



Indiana Bureau of Disabilities Services

BDS POLICY

New Provider Approval Process

Policy Number: 2020-03-A-001

Effective Date: January 1, 2024

Revision History: This policy is replacing BDDS Policy 2020-03-A-001 (dated September 14, 2020).

Purpose: This policy replaces the previous new provider approval policy, dated September 14, 2020 (that has now been rescinded). This was necessary to ensure compliance with current policies and procedures associated with provider approval.

Scope: This policy dictates the approval process for potential providers of Bureau of Disabilities Services (BDS) administered Home and Community-Based Waiver Services (HCBS) to individuals with intellectual and developmental disabilities.

Policy Statement(s):

It is the policy of BDS to require an individual or entity to secure BDS approval as a provider, prior to any provision of a BDS administered HCBS waiver service to an individual with an intellectual and developmental disability.

DETAILED POLICY STATEMENT:

1. Prior to providing any BDS administered HCBS waiver service, a proposed provider applicant shall be approved by the BDS Director of Provider Services and must be an eligible Indiana Medicaid provider.
2. An authorized representative of a prospective provider may submit an electronic inquiry to BDS Provider Services at any time to request information or to initiate the provider application process. This electronic inquiry is submitted to BDSProviderServices@fssa.in.gov.
3. BDS Provider Services will issue the BDS New Provider Application and Instructions to an authorized representative of a prospective provider.
4. The BDS New Provider Application may be submitted at any time during the year. All new provider applications must be submitted electronically in PDF format (Documents must be saved as a PDF. Scanned applications will not be accepted). Applications should be submitted in a single

e-mail. If additional e-mails are necessary due to file size, this must be identified in the initial e-mail and all e-mails must be received on the same calendar date.

- a) E-mail completed BDS New Provider Applications to: BDSProviderServices@fssa.in.gov.
5. BDS Provider Services will confirm receipt of each BDS New Provider Application within seven (7) business days.
6. To become an approved BDS HCBS waiver provider, a potential provider must follow all the instructions in the application and complete all portions of the application, including but not limited to the following:
 - a) Cover Letter
 - b) Personal and professional background and experience supporting individuals with disabilities.
 - c) Documentation of criminal history per 460 IAC 6-10-5
 - d) Educational background supporting qualification as a provider of HCBS supports in Indiana.
 - e) Contact information for prospective provider and each member of agency or sole proprietor's leadership team including e-mail, telephone, and address.
 - f) Two (2) professional references. One of the professional references must be directly related to the applicant's professional experience in the intellectual and developmental disabilities community.
 - g) One (1) personal reference who is not a family member.
 - h) Services the applicant is interested in providing including any appropriate educational, licensing, and credentialing information required.
 - i) Identification of the counties the applicant is interested in and able to serve if approved.
 - j) Policies and procedures required for the types of services to be provided.
 - k) Proof of Financial Solvency (Cash Reserves/Capital)
7. BDS Provider Services will review completed BDS New Provider Applications to ensure all required documentation is provided, all necessary information obtained, and all statutory and regulatory requirements are met. If the application submitted does not meet the BDS provider requirements, the potential provider is sent a letter that the application is denied.
 - a) The denial is considered an administrative action by the State of Indiana appealable to an administrative law judge from the State of Indiana Office of Administrative Law Proceedings.
 - b) The potential provider must wait a minimum of two (2) years before resubmitting or submitting a subsequent BDS new provider application.
8. Once BDS provider services determines the application meets all initial requirements, the application is placed into a pending provisional approval status until all steps are completed for final approval.
 - a) The applicant is not approved to provide services until a final approval is granted by BDS and the applicant is enrolled as an approved Indiana Medicaid provider.
9. Upon entering pending provisional approval status, BDS provider services will notify the applicant in writing. The prospective provider's agency leadership must attend the introductory session of the BDS Leadership Training Series within one year of the date of pending

provisional approval letter. This training series is offered in-person each quarter at the Indiana Government Center. Agency leadership must include, but is not limited to, the following:

- a) CEO/Director
- b) COO/CFO
- c) Waiver Administrator
- d) Systems Designee

No extension of the one-year requirement to attend the BDS Leadership Training Series is available. If a prospective provider fails to attend training within one year, the prospective provider's application is considered voluntarily withdrawn and the applicant will need to initiate a new BDS New Provider Application.

10. Upon the applicant's successful completion of the BDS Leadership Training Series, BDS Provider Services conducts a final review of all provider application materials.
11. Upon completion of the Leadership Training Series and BDS final review, BDS Provider Services issues the BDS decision in writing.
 - a) BDS reserves the right to deny any application at any stage of the pending provisional approval process. A denial is considered an administrative action by the State if Indiana appealable to an administrative law judge from the State of Indiana Office of Administrative Law Proceedings.
12. Final approval as a BDS provider is entirely dependent upon eligibility as an Indiana Medicaid provider.
 - a) To provide BDS services, a provider must enroll with the Indiana Medicaid Agency (Office of Medicaid Policy and Planning) for Indiana Medicaid approval.
 - b) Successful enrollment must occur within twelve (12) months of BDS approval. If successful Medicaid enrollment does not occur within 12 months, the BDS will issue a denial. A denial is considered an administrative action by the State of Indiana appealable to an administrative law judge from the State of Indiana Office of Administrative Law Proceedings
13. Incomplete BDS New Provider Applications are not accepted and will not be reviewed. If a prospective provider has submitted an incomplete application, the authorized representative will be notified via electronic mail of the incomplete application and will be instructed to review and re-submit the application upon completion.
 - a) If a BDS New Provider Applicant submits an incomplete application, BDS allows for re-submission of an application one additional time during a calendar year. Upon submission of a second incomplete application, BDS Provider Services will issue a denial and the prospective provider will not be able to re-submit a BDS New Provider Application for two (2) calendar years.

- b) A denial is considered an administrative action by the State of Indiana appealable to an administrative law judge from the State of Indiana Office of Administrative Law Proceedings.
 - c) The potential provider must wait a minimum of two (2) years before resubmitting or submitting a new BDS new provider application.
14. Complete BDS New Provider Applications will be reviewed, and a provisional decision issued within sixty (60) calendar days.
15. One Request for Information (RFI) pertaining to the application may be submitted by BDS for clarification of information.
- a) Applicant has thirty (30) calendar days from the date RFI is issued to respond to the RFI.
 - b) If an RFI response is not received within this time frame, the application will be denied in writing.
 - i. This denial is considered an administrative action by the State of Indiana appealable to an administrative law judge from the State of Indiana Office of Administrative Law Proceedings.
 - ii. The prospective provider must wait a minimum of two (2) years before resubmitting or submitting a new BDS new provider application.
16. Once approved by the Indiana Medicaid agency, and confirmed by BDS, the Provider will sign a DDRS Service Provider Agreement and be approved to provide BDS HCBS waiver services to individuals with intellectual and developmental disabilities eligible and approved for HCBS supports.
17. Intentionally providing false or misleading information, as determined by BDS, at any point during the BDS New Provider Application process will result in denial of the application.
- a) The denial is considered an administrative action by the State of Indiana appealable to an administrative law judge from the State of Indiana Office of Administrative Law Proceedings.
 - b) The denied applicant must wait a minimum of two (2) years before resubmitting or submitting a new BDS new provider application.
18. BDS New Provider Applicants must not imply a direct relationship with BDS or any other State agency in corporate identity, policies, procedures or service delivery. Prospective providers may not include BDS, BDDS, FSSA, DDRS, or any other state agency name or acronym in their organizational identity pursuant to Ind. Code 23-0.5-3-1(e).
19. BDS New Provider Applicants may not include on their leadership team any individual who has served in an executive leadership capacity of any provider who has been terminated as an HCBS waiver provider in the state of Indiana or any other individual not meeting all applicable state and federal statutory requirements. Executive leadership includes:

- a) Chief Executive Officer (CEO)/Executive Director
- b) Chief Operating Officer (COO) or its equivalent
- c) Chief Financial Officer (CFO) or its equivalent
- d) Chief Program Officer or its equivalent.

Definitions:

“BDS” means Bureau of Disabilities Services as created under IC 12-11-1.1-1.

“DDRS” means the Division of Disability and Rehabilitative Services as established by IC 12-9-1-1.

“HCBS” means “Home and Community-Based Services” established under Section 1915(c) of the Social Security Act.

“OMPP” means Office of Medicaid Policy and Planning as created under IC 12-15-1-1.

“Provider” has the meaning set forth in 460 IAC 6-3-42.

“Pending provisional approval” means that a portion of the application has met specified conditions but has not met final approval to provide services.

“Request for information” means the process by which BDS provider services initiates communication to obtain more information.

References:

- IC 12-9-1-1
- IC 12-11-1.1-1
- IC 12-15-1-1
- 460 IAC 6-3-42
- Section 1915(c) of the Social Security Act

Authorized by:

Holly J. Wimsatt on: 10/20/2023
 Holly Wimsatt, BDS Director Date

Kelly C Mitchell on: 10/25/2023
 Kelly Mitchell, DDRS Director Date