Nebraska Provider Screening and Enrollment

Home Care Based Services (HCBS) Updates

Updating Information for HCBS Providers

Note: If you do not have a username and password, see the appropriate Account Creation Instructions.

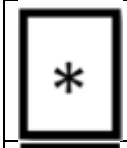
This will be completed at the
Provider Data Management Site (PDMS) for Nebraska Medicaid Provider Screening and Enrollment.

The steps below will guide you through updating an application for HCBS providers.

All applications must be submitted for review when completed.

Note: HCBS Provider Locations using an EIN are considered Agencies and must have a Type 2 NPI. HCBS Provider Locations using an SSN are considered Individual HCB Providers and must have a Type 1 NPI.

Symbols to watch for:

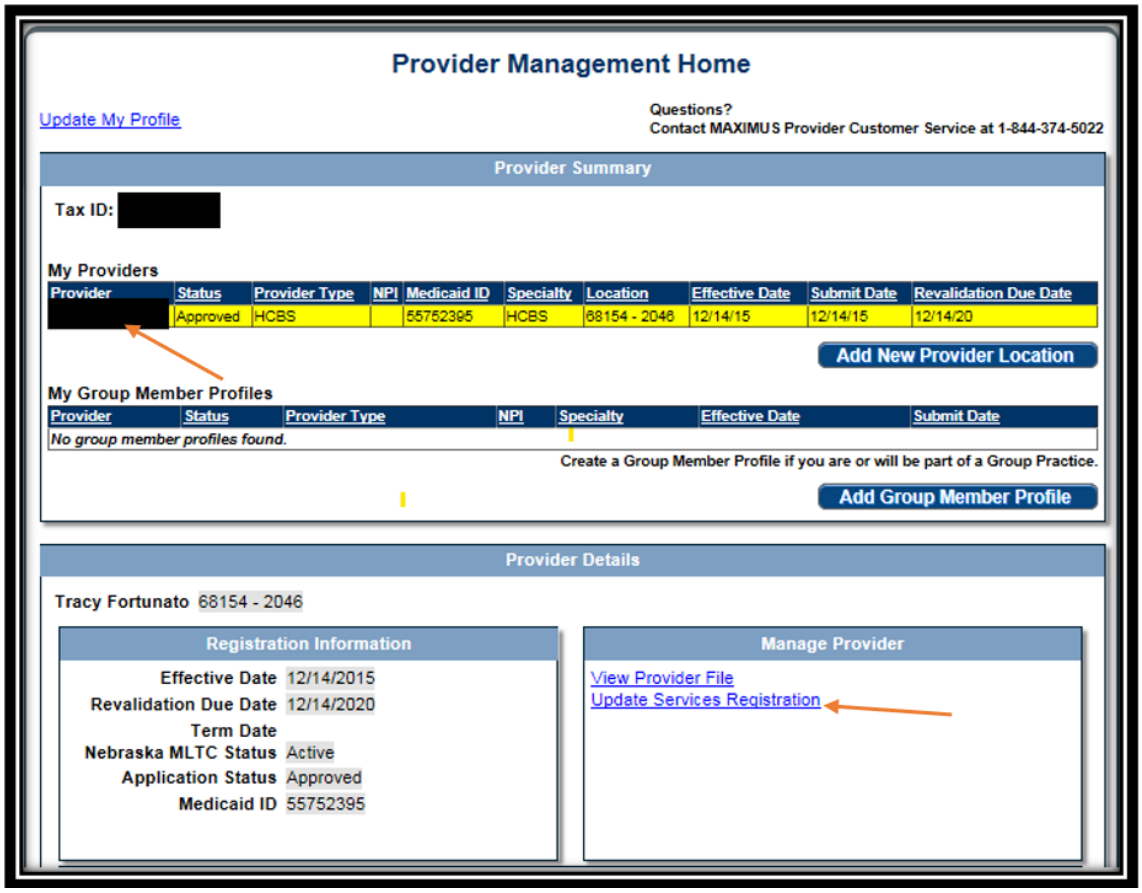
	A pencil symbol represents the option to EDIT information. Click on the symbol to open the box and allow edits.
	The asterisk symbol represents when a field is REQUIRED.
	The circle with a question mark symbol represents that there is HELP TEXT when you hover over the symbol.
	The plus mark symbol represents the option to ADD information. Click on the symbol to open the box and add information.
	The ex or cross mark symbol represents the option to DELETE information. Click on the symbol to remove the information.

Accessing Your Provider Enrollment

Log into the Portal. See Account Creation for Instructions.

The provider name must be highlighted by selecting the Provider's **NAME**.

Click **Update Services Registration** to update enrollment information.

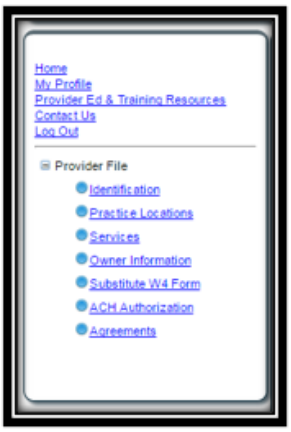


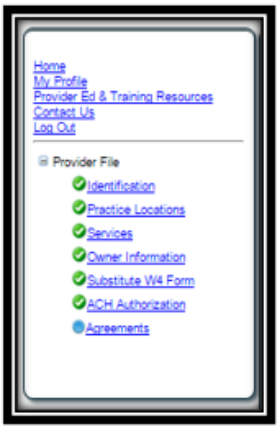
This will take you to the application.

Viewing the Provider Enrollment

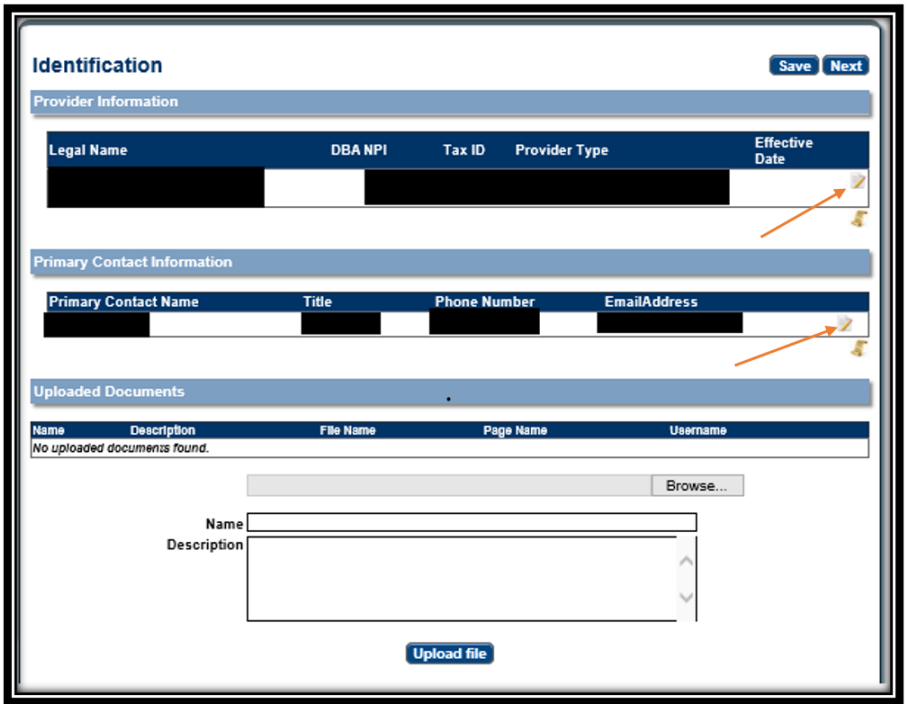
If at any time you want to return to the home page, you need to re-enter this application or Edit a Key Provider Identifier, see the HCBS Provider Management Home Resource.

On the Bottom left side of the page, you will see a list of all the pages you need to complete. Each blue bullet point will change to a green checkmark when it is completed.

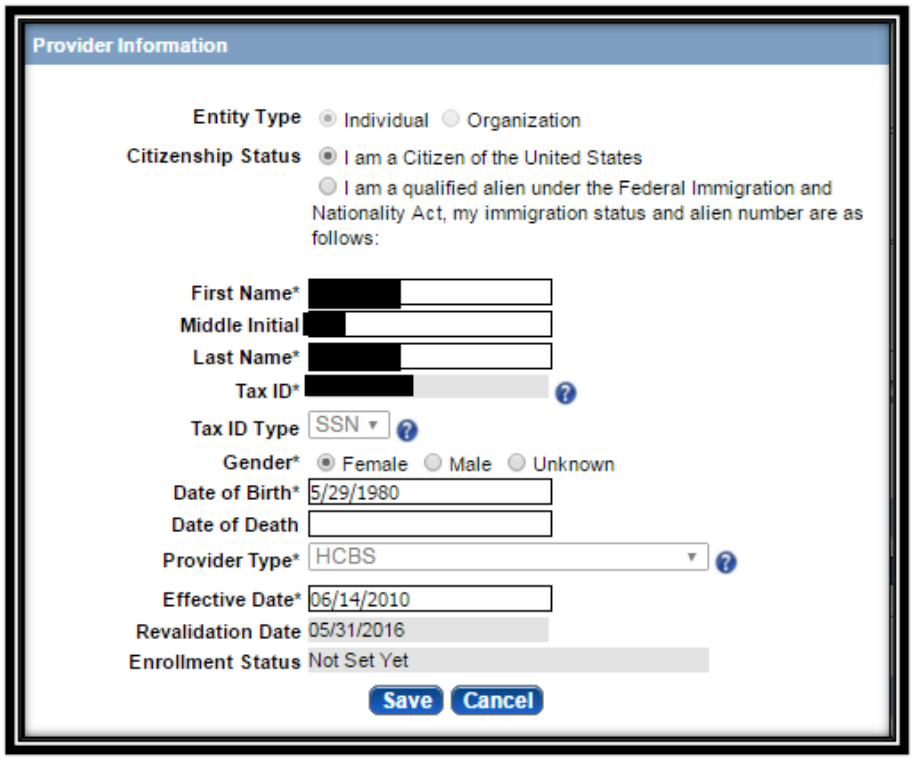




Identification Page



Complete the Provider Information section by selecting the edit symbol. The following box will open:



Individuals must select the appropriate citizen status, complete all required fields, and ensure all the information is correct and select **Save**.

Your Citizen Status will determine if an Immigration Status and Alien Number are required. It is recommended that documentation is uploaded to help expedite immigration status screening. Useful information includes Alien Number, SEVIS Identifier, I-94 Number, Passport Number, Naturalization/Citizen Number, Card Number (Green Card, Receipt Number, Permanent Resident Number), or Visa number.

> *See the Business/Provider Location Provider-Management Home Resource if a Key Provider Identifier is incorrect.*

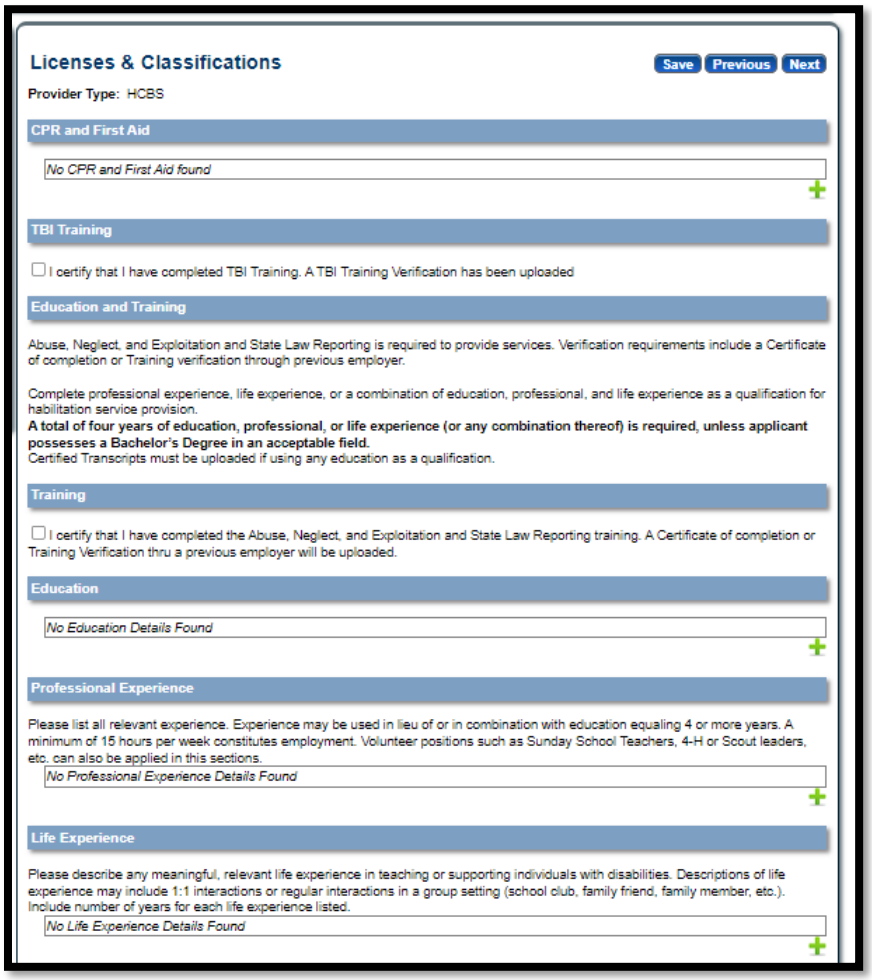
Primary Contact Information. On the Identification page, select **Add** or **Edit**. The following box will open:

Complete all required fields and select **Save**.

On the Identification page you will not be required to upload any documents unless you are requesting a retro effective date.

Click **Next** to proceed to the next page.

License and Clasifications Page on Some HCBS Registrations



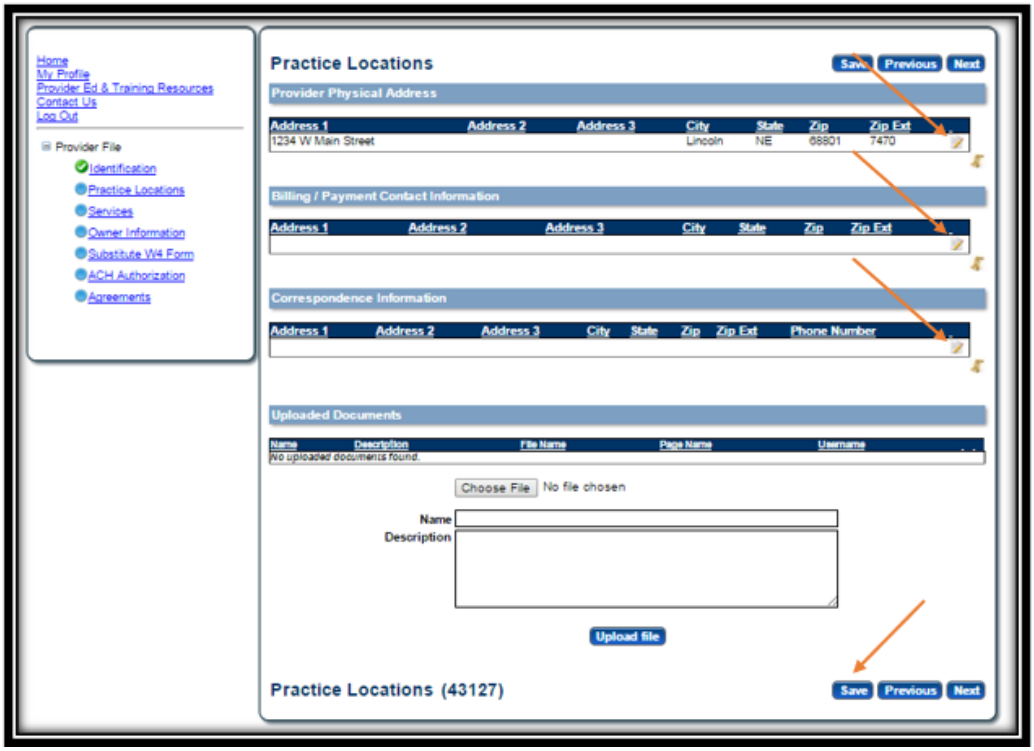
This page is displayed based on specific service requirements. Fill out all required information. Ensure all certifications are current.

- **License –** Issued by DHHS and should be current
- **CPR and First Aid** - Must be from an approved source. CPR must include hands on skills assessment. They do not have to be from the same course or source
- **Abuse and Neglect Training** - Must be from an approved source. You can also complete the free DHHS Abuse and Neglect Training Online and upload the certification. The certification does not expire.
- **Education, Life and or Work Experience** - It must total 4 years or 48 months of experience.
  1. **Education** (no degree required, based on credits on an official transcript with classes in psychology, social work, sociology, human services, or related field. Copy of Certified Transcripts required, 8 credits = 1 year
  2. **Work Experience** in a related industry (can include volunteer work)
  3. **Life Experience** must be related to Developmental Disability (can include volunteer experience)
- **TBI Training** can complete the DHHS Training and upload the Certification. Does not expire

- **Driver's License** information is not required on this page, but you may be required to supply this if you have an out of state address. If you are Out of State College Student in Nebraska, you may have to supply your driver's license and a copy of you student ID. You will receive notification if this is required or you can upload it now.

Click **Next** to proceed to the next page.

Practice Locations Page

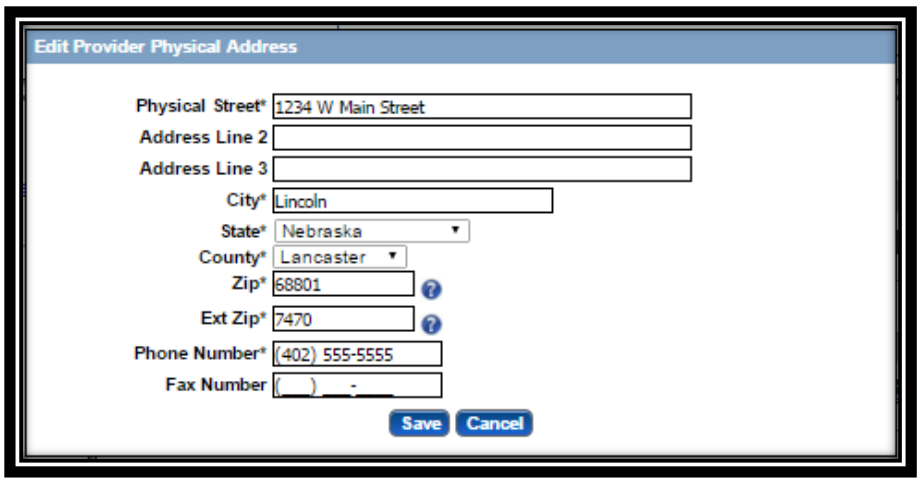


Provider Physical Address, Bill/Payment Contact Information and Correspondence Information are required sections that need to be completed.

Provider Physical

The physical address CANNOT be a PO BOX. If you provide services in a client's home **do not enter the client's address**. Enter the address of your Individual Primary Residence or Agency address. Ensure this phone number is current.

Click the edit symbol. The following box will open:

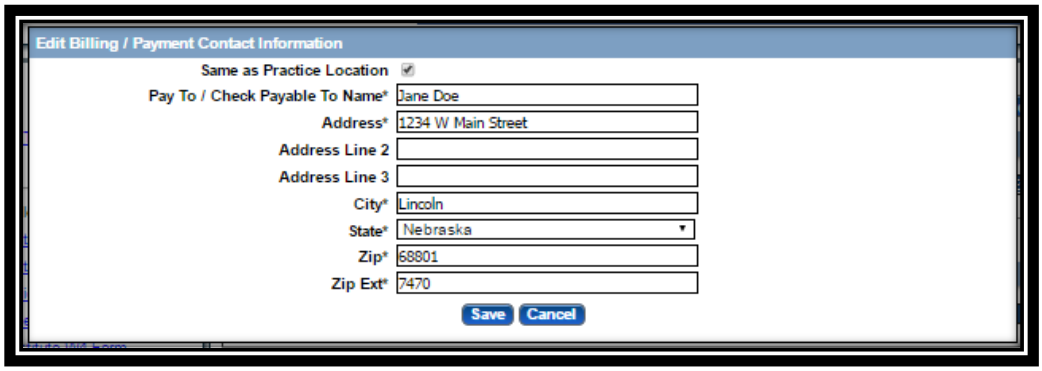


Complete all required fields, confirm all information is correct, and select Save.

See the HCBS Provider Management Home Resource if a Key Provider Identifier is incorrect, including the Zip Code.

Billing/Payment Contact Information

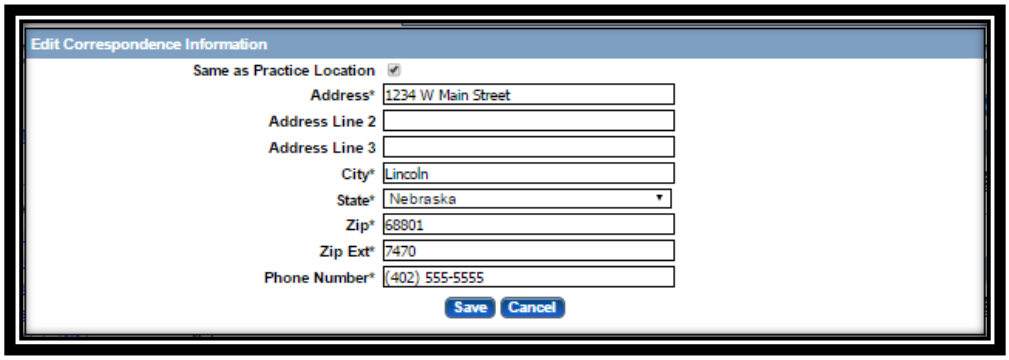
Click the **Add** or **Edit** symbol. The following box will open:



Complete all required fields, confirm all information is correct, and select **Save**.

Correspondence Information

Click the add symbol. The following box will open:



Complete All required fields, confirm all information is correct, and select **Save**. Ensure this phone number is current.

You will not be required to upload any documents on the Practice Locations page.

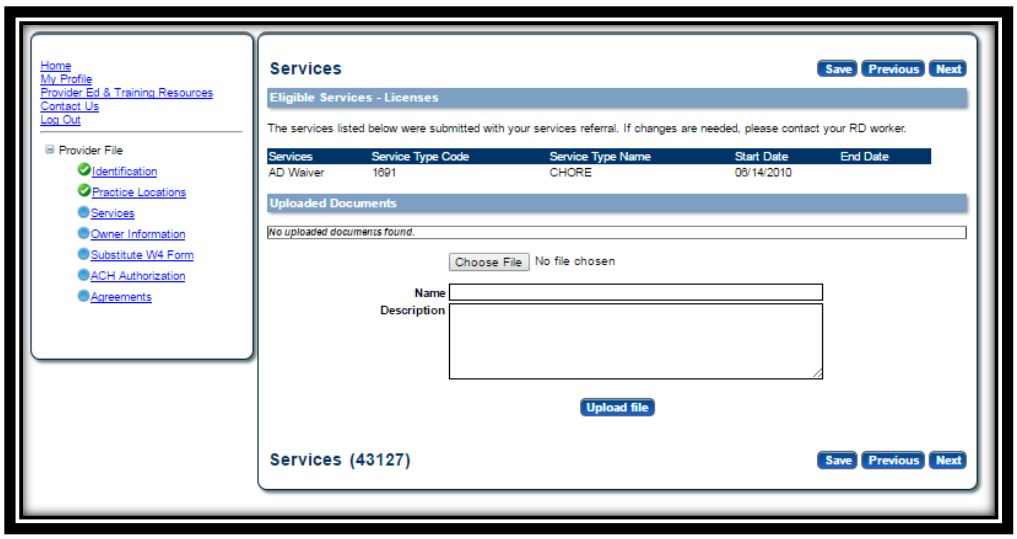
Select **Next** to proceed to the next page.

Provider Directory Information Page

The Provider Screening and Enrollment system now collects Provider Directory information. Responses to the questions will be included on the public Medicaid Provider Directory on the DHHS website, as required by the Centers for Medicare and Medicaid Services (CMS). Questions are optional, but providers are responsible for ensuring the accuracy of their information and for updating it regularly in the Provider Data Management System (PDMS).

Services Page

The Program Service Code(s) that the provider is authorized to provide will be present on this page. No action is required. Select **Next**.



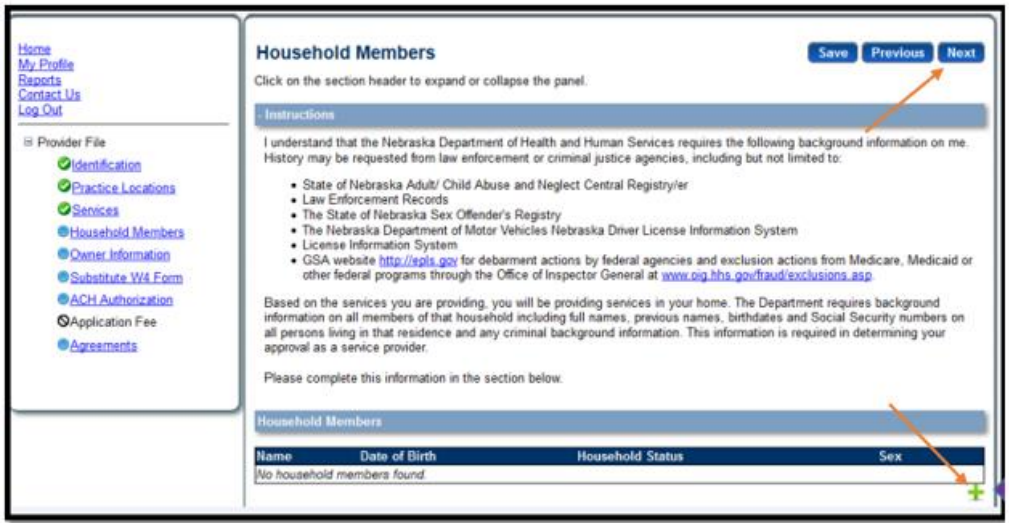
You will not be required to upload any documents on the Services page.

Household Members Page

NOT ALL PROVIDERS WILL HAVE THIS PAGE.

Some INDIVDIUAL HCBS providers are required to list Household Members living in their home. You do not have to list the provider. You do not need to list the client if you only have one client in the home. If more than one client is in the home, you must list all clients that are 13 years of age or older.

List ALL other people that live at the Provider's Physical Address by selecting **ADD**.



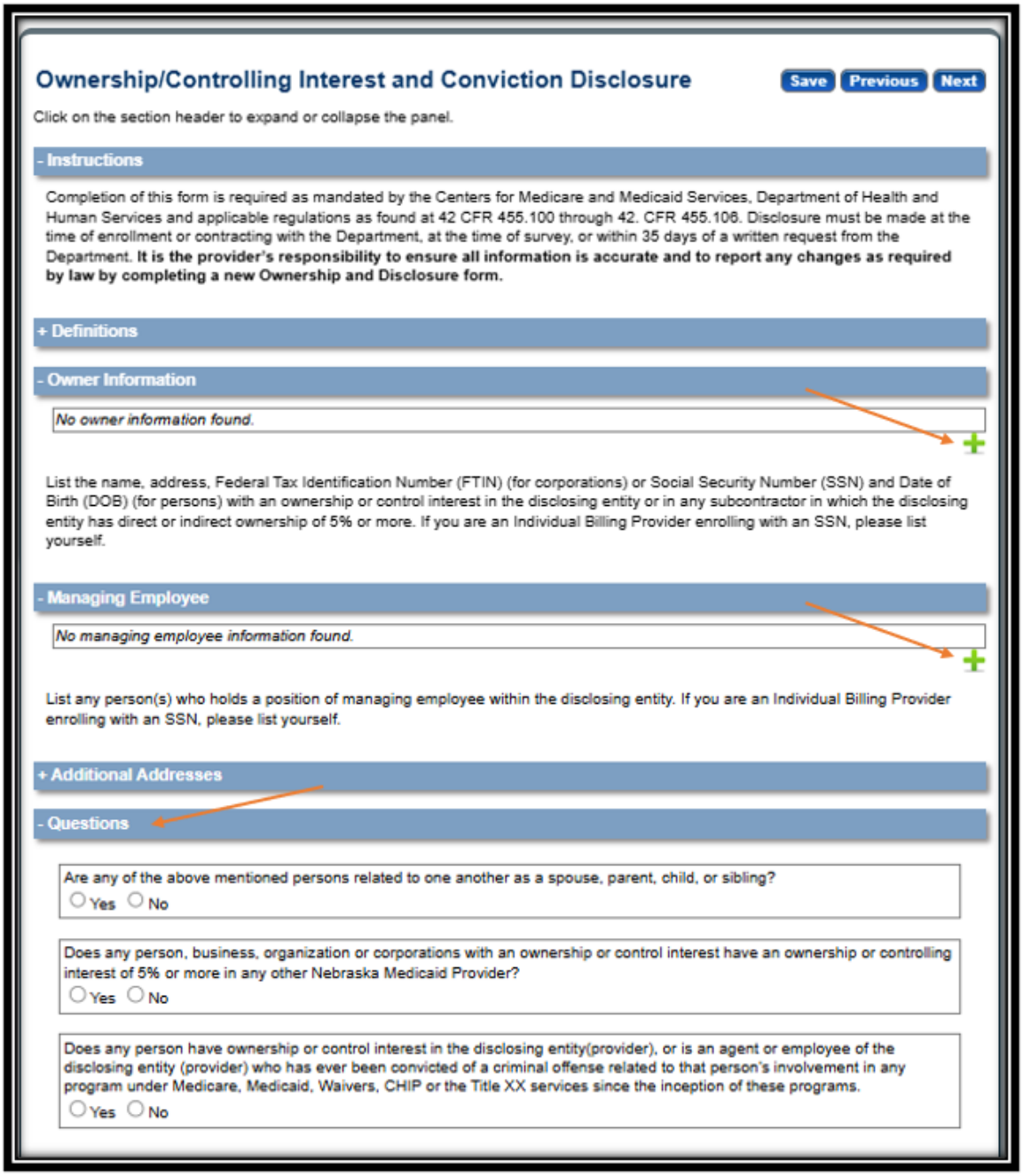
Select **Add** or **Edit** to make necessary changes to household members.

When all Household Members have been entered click **Next**.

You will not be required to upload any documents on the Household Members page.

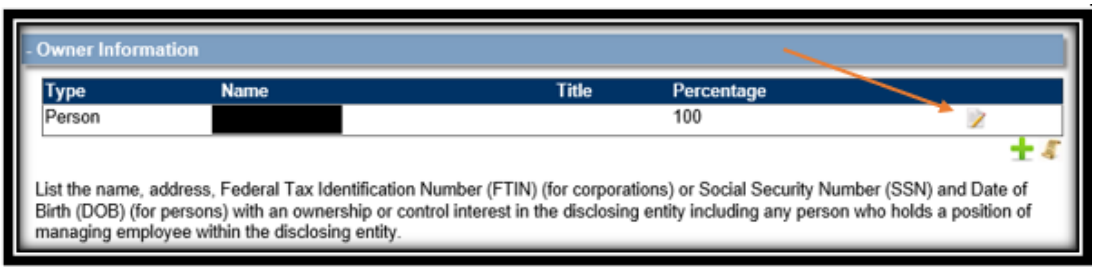
Ownership and Controlling Interest and Conviction Disclosure Page

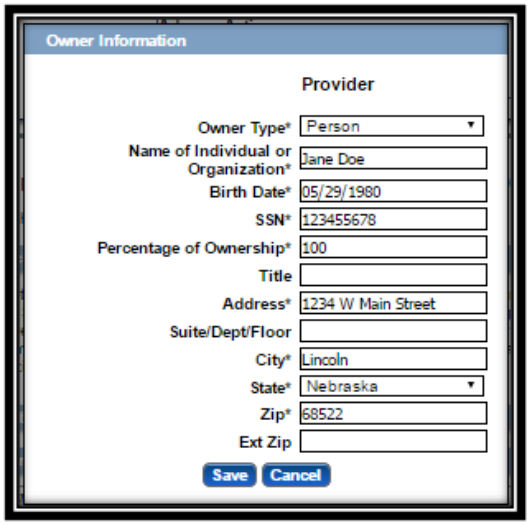
Expand the “Owner Information” section by clicking on the small white plus or minus as needed.



Complete the Ownership Information by selecting **Add** or **Edit**. You can edit existing information or delete it using the RED X.

Notes: Individual HCBS will list themselves as the owner at 100%.





Make all necessary changes and select **Save**.

It is common to have multiple owners and managing employees. At least one Managing Employee is required

Complete the Additional Addresses section if necessary.

Complete the Questions section and click **Next**.

Note: If only one owner is listed, the first question will be answered "No."

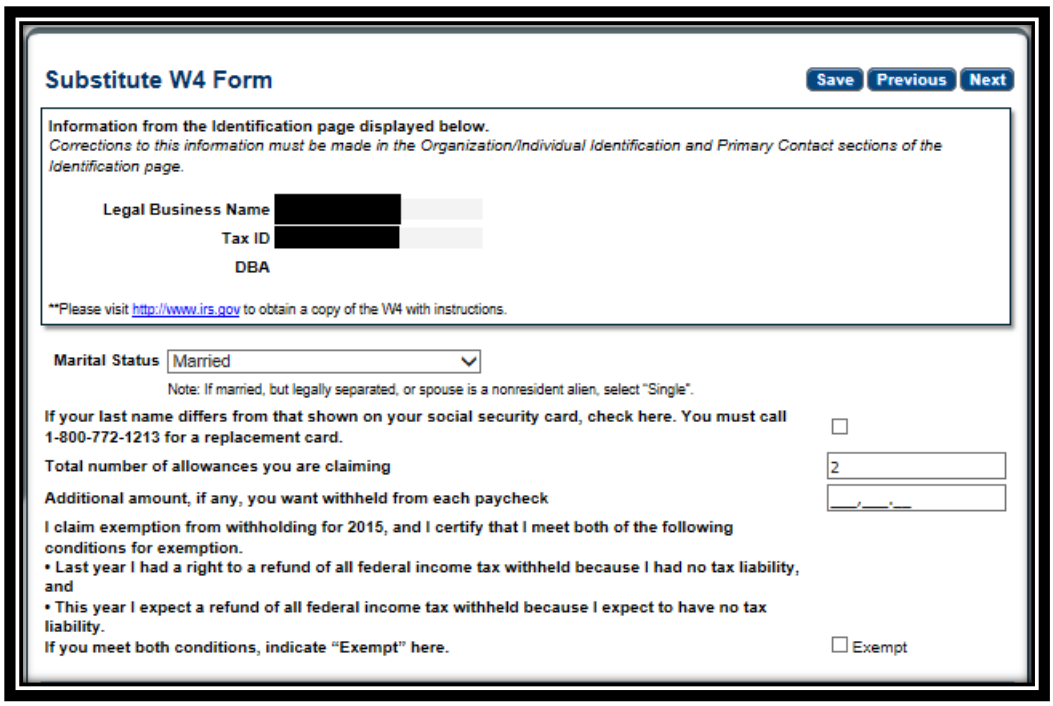
Other sections are optional. Use your own discretion. You will not be required to upload any documents on the Ownership and Controlling Interest page.

Substitute W4 or W9 Form

Individuals will have a Substitute W4 Form.

Fill out all Applicable fields. Marital Status and Allowances are required. Contact your Resource Development worker If you have questions about withholdings.

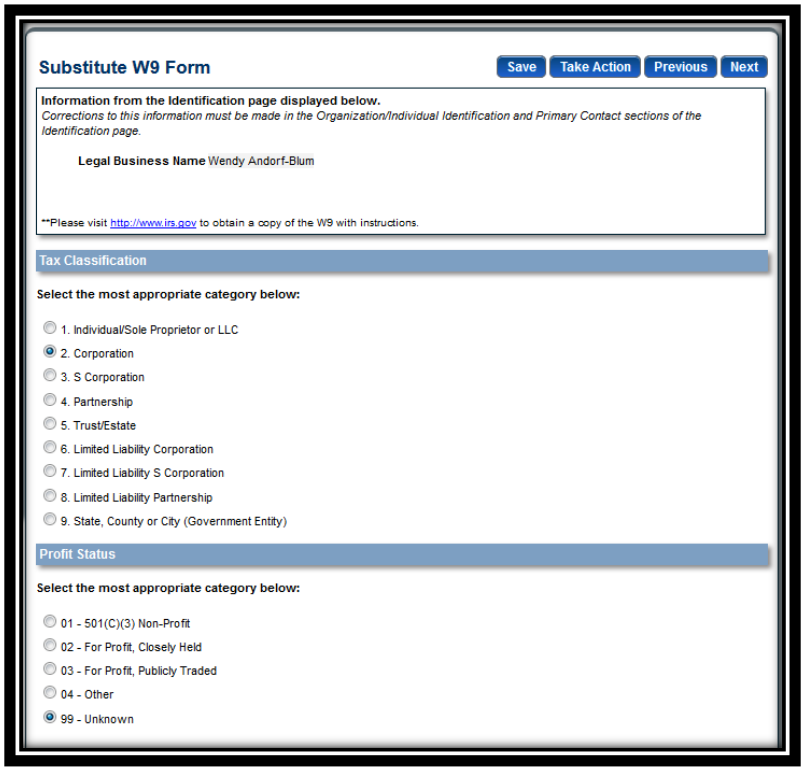
Click **Next**.



Organizations/Agencies will complete a Substitute W9 Form.

Select the appropriate Tax Classification and Profit Status.

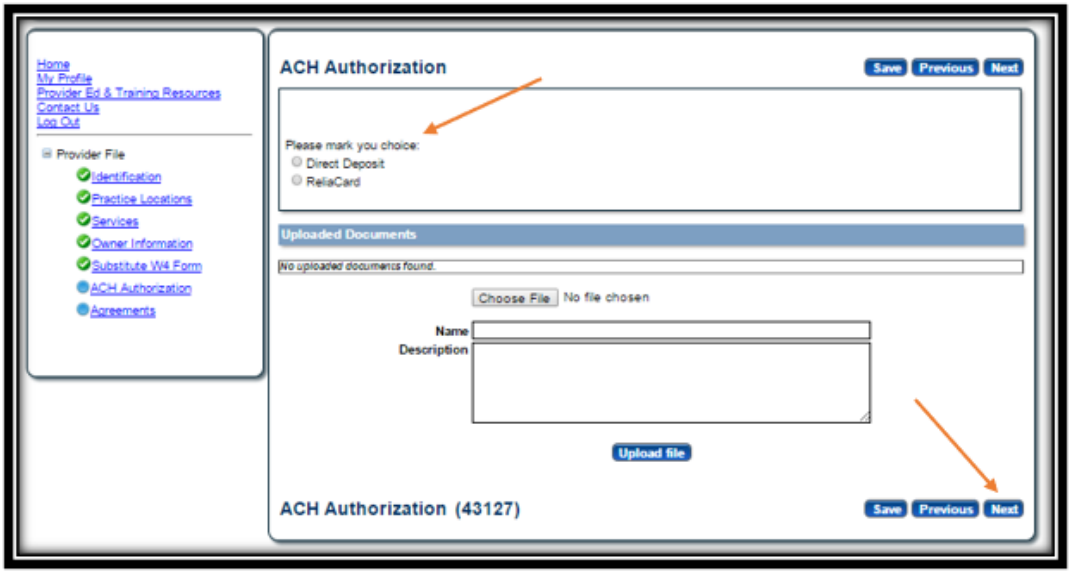
Click **Next**.



You will not be required to upload any documents on the Substitute W4 or W9 page.

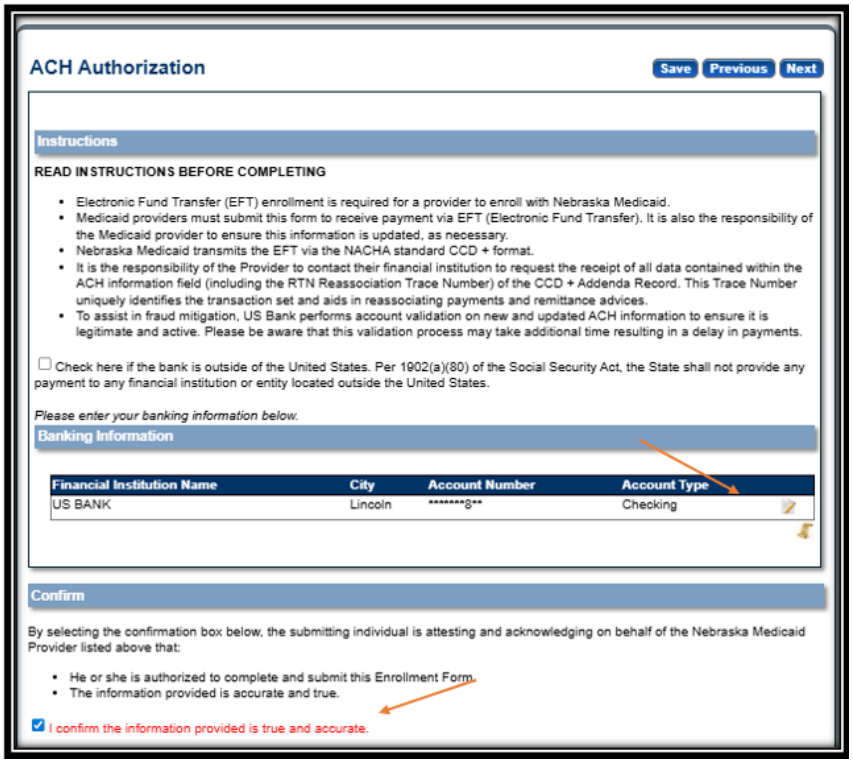
ACH Authorization Page

Select your payment method.



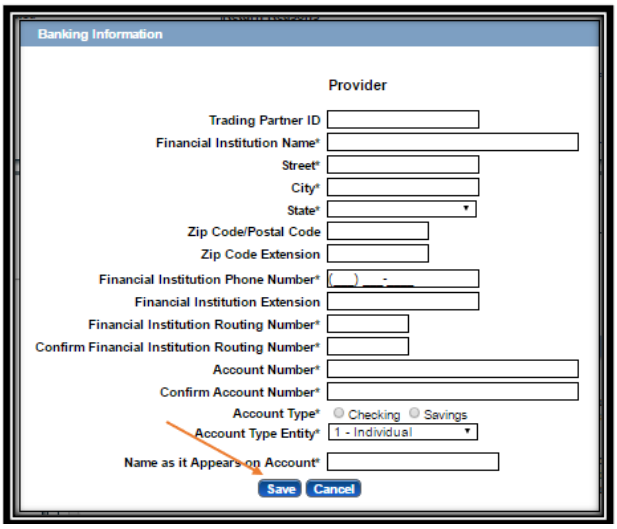
Direct Deposit

If you select Direct Depots: Only select the Check Box in the Direct Deposit section if you bank is outside the United State.



Click **Add** to enter your checking or saving information for deposits. Complete all required fields and click **Save**.

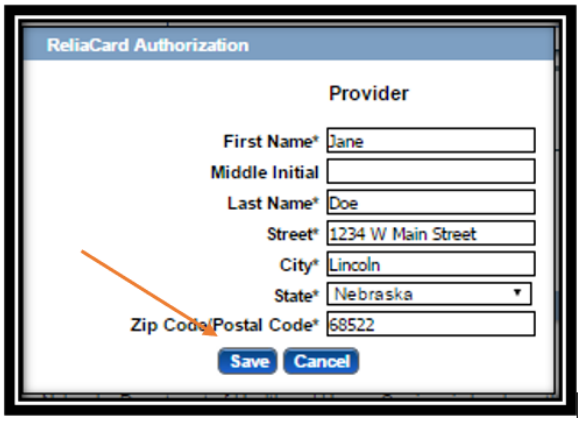
Check the "I confirm the Information provided is true and accurate" and click **Next**.



ReliaCard

If you select ReliaCard: Click Add to enter the ReliaCard Authorization information.

Complete all required fields and click **Save**.



Check the "I confirm the Information provided is true and accurate" and click **Next**.

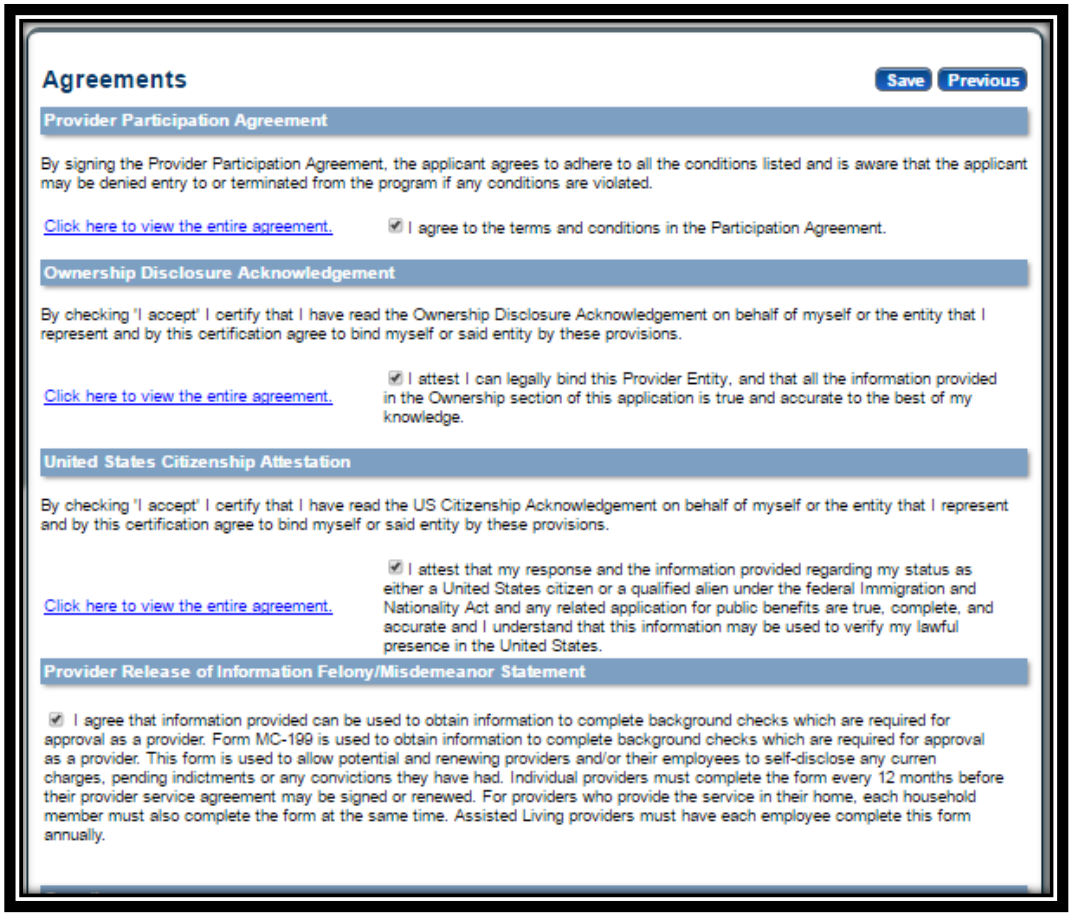
You will not be required to upload any documents on the ACH Authorization page.

Agreements Page

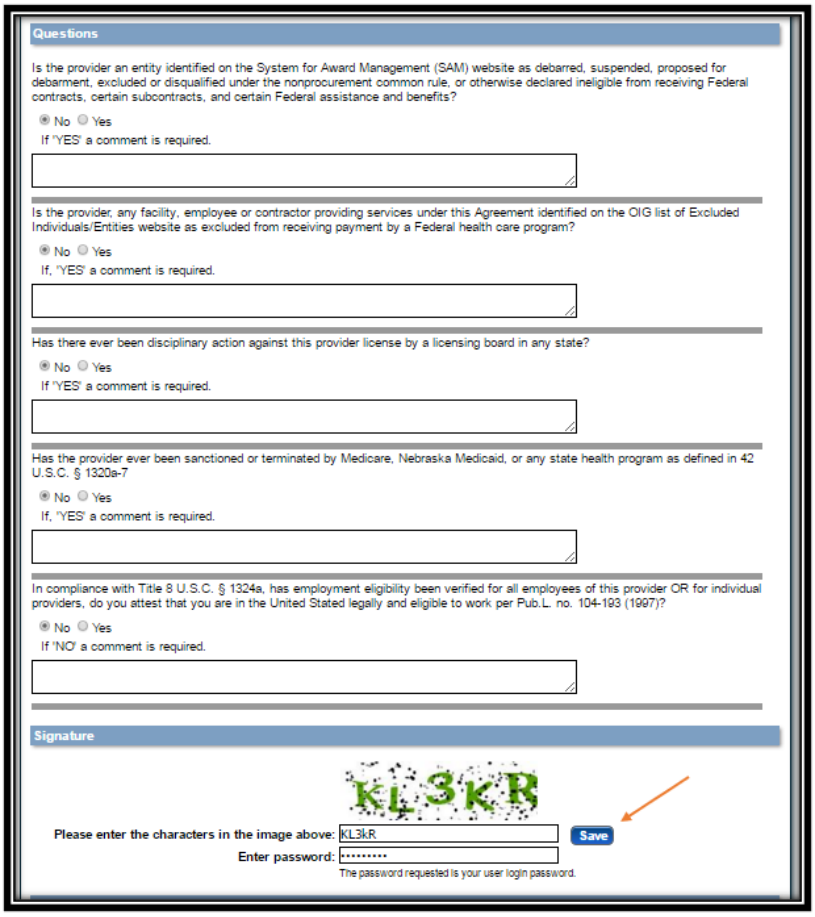
Click on each "Click here to view the entire agreement." A separate tab will show on your web browser that contains each agreement.

Place a checkmark in the "I agree' or "I attest" boxes.

Note: The check box is only accessible after clicking the web link.



Answer all the questions on the Agreements page.

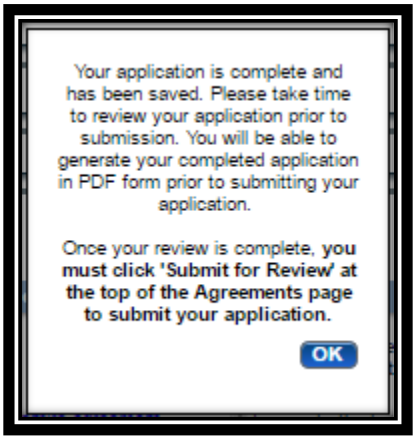


In the Signature section, enter the characters in the image (if applicable)

Note: characters are not case sensitive.

Enter the password used to log into the portal and click **Save**.

This message will be displayed when the application is successfully saved:

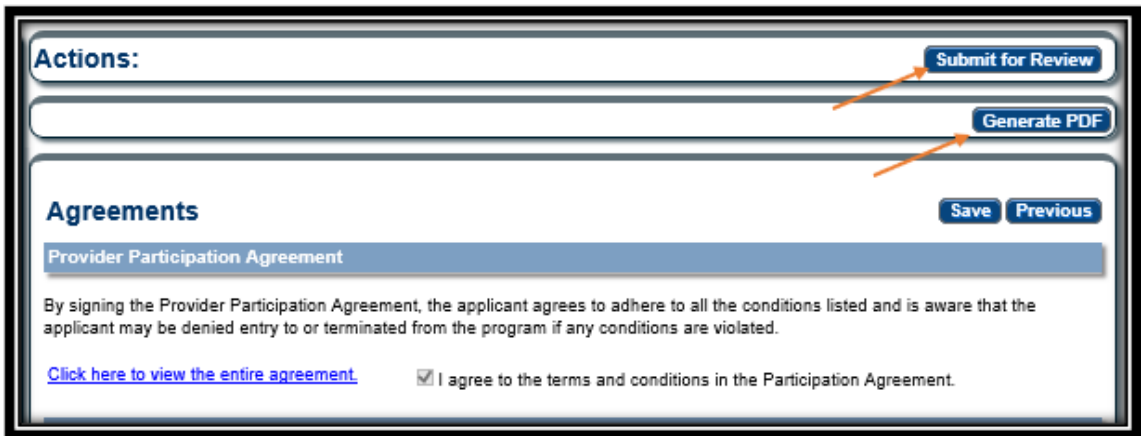


Click **OK**.

Submit for Review

Click "**Generate a PDF**" if you wish to save or print a PDF of the application.

You MUST hit "**Submit for Review**" to successfully complete the application process and submit all changes.



When finished the following screen will be displayed: Changes to your registration are not permitted while the enrollment is being reviewed. New Enrollments and Revalidations are not completed until fully processed. This will result in a Welcome Email and a new Revalidation Date. Watch for email communication.