



*Indiana Bureau of Developmental Disabilities Services*

# **BDDS POLICY**

## **New Provider Approval Process**

**Policy Number:** 2020-03-A-001

**Effective Date:** September 14, 2020

**Revision History:** This policy is replacing BDDS Policy 460 1207 006 (dated December 2010).

**Purpose:** This policy replaces the previous new provider approval policy, dated December, 2010 (that has now been rescinded).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 Developmental Disabilities Services (BDDS) administered Home and Community-Based Waiver Services (HCBS”) to individuals with intellectual and developmental disabilities.

### **Policy Statement(s):**

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

### **DETAILED POLICY STATEMENT:**

1. Prior to providing any BDDS administered HCBS waiver service to an individual with an intellectual and developmental disability, a proposed provider applicant shall be approved by the BDDS Director of Provider Services and the Director of the Division of Disability and Rehabilitative Services (DDRS).
2. Prior to submitting an application to provide BDDS HCBS waiver services, potential providers are required to submit a Letter of Intent to submit an application. The Letter of Intent must include the following information and be reviewed and approved by BDDS:
  - Contact information (include email and phone number);
  - Background and experience supporting individuals with intellectual and developmental disabilities;
  - Education;
  - Motivation for becoming an HCBS waiver services provider:
    - How do you intend to support individuals with intellectual and developmental disabilities to:

- direct their own lives;
  - make well-informed decisions;
  - access and explore new experiences and opportunities; and
  - explore ways to make meaningful connections within their communities.
- References:
    - Two (2) professional references:
      - One (1) of the professional references must speak to experience in the intellectual and developmental disabilities community, and
    - One (1) personal reference.
  - Letters of Intent and References are to be emailed to [BDDSPROVIDERSERVICES@FSSA.IN.GOV](mailto:BDDSPROVIDERSERVICES@FSSA.IN.GOV).
3. Letters of Intent and References will be accepted twice yearly for review:
    - a. Between October 1<sup>st</sup> and October 31<sup>st</sup> (for review within fifteen (15) calendar days of submission of the Letter of Intent);
    - b. Between April 1<sup>st</sup> and April 30<sup>th</sup> (for review within fifteen (15) calendar days of submission of the Letter of Intent).
  4. Letters of Intent will be reviewed by BDDS and, if approved, a potential provider will receive the full Provider Instructions and Application.
  5. Approved Letters of Intent will be valid for one (1) full calendar year following the approval date.
  6. In order to become an approved BDDS HCBS wavier provider, a potential provider must follow all the instructions in the application and complete all portions of the application, including the following:
    - a. Select which services a provider wants to apply for and include appropriate educational, licensing, and credentialing information;
    - b. Select which counties a provider wants to serve;
    - c. Provide details of policies and procedures that need to be submitted based on the type of services provided.
  7. Provider applications are accepted twice yearly for review:
    - a. Between November 1<sup>st</sup> and December 31<sup>st</sup> (for approval or denial within sixty (60) calendar days of submission of the Provider Application);
    - b. Between May 1<sup>st</sup> and June 30<sup>th</sup> (for approval or denial within sixty (60) calendar days of submission of the Provider Application).
  8. All new provider applications must be submitted electronically in PDF format (must be saved as a PDF, not scanned).
    - a. E-mail completed Applications to: [BDDSPROVIDERSERVICES@FSSA.IN.GOV](mailto:BDDSPROVIDERSERVICES@FSSA.IN.GOV).
  9. All applications must be submitted with a non-refundable application fee of \$100 for sole providers and \$250 for agencies with at least one employee (aside from applicant).
  10. If the application submitted is complete and all BDDS requirements are met, the application is approved. The provider will be sent an approval letter electronically.

11. One Request for Information (RFI) pertaining to the application may be submitted by BDDS for clarification of information.
  - a. Applicant has thirty (30) calendar days from the date RFI was sent to respond to the RFI.
  - b. If the information is not provided within this time frame, the application will be denied.
  
12. If the application submitted is incomplete, or if it does not meet the BDDS provider requirements, the potential provider is sent a letter that their 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 again initiating the potential provider application process.
  
13. Once approved by BDDS, a Provider must enroll with the Indiana Medicaid Agency (Office of Medicaid Policy and Planning) for Indiana Medicaid approval.
  
14. Once approved by the Indiana Medicaid agency, and confirmed by BDDS, the Provider will sign a DDRS Service Provider Agreement and be approved to provide BDDS HCBS waiver services to individuals with intellectual and developmental disabilities.

**Definitions:**

“BDDS” means Bureau of Developmental 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.

**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:

Cathy Robinson

\_\_\_\_\_ on: 9/11/2020 \_\_\_\_\_  
Cathy Robinson, BDDS Director Date

Kylee B. Hope

\_\_\_\_\_ on: 9/11/2020 \_\_\_\_\_  
Kylee Hope, DDRS Director Date