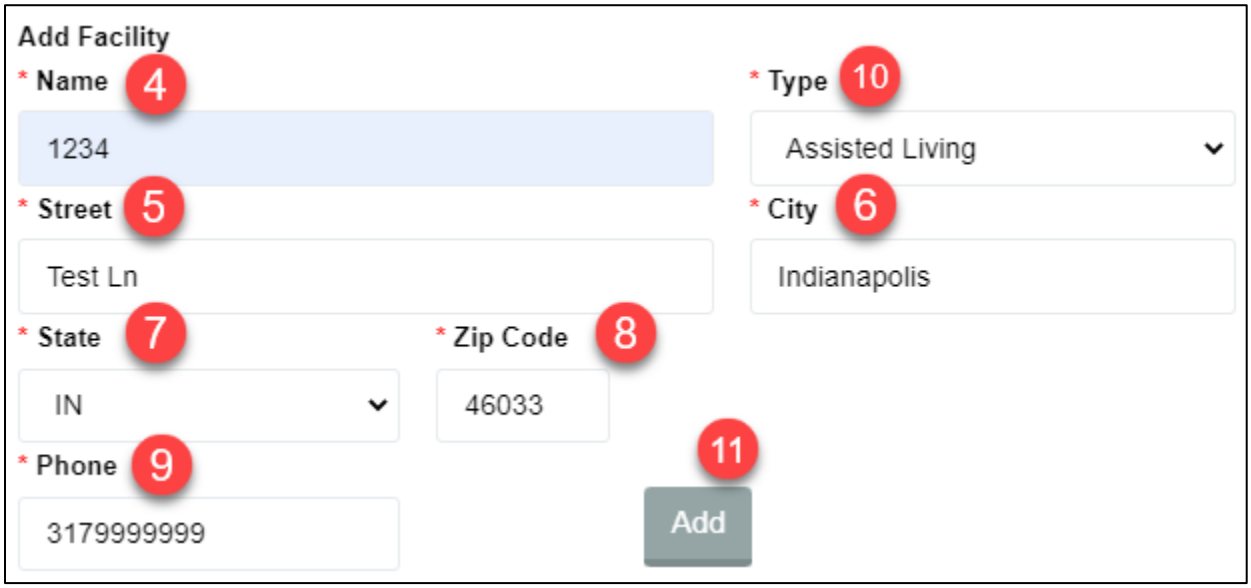


1. Choose Facility Placement as the Termination Reason.
   ***NOTE**: This displays the 'Facility' dropdown.*
2. Choose a Termination Date.
3. Choose a Facility from the Facility dropdown.
4. Check the Voluntary Withdrawal Documentation Received? box, if applicable.
5. Add comments, if applicable.
6.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

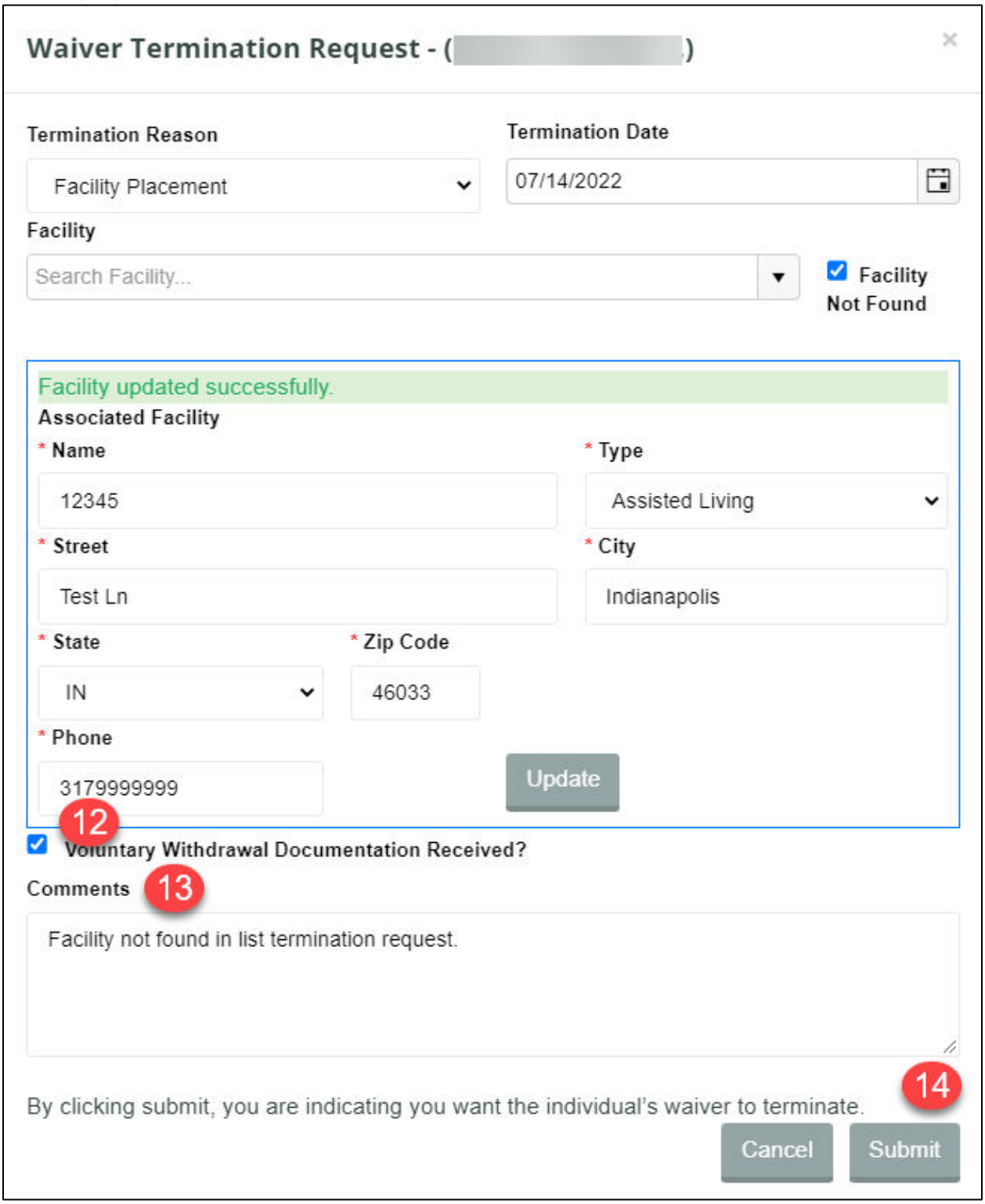
15.4.5 Facility Not Found Termination Reason



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.*



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.*



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.