



Division of Mental Health and Addiction

Resource guide for Child Mental Health Wraparound youth providers

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This resource guide offers valuable assistance, examples and directions for the application process for youth providers.



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Links

The following links will be instrumental in helping to navigate through the Child Mental Health Wraparound Services. Applicants who have not yet attended training, please do not proceed to apply.

Go to the [Indiana Youth Systems of Care provider information webpage](#) for résumé requirements,

Youth services provider information webpage

www.in.gov/FSSA/DMHA/youthservices/provider-information/

This webpage provides a link to download the [CMHW Module](#) (manual) directions. For résumé submissions link to the operating policy and procedure page, scroll down to the first subheading, “Provider training webinars for the respite training webinar.” Scroll further down and see “Provider approval forms.” This is where the latest application forms, documents and resource guides are available for download. Under the next subheading, “Technical guidance,” PowerPoint directions for submitting county updates are provided. Next, under “Billing resources,” information regarding billing, claims support and IHCP (Medicaid provider) information is available. The forms and guides are updated regularly. *Always download the latest versions for use.*

Announcement webpage

www.in.gov/FSSA/DMHA/youthservices/announcements/

The announcement webpage is where the most current DMHA announcements, updates and other important information can be accessed. This is also where providers can sign up for the Indiana Systems of Care mailing list. DMHA requires all providers to sign up for this mailing list to receive important announcements and program-related information (see how to sign up on the following page).

DMHA incident report and provider summary portal

<https://DMHAreport.FSSA.in.gov/>

This website is available for filing incident reports and also where providers can access their provider summary report. Directions for downloading a provider summary can be found in county updates for HAB, FST and RES providers, found under the subheading “Technical guidance” on the provider information webpage.

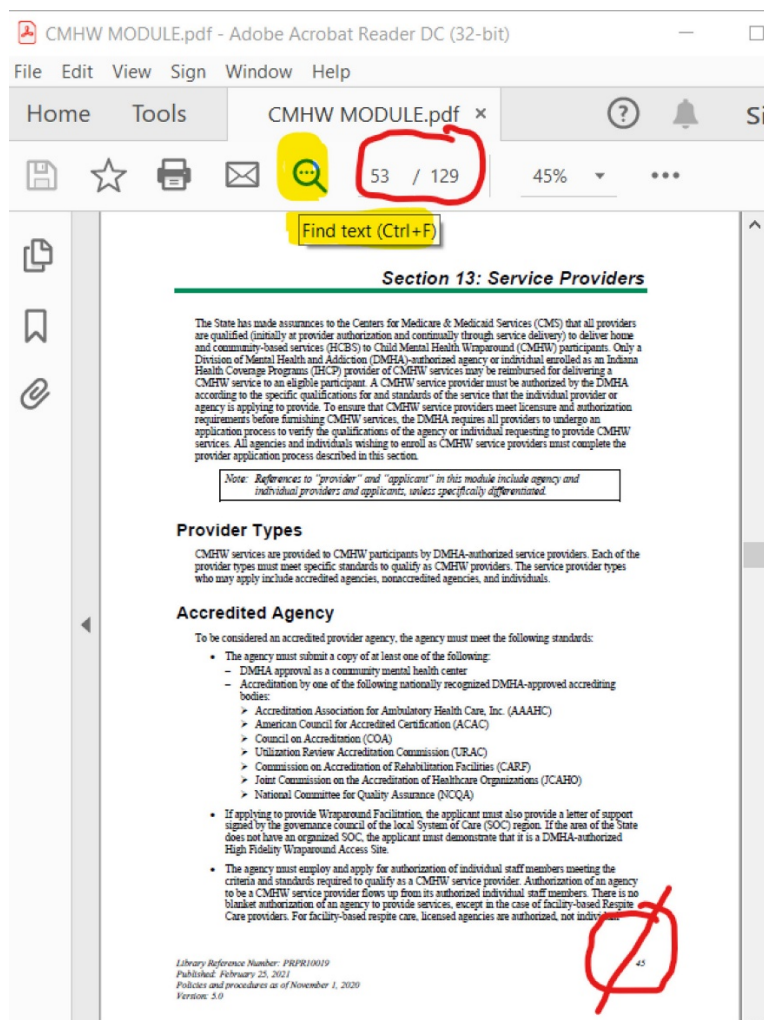


Points to remember and clarifications

CMHW Module (manual)

It's the responsibility of every provider to read and understand policies and procedures in the CMHW Module. Key words are searchable in the electronic version of the module. The link on the provider information webpage will always take you to the most current version of the manual.

There are two ways to look at what page number you're on in the [CMHW Module](#) (electronic PDF version): the page number found at the top of the PDF document and the (manual) page found at the bottom right corner of the document. All page number references made in this resource guide reference the page number found at the *top of the PDF document* as shown on this example below. "Find text" is a great tool to use to find key words when looking up answers to important questions.





DMHA HCBS service providers

It is the providers responsibility to remain informed about their roles, service scope and documentation requirements to remain within compliance as a CMHW provider. See **Section 13: Service providers** of the [CMHW Module](#) for detailed policy information regarding provider authorization and enrollment requirements that is often referred to in this guide.

Wraparound services vs. wraparound facilitation/facilitators

There can be confusion regarding these two terms. For clarification, see the glossary on **page 128** of the [CMHW Module](#).

TOBI database

Providers will see information regarding the DMHA electronic case records management system called TOBI. Access and use of the TOBI database is provided to wraparound facilitators who are employed by accredited agencies only. These individuals facilitate and supervise the process of wraparound and are the only providers that access the database.

HAB, FST and RES providers

Please do not complete TOBI user forms or take the webinars for CMHW orientation for wraparound facilitators. Do not complete and submit the TOBI user agreement or other related WF documents. If this is submitted in the application packet, it will create confusion, delaying the processing of your application. The application will be returned for correction and resubmission.

All resumés, new applications, staff additions, reauthorizations, and demographic changes must be scanned and emailed to DMHAYouthservices@fssa.IN.gov . No hard copies are accepted.



Indiana Systems of Care announcement page

All providers are required to sign up for the INSOC mailing list. Click on the link below and sign up now for all important provider announcements.

www.in.gov/FSSA/DMHA/youthservices/announcements/

Example of webpage view:

What happens after training?

After DMHA notifies you that you have passed the training exam, now it's time for the application process!

1. Only complete applications will be reviewed. Applications must be submitted to DMHA via email with an attached application packet (in PDF format). Hard copies are not accepted. The state email address is DMHAyouthservices@fssa.IN.gov. Include a copy of the pass email notice from DMHA in your application.
2. Once the application is approved, providers will receive an authorization letter from DMHA and will then need to enroll in Indiana health coverage programs (IHCP – Medicaid).
3. Successful enrollment with IHCP results in an approval letter from Gainwell (the IHCP fiscal agent) and includes the provider ID. As the state's financial vendor, Gainwell processes both



paper and electronically submitted Medicaid claims for the traditional fee-for-service Medicaid programs.

4. Send the IHCP approval letter to DMHA along with rendering NPI number(s) from the NPI enumerator registry (all directions provided with CMHW authorization letter).
5. The provider's record is then activated in the provider database and will appear in the CMHW provider picklist.
6. Now the rest is up to the provider.

Training is only the *first part* of the application process. The submission of a complete application packet to DMHA for approval as an individual provider, an agency and/or additional employee is required for CMHW provider approval for services.

No hard copy certificates are provided for habilitation or training and support of the unpaid caregiver (Hab and FST). DMHA adds the results of provider training to the provider database and compares it with the approval email from DMHA that should be included in applications. *(Note: all agency employees and any future employees must also pass training before application submission.)*

Providers wanting to add respite services after passing HAB and FST are eligible to take the respite training webinar for CMHW. If the rendering application has the respite box checked but the certificate is not included, the application will be returned as incomplete. Those providers wanting to provide respite services who haven't taken training must first be approved to take the respite webinar by following the directions for résumé requirements and submitting their résumé to DMHAyouthservices@FSSA.in.gov. See **Adding HCBS respite checklist and instructions**.

There is a 30-business-day turnaround for all applications. Please refrain from contacting DMHA regarding an application status unless it has been longer than 30 business days after it was e-mailed. See [CMHW Module page 58](#). Every time an application is returned for resubmission due to incompleteness or errors, the process time begins again at the time it is resubmitted to DMHA.

IHCP (Medicaid) provider enrollment and fees

What is expected of a Medicaid provider? Be sure to review all requirements. Follow this link to the Indiana health coverage programs, otherwise known as Medicaid:

www.in.gov/medicaid/providers/index.html

- When in the IHCP provider webpage, click on the provider enrollment tab.
- In the provider enrollment webpage, scroll down and read through all the subheadings regarding enrollment, fees for agencies and other critical information that affect CMHW provider services.
- Questions regarding IHCP provider enrollment and agency enrollment fees should be directed to Indiana Medicaid. See the CMHW enrollment policy below.



Child mental health wraparound enrollment policy (announcement from Jan. 2, 2020)

Since July 1, 2018, CMHW providers are required to be enrolled as groups with attached renderings. The Division of Mental Health and Addiction is updating this policy to allow for those who are authorized as individual providers, using their Social Security Number as their taxpayer ID, to enroll as billing providers.

Provider type	Taxpayer ID	NPI type for enrollment	Employee rendering NPI requirement
Accredited agency*	Employer identification number	Group NPI only	Each CMHW-authorized employee must obtain a rendering NPI, be enrolled and linked to the group
Non-accredited agency*	Employer identification number	Group NPI only	Each CMHW-authorized employee must obtain a rendering NPI, be enrolled and linked to the group
Individual	Social Security Number	Billing	N/A

**All agencies will be required to pay an enrollment fee to IHCP (Medicaid).*

- DMHA recognizes that some providers have had difficulty enrolling properly. Gainwell and DMHA developed IHCP enrollment guide for CMHW providers found on the provider information webpage. This is a screen-by-screen guide for properly enrolling in IHCP. Enrollment questions must be directed to Medicaid.
- To check on current enrollment status, providers may use the IHCP provider portal or contact their IHCP provider representative.
- DMHA requires all CMHW providers to enroll as directed and that all claims be submitted using the appropriate rendering NPI/LPI numbers for all rendering provider owners and employees.

DMHA HCBS training is valid for one year

Successful completion and passing of the HCBS training will remain valid for only one calendar year. If an application is not submitted to DMHA within one year of training date in whatever capacity



(individual provider, non-accredited agency owner or employee), the training is expired and must be retaken. This is to ensure that providers have received training on the current standards and policies. This lapse in time may also affect provider qualifications and experience requirements.

Employee services and continuing education must be current

Agencies hiring new employee(s) that have been HAB and FST certified for the CMHW must ensure that their new applicant's certification has not gone *over one year* without providing any services. If so, their certification is expired, and they will have to retake training. Providers must also keep their continuing education current to be eligible to work at other agencies as an employee.

Employees can work for more than one agency

Employees can work for more than one agency but *not in the same county (of each agency) for the same service*, as it would be a conflict of interest.

Individual providers and agencies

Individual providers cannot work as staff/employees for other agencies. Individual providers must first resign/close their account if choosing to work as an employee for other agencies. Continuing education must be kept current, as DMHA will check on this at the time of application submission.

If an approved provider that has been working as an employee for an agency would like to become an individual provider but has not partnered with any families for a year or more, they are required to retake and pass training. Submit a résumé per instructions provided on the [provider information webpage](#).

Understanding provider applications and documentation

Before completing an application, please review this information.

1. *We update our applications regularly!* Discard any older application forms that may have been downloaded or copied in the past. Always go to the [provider information webpage](#) to download the current applications. Updates and changes are often made due to changes by other agencies that affect our procedures.
2. CPR certificates or cards should show name, certification dates and/or expiration date.
3. A clear and legible copy of the rendering provider's driver's licenses is required (please enlarge if possible).

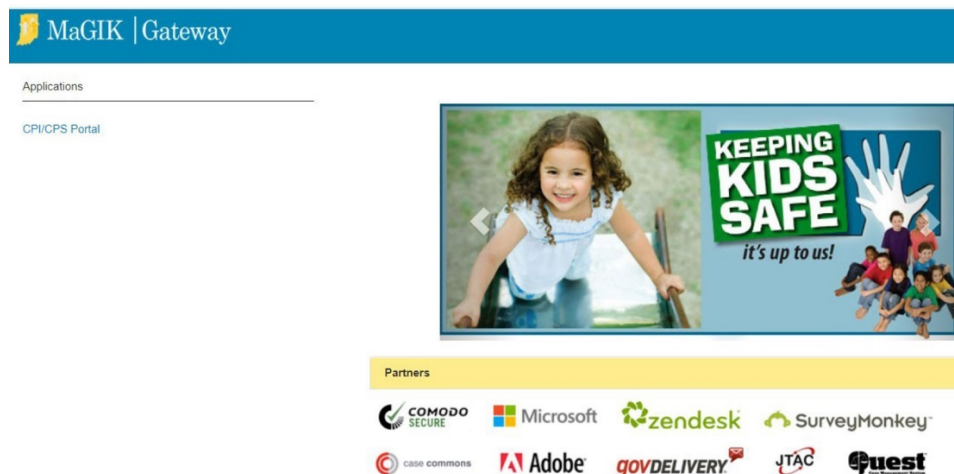


4. The copy of the provider’s current vehicle registration (for habilitation and respite providers) must be legible upon submission. The vehicle identification number must *match* the insurance card that is being submitted. The ID card must be current. Expired registrations will result in incomplete applications.
5. A copy of the provider’s current vehicle insurance card (for Habilitation and Respite providers) must be legible and *match* the vehicle identification number that is on the accompanying vehicle registration. Preferably, use a copy of the insurance ID card provided by most auto insurers. This is what’s usually provided to a police officer upon request or at the scene of an accident. DMHA does not require declaration pages or amounts of liability.
6. The 1-1 inkless FBI fingerprint criminal history check results must be less than one year old. These results usually come directly to DMHA.
7. Local county criminal history background check (not city) is required for every county the provider has lived in for the past five years. All background screen results must be less than one year old upon submission. Search online for the local county criminal background screen location(s) or go to the local county sheriff’s offices.

Note: If the applicant lives in Marion County, use the Indiana State Police limited criminal history search for local county (www.in.gov/ai/appfiles/isp-lch/). Detailed directions are included later in this guide.

8. All provider agencies must use the CPI/CPS portal [DCS Magik gateway](#), also known as KidTraks, for required CPS background screen. Agencies must create an account or use their current account and submit requests as the organization. (Individual providers, see item 9 on the following page.) CPS background screens are required for all employees (including the owner if he or she is also rendering services as an employee of their agency). The results must be included in application submissions. Indiana Department of Child Services “CPI/CPS portal” FAQs containing common questions and answers can be found on the DCS website. This link is <https://Magik.Des.in.gov/backgroundcheck/files/faq.PDF>.

Screen shot of the CPI/CPS portal:





9. *All individual providers:* DMHA Youth Services will submit a request to DCS through the Magik portal for the individual provider using the information from your completed demographic form and the legible copy of your Driver's License.
 - When DMHA initiates the request, expect to receive two emails. The first advising the provider of the submission and instructions for online access. The second will contain a password. Use this information to log into the portal and complete the online form and submit it.
 - DMHA will in turn receive the submission, review it and then submit the same electronic form to DCS/CPS who will complete the background check. After completion, CPS will forward the documentation to DMHA.
 - Once DMHA has received the results, an original will be kept at DMHA and a copy will be forwarded to the provider for their records.

Caution! *Do not submit self-checks!* Do not use self-checks! FSSA audit does not accept or approve self-checks at time of provider services audit. If so, providers will be found noncompliant. Self-checks do not meet the legal requirements for a CPS background history check. However, another CMHW agency may submit a request for you as an organization through the [Magik portal](#).

10. Drug screen results. All drug screen results provided to DMHA must be less than one year old. They can come directly to DMHA or may be provided to us in the application.
11. Providers who are *reauthorizing* must provide proof of CEUS and/or training hours. Copies of certificates must contain:
 - The title of the course;
 - The provider's name;
 - Hours of training; and
 - The date(s) of training

or they *cannot* be accepted. Consider this when taking online training. Consult with the trainer or organization if this information is not supplied on training certificates and request supplemental proof of this information before submitting incomplete certificates.

Continuing education training logs are not acceptable nor is a generic list of training information containing the name of training, hours and dates as this is not a certification and does not show proof of attendance or passing the training. See accepted training in the [CMHW Module](#), pages **63 to 65**. For supplemental training options and organizations that provide CMHW-related training, see **Examples of websites for continuing education training**.

12. All agency owner/employees must include their name as well as the agency name when submitting any emails to DMHA. Add the agency name or employee's name in order not to hold up DMHA processing time.

The turnaround process for applications is approximately 30 business days. See the [CMHW Module](#) (manual) Section 13 regarding this information.



Closing CMHW services

A provider may wish to voluntarily close their profile and services at any time by submitting the request in writing to DMHA at DMHAYouthservices@fssa.IN.gov.

If a provider does not wish to reauthorize at time of reauthorization, the provider may request to voluntarily close their account services by submitting the request in writing to the DMHA to DMHAYouthservices@fssa.IN.gov.

Providers who elect to voluntarily close at the time of reauthorization will not be eligible to apply for any DMHA Youth Services program for a period of no less than three years from the date of closure

Providers who fail to submit or provide a complete application (including the complete amount of continuing education required) will not be eligible for reauthorization or to apply for any DMHA Youth Services program for a period of no less than three years from the date of termination.

See the [CMHW Module](#), subheading: “**Reauthorization process and provider responsibilities,**” found on **pages 61 to 63**.

Procedure for incomplete applications

All DMHA-approved youth HCBS providers (agencies and individuals) are required to submit applications for authorization and reauthorization. Authorization is required prior to enrollment as a provider of CMHW services. Reauthorization occurs on the schedule below and is required to remain an active provider of CMHW services. See **pages 57 and 58 of the [CMHW provider module](#) under Section 13** for more information regarding incomplete applications.

Incomplete applications will be returned!

Application packets submitted with missing forms or documents, missing initials or signatures are incomplete and will not be processed. The submission will be returned to the applicant via email along with an explanation of the missing elements. The applicant/provider will be required to resubmit the entire application. Do not piecemeal missing items to DMHA, as they will be not be accepted. Every time an application is returned, the process time begins again at resubmission.

Don't contribute to a lengthy application process!

The biggest reason that the DMHA CMHW application processing turnaround takes so long is due to the large number of *incomplete applications, reauthorizations* and expired documents that are submitted to DMHA. Much of this is also due to missing initials and signatures on application forms, missing forms, expired background checks and mis-matched copies of auto insurance and vehicle registrations.



Failure to read and follow the resource guide, as well as the checklist and directions provided within the application forms, result in a tremendous amount of time returning the application and itemizing each provider's missing elements via multiple emails and in some cases, multiple phone calls explaining which items are still required and why.

Application checklists

The following Parts I, II and III provide application directions and checklists. This is followed by examples. Please review them carefully.

Part I: New provider applicants

New provider application checklist and instructions

(See **Reauthorizations for non-accredited and agencies individual providers for reauthorization checklists.**)

1. **Application cover sheet:** Only *one cover sheet* need be provided to DMHA, even *if an agency is adding multiple employees. Read the directions in the form!* HAB, FST and RES providers use only the top half of form. This form is also used to add/remove counties, update demographic (address, phone, name changes or main contact) information.
 - The top contact information is to be completed by the agency owner or representative.
 - Section A: new non-accredited agencies or individual providers will check the first box by initial authorization. That is all. No further information should be completed.
2. **Provider demographics:** Only *one demographic form* need be provided for agencies with multiple rendering providers. Be sure to read the directions on the form.
 - **Section A:** Read and complete as requested.
 - **Section B:** Read the directions and select the provider type that applies.
 - i. Agencies must include agency level documentation (*include articles and/or certificate of incorporation, any certifications, or accreditations*). These can be placed behind the demographic form.
 - ii. Be sure to enter the *federal tax (TIN agency) or SS number* as it applies.
 - iii. Everyone must include the provider agreement: (read; complete page 5, then be sure to initial, sign and date. *The provider agreement should be placed behind the demographic form.*
 - **Section C:** Complete primary contact and include a billing contact.
 - **Section D:** Read and follow the directions on the form for NOA contact.



- **Section E:** Read the directions for a specialty comment. See **Example for specialty comments**.
 - **Section F:** Read sections 1 and 2 and initial. Complete, sign and date.
3. **Rendering provider application:** This form and the following documentation must be provided for *each employee*. If applying for multiple services, there is no need to duplicate documents. Check the appropriate boxes by the applicable/approved services. The rendering provider must initial and sign. NPI must be provided before activation.
- **Section B:** Service specialty and counties of service. Check the box(s) by the services the rendering individual is approved for and would like to provide services for (HAB, FST and/or res). Include the counties the individual will serve in. This must be included in this section. If this is left blank, the application is incomplete and will be returned. See PowerPoint directions for adding/removing counties.
 - **Section C:** Required documentation. Follow the list of required documentation starting here.
 - i. Copy of résumé (must be the same résumé approved by DMHA prior to application).
 - ii. Copy of high school diploma; GED (or copy of advanced degree).
 - iii. Copy of current CPR certification.
 - iv. Copy of valid driver's license (must be legible; please enlarge if possible).
 - **Section D:** Background screens/checks. Include a screen for every state and county the provider has lived in for the past five years. All results are good for one year (12 months).
 - i. Five-panel drug screen.
 - ii. Copy of law enforcement county criminal history background screen(s). These are required double checks that must be submitted to DMHA in addition to the national fingerprints. They can be obtained at the local county government offices, sheriff's offices, or online. Providers must include a county screen for every state and county they have lived in for the past five years.
 - iii. Department of Child Services statewide background check. Agencies follow directions on page 11, item 8 of this guide. Individual providers follow directions on page 12, item 9 of this guide.
 - iv. Fingerprint (1-1 inkless) based national and state criminal history background screen (copy of results usually comes directly to DMHA); see **Procedure for registering with inkless fingerprinting for DMHA providers** for detailed steps.
 - **Section E:** Proof of vehicle registration and insurance for Habilitation and Respite providers
 - i. The copy of the provider's current vehicle registration (for Habilitation and Respite providers) must be legible upon submission. The vehicle identification



number must match the insurance card that is being submitted. The ID card must be current. Expired registrations will result in incomplete applications.

- ii. A copy of the provider's current vehicle insurance card (for Habilitation and Respite providers) must be legible and match the vehicle identification number that is on the accompanying vehicle registration. Preferably, use a copy of the insurance ID card provided by most auto insurers. This is what's usually provided to a police officer upon request or at the scene of an accident. DMHA does not require declaration pages or amounts of liability. Expired registrations will result in incomplete applications.

Part II: Home- and community-based services respite

Adding HCBS respite checklist and instructions

There are *three* scenarios where a provider will likely add HCB respite services. All scenarios *require*:

- Taking the résumé approval,
- The respite training webinar located on the provider information webpage, and
- The signed and completed respite certificate obtained at the end of the webinar in their application submission.

The following provides the application procedure for each scenario:

1. **Adding respite on the initial application along with habilitation and FST services (after having passed training).** New providers who have passed habilitation and FST training have already received résumé approval and are eligible to take the respite webinar located on the provider information webpage (see the [CMHW Module page 73](#), “**Provider and service addition requests**”). DMHA will have record of the providers who have passed the habilitation and FST training, but not the respite training. Providers must include the copy of the completed and signed “respite webinar certificate” (obtained at the end of the Respite webinar) in their initial application packet for this service to be added along with habilitation and FST. If the submitted application has the respite service box checked on the rendering provider application form but does not include a respite certificate, the application will be returned as incomplete.
2. **Adding respite later after starting habilitation and FST services.** A current provider may wish to add respite services later after being approved for habilitation and FST services. If so, providers may submit a completed copy of the application cover sheet, check the box by add new service in **Section B** and include the copy of the completed and signed respite certificate that is obtained at the end of the webinar. Submit these two documents to DMHA so that respite can be added. This service and counties chosen will then show up on the picklist. If this request does not include a completed and signed respite certificate, it will be returned as incomplete.



3. **Applying for respite only.** If a new applicant wishes to apply for respite services only and has not taken habilitation or FST training, a résumé must be submitted to FSSA DMHA Youth Services at DMHAyouthservices@FSSA.in.gov dmhayouthservices@fssa.in.gov for review of qualifying experience in order to be approved to take the respite webinar. Upon approval from DMHA, the provider may take the respite webinar located on the provider information webpage. New providers must include:

- The copy of the completed and signed respite certificate that is obtained at the end of the webinar and
- A copy of the email from the DMHA representative approving the provider to take the respite webinar

in their application with all other required documents as a new applicant or new employee. Follow the **New provider application checklist and instructions** found in **Part I** of this guide or **Add new employee(s) checklist and instructions** found in **Part III** of this guide, whichever is applicable.

Part III: Adding new employee(s) for non-accredited agencies

Add new employee(s) checklist and instructions

All new CMHW employees/employee must first pass HAB and FST (and/or Respite) training. Complete rendering applications must be submitted to DMHA *even if employee has worked for or is currently working as an employee for another agency*. Each agency must have complete documents for their employee(s). Never send employees to interview with families if they are not first approved and on the picklist under your agency.

There is no need to send a demographic form or provider agreement when adding an employee. The agency owner/representative must complete the application as shown below. The employee then reviews, initials and signs the application forms. The agency must then submit the application for their employee along with all required background checks and documents on the checklist. *Current providers cannot add a service without an employee to provide the service*. The application forms also have directions please read them as well.

1. **Application cover sheet:** The top contact information is to be completed by the agency owner or representative. Only one cover sheet is needed even if adding multiple employees. This form is also used to add/remove counties, update demographic (address, phone, name changes or main contact) information. After completing this, go directly to **Section B**.
 - **Section B:** Check the box by “Add new staff.” List employee name(s). That’s all; now go to rendering application.
2. **Rendering provider application:** A rendering provider application form and the following documentation listed below must be provided for *each new employee*. Only one set of documents are needed per employee even if choosing multiple services. Check the appropriate boxes. This



form must be initialed (three places by each item in **Section G**) and signed by the employee. Current agencies must provide NPI at time of application submission.

- **Section B:** Service specialty and counties of service. Check the box(s) by the services the employee has been approved for (Hab, FST, and/or RES). Only include the counties this employee will be working in. If the agency is adding other counties or editing counties submit this request separately. See county updates for HAB, FST and RES providers under the subheading technical guidance on the provider information webpage.
- **Section C:** Required documentation. Follow the checklist rendering providers.
 - i. Copy of provider's résumé (must be the same résumé approved by DMHA prior to application).
 - ii. Copy of high school diploma; GED (or copy of advanced degree).
 - iii. Copy of current CPR certification.
 - iv. Copy of valid driver's license (must be legible, please enlarge if possible).
- **Section D:** Provider screenings. Include all the required background screens or checks for every state and county the employee has lived in for the past five years. The completed CPS/DCS electronic form submitted through the [Magik portal](#) should show all counties the employee has lived in. Use it for reference. All screens and criminal history results are good for only one year.
 - i. Five-panel drug screens.
 - ii. Copy of local county criminal history background screen(s) for every county lived in the past five years (including out of state counties).
 - iii. Department of Child Services statewide background check (submit through the [Magik portal](#)).
 - iv. Fingerprint (I-1 inkless) based national and state criminal history background screen (copy of results usually comes directly to DMHA); see **Procedure for registering with inkless fingerprinting for DMHA providers** for detailed steps.
- **Section E:** Habilitation and respite providers should also submit:
 - i. The copy of the provider's current vehicle registration (for Habilitation and Respite providers) must be legible upon submission. The vehicle identification number must match the insurance card that is being submitted. The ID card must be current. Expired registrations will result in incomplete applications.
 - ii. A copy of the provider's current vehicle insurance card (for Habilitation and Respite providers) must be legible and match the vehicle identification number that is on the accompanying vehicle registration. Preferably, use a copy of the insurance ID card provided by most auto insurers. This is what's usually provided to a police officer upon request or at the scene of an accident. DMHA



does not require declaration pages or amounts of liability. Expired registrations will result in incomplete applications.

Part IV: Adding new services

If, for some reason, a current provider only applied for HAB or FST at the beginning of their CMHW services and *after one full year* would like to add the other service, a complete rendering provider application for the additional service must be submitted to DMHA for approval. Training may be required as determined by DMHA if the provider has not been providing services consistently and the initial provider approval has been over a year. This will include background screens and required documentation. Follow **Part III: Adding new employee(s) for non-accredited agencies**. Be sure to check the box “Adding a new service” in **Section B**, the application cover sheet. See [CMHW Module, page 73](#).

Part V: Provider reauthorization

Reauthorizations for non-accredited and agencies individual providers

Reauthorization schedule:

- Accredited agency: At least every three years.
- Non-accredited agency: At least every two years.
- Individual provider: At least every two years.

Every employee has the same certification end-date as the agency. Every employee must be reauthorized at the same time the agency is, no matter when they were hired.

All agencies should first print and review their provider summary found on the incident report portal (<https://DMHAreport.FSSA.in.gov/>) for review before submitting the reauthorization. Include your provider summary at time of reauthorization.

Mark out any employees who are no longer with the agency and/or who are not being reauthorized so that those employees can be removed from the picklist and so the reviewer will not expect a rendering packet for them and return the application as incomplete.

Mark out any counties in which services are no longer being provided. Help us keep the picklist accurate.

If an employee has been hired within the last year of agency reauthorization and all the employee’s criminal history background checks or screens are current (less than one year), do not submit another packet for them for reauthorization. Mark their hire date on the provider summary so DMHA can reference it.



All providers should contact DMHA to update any demographic changes immediately (e.g., change of address, phone numbers or removal of any employee(s) no longer with the agency). If there is a need to make demographic changes (except counties) at time of reauthorization, mark them clearly on application cover sheet and add them to the demographic form; otherwise, it may be missed.

Changes or edits to counties of service should be requested separately from your reauthorization submission. PowerPoint directions for downloading your provider summary report and making county edits is called county updates for HAB, FST and RES providers and can be found on the provider information webpage under the subheading Technical Guidance.

Part 1: Non-accredited agency or individual level documentation checklist for reauthorization.

- Application cover sheet (one form per submission).
- Provider demographic form.
- Copy of articles of incorporation (for agencies only).
- Provider agreement (new signature and date required per agency owner/representative or individual provider at time of reauthorization).

Part 2: Non-accredited agency or individual employee level documentation for reauthorization. Individual providers are their own employees.

Habilitation, Respite and FST rendering provider checklist

- Rendering provider application: one form per employee. Check the approved services that employee(s) are being reauthorizing for on this form in **Section B**.
- Copy of employee driver's license (enlarged and legible).
- Copy of current CPR.
- Copy of current auto insurance (with matching VIN of vehicle registration).**
- Copy of vehicle registration (with matching VIN of auto insurance).**
- A five-panel drug screen.
- Local (county-based) criminal history screen(s) from employee's local county government offices or local county sheriff's offices. These are double-checks required by the CMHW program.
- State and local Department of Child Services abuse registry screening (Child Protective Services—from employee's local county's CPS office) agencies must use the [Magik portal](#) to submit CPS background checks for all employees. The central office business unit will not process hard copies.
- Fingerprint-based state and national background screen.
- All 20 training hours/credits for the past two years (in chronological order).



***Copy of employee's auto insurance or vehicle registration is not required if employee is reauthorizing as an FST provider only (i.e., if FST is the only service they will provide).*

If either registration or insurance cards are expired, the application will be returned as incomplete.

Until further notice, during COVID-19 and until new information is provided, all applications, reauthorizations, demographic change forms and requests must be e-mailed.

Send files in PDF format in the order of the document checklist as shown on applications to:

DMHAyouthservices@fssa.IN.gov.

Next steps after approval as a new CMHW provider: Activation

- 1. Once a completed application is processed and approved by DMHA**, approval letters are emailed to providers. After the provider receives the CMHW approval letter, they can then proceed to enroll in IHCP (Medicaid) for billing. Instructions for next steps are also included in the approval letter and in the body of the email that is sent. *Read carefully!*
 - By now all providers should have familiarized themselves with the IHCP Medicaid provider enrollment process and provider information. *It was part of the first steps!* All agencies will be required to pay an enrollment fee to IHCP (Medicaid).
 - All IHCP provider questions must be directed to IHCP. See IHCP provider information (<https://www.in.gov/Medicaid/providers/index.html>).
- 2. For detailed webpage and PowerPoint instructions on registering and enrolling (creating a provider account) with IHCP**, see PowerPoint instructions provided by Gainwell Technology. The PowerPoint is located on the provider information webpage (<https://www.in.gov/fssa/dmha/youthservices/provider-information/>).
 - Scroll down to the subheading “Provider training webinars” and click on the link by “CMHW providers enrolling in IHCP (Medicaid): IHCP enrollment guide for CMHW providers.”
 - While in this webinar, download the PowerPoint presentation by clicking on the name of the file on the bottom of the webinar screen to highlight it, and then clicking “Download files.”



The following is the Child Mental Health Wraparound enrollment policy (announcement from Jan. 2, 2020) showing group enrollment guidance:

Provider type	Taxpayer ID	NPI type for enrollment	Employee rendering NPI requirement
Accredited agency*	Employer Identification Number	Group NPI only	Each CMHW-authorized employee must obtain a rendering NPI, be enrolled and linked to the group
Non-accredited agency*	Employer Identification Number	Group NPI only	Each CMHW-authorized employee must obtain a rendering NPI, be enrolled and linked to the group
Individual	Social Security Number	Billing	N/A

*All agencies will be required to pay an enrollment fee to IHCP (Medicaid) upon enrollment.

3. Providers will be contacted regarding further information and/or enrollment approval by Medicaid (Gainwell). Once providers receive their copy of the approval letter from Gainwell, a scanned legible copy is required to be sent via email to DMHAyouthservices@fssa.IN.gov, in order to activate the provider in the database or they will not appear on the picklist and be eligible to be placed on a plan of care and bill for services. See [CMHW module, page 60](#).
 - **Notice: DMHA must receive a copy of the Medicaid approval letter(s) and NPI within six months of approval.** Failure to enroll in Medicaid and submit the approval letter(s) along with a copy of the email from the NPI enumerator webpage containing the rendering provider's rendering NPI number within six months of CMHW approval, will result in the provider's account profile expiration and automatic termination in the database.
4. After DMHA receives the Medicaid approval showing activation, the activation will be processed in the database and the provider will appear on the CMHW picklist.

Examples for obtaining and completing documents are provided in the following pages.

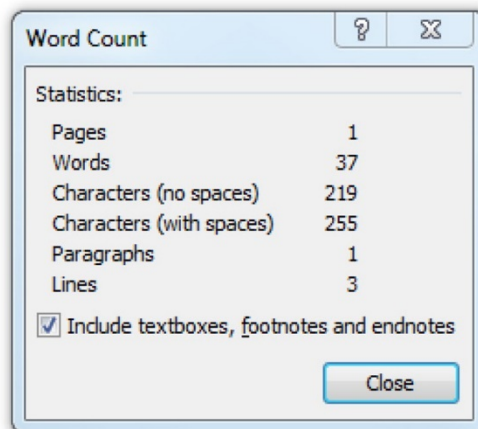


Example for specialty comments

Most providers create specialty comments that are too lengthy to add to the database. Specialty comments can only be up to 256 characters; *this includes spaces and punctuation marks*. Try reviewing and editing the specialty comment in a Microsoft Word document as shown below. After starting, click on “Words” at the bottom left of the screen. See the example below. A box will come up that will provide the *word count statistics*. Check the number of characters under “Characters” (*punctuation and spaces are also counted as characters!*). This will assist in editing and keeping under the 256-character count.

Copy and paste the statement into an email and send it to us so that we can in turn, paste the statement into the database. Below is an example of a specialty comment. Notice it’s just within the space allotted. It has 255 characters (counting spaces and punctuation).

~~I have experience working with children and adolescents with a variety of diagnosis and have helped children and young adults find greater independence, gain emotional and behavioral control, and achieve positive outcomes with hard work and determination. ¶~~



Currently, the provider database only allows for one specialty comment that is provided by the agency or the individual provider.

Example of DMHA youth provider reauthorization schedule

Reauthorizations are due *60 days before* your certification end date.

1. A computerized email reminder goes out to the email address DMHA has on file *90 days* before your *certification end date*. These may fail to send due to technological issues out of our control. You are responsible for tracking your reauthorizations.



2. A due date is provided in the reminder email which is calculated at 60 days before your certification end date. So, you have 30 days to submit your reauthorization application to DMHA.
3. If you are an accredited or non-accredited agency with employees, *all of your employees are to be reauthorized at this same time*, along with your agency.

This example is for a non-accredited agency or an individual provider whose certification period is for *two years*.

Let's say you were certified on April 1, 2021; your certification end date is April 1, 2023.

On Jan. 1, 2023...	On Feb. 1, 2023...	On April 1, 2023...
DMHA sends an email reminder. Provider is still obligated to keep track of dates due to possible database error.	Reauthorization is due to DMHA <i>60 days before your certification end date</i> . This includes <i>all employees</i> for agencies, as everyone's end date is the <i>same</i> .	Your certification end date.

Continuing education and certification requirements

DMHA requires 10 hours of training per year

All CMHW providers are expected to engage in ongoing professional development. Renewal of approval requires the successful completion of no less than 10 hours of professional development training or conferences per approval year. For example, a provider approved on April 1 is expected to obtain 10 hours of training and professional development before April 1 of the following year. See [CMHW module, Section 13](#).

Schedule yourself to start your reauthorization process *90 days before certification end date*. Set appointment date to submit your reauthorization *before the 60-day due date* to DMHA or you will receive a formal notice of suspension for failure to submit a timely reauthorization.



Example for a non-accredited agency or an individual provider whose certification period is for two years:

If you were certified on July 1, 2017, your certification end date is July 1, 2019.

July 1, 2017		July 1, 2018		July 1, 2019
→	10 hours of training should be taken during this time period.	→	10 hours of training should be taken during this time period.	→

Continuing education: Certificate requirements

All providers are required to obtain continuing education. For reauthorization, DMHA requires submission of certificate information for 10 hours of training per each certification year as shown in detail on the previous page.

All CEU/training certificates should contain:

1. Title of the course.
2. Provider name.
3. Training hours or CEU credits, and
4. Date course was taken.

If the amount of training hours and proof of training is not supplied to DMHA in the application for reauthorization, the application is considered incomplete. The reauthorization cannot be approved and the provider will, therefore, be terminated.

See subheading “**Continuing education and reauthorization requirements**” in the [CMHW provider module](#), starting on **page 63**.



Examples of websites for continuing education training

	Trainer	Description	Website
	Collaborative Change	Click on link for times	www.collaborative-change.com/trainings
	TF-CBT Web	Web-based learning course for trauma-focused cognitive-behavioral therapy	http://tfcbt.Musc.Edu/
	Foster Care & Adoptive Community Training	Foster care and adoptive community training distance learning program	www.Fosterparentstest.Com/store/index.htm
	Free State Social Work, LLC	Online continuing education	www.Freestatesocialwork.Com/?Page_id=202
	Mental Health America of Indiana	Learn about educational programs provided at libraries, etc.	http://mhai.net/
	The Indiana Youth Institute	Designed to empower the people and organizations that are focused on youth	www.iyi.org/ or www.iyi.org/professional-development/trainings
	The National Alliance on Mental Illness	NAMI provider education and resources	www.Nami.org/find-support/nami-programs/nami-provider-education
	DMHA Cultural Linguistic Competency Conference 2021	Virtual conference sessions	https://go.Techserv.Io/D MHA-conference2021.html



Procedure for registering with inkless fingerprinting for DMHA providers

CMHW providers are not employees of FSSA. Agency designation is under the NCPA (National Child Protection Act). Do not choose FSSA in the first option. If these directions are not followed exactly as shown below, the results will not come to DMHA. The fingerprint procedure will have to be retaken and paid for again, causing delay in approvals.

To register online, go to www.in.gov/isp/2674.htm.


1. At this site, scroll down the webpage and click on the button “Request a fingerprinting appointment online.”
2. On the Identogo page that opens, click on “Schedule a new appointment.”
3. On the “Agency” page drop down menu, click on “All others” at the very bottom of list. *Do not choose FSSA.* Click “Go.”
4. On “applicant type” page drop down menu, click on “NCPA employee background check.” Click “Go.” (NCPA means National Child Protection Act.)
5. Next, at the “NCPA” page drop down menu, click on: “FSSA Division of Mental Health and Addiction (INAP00479).”
6. Complete acknowledgement/release. Click “Go.”
7. Enter your ZIP code or region to determine the closest fingerprinting location.
8. Choose a center and date to schedule an appointment.
9. Fill out the application information and follow the rest of the prompts.

Per the site instructions, payment can be made electronically by credit card or debit card at time of scheduling. Payment can also be made at the fingerprinting service center by cashier’s check or money order. Fingerprint results are sent to ISP electronically, and the results will be sent to DMHA only if these steps were followed correctly.



Procedure for local Marion County background checks

For Indiana State Police limited criminal history report, go to www.in.gov/ai/appfiles/isp-lch/. See this sample report below:

	INDIANA STATE POLICE LIMITED CRIMINAL HISTORY	<i>accessIndiana</i> www.IN.gov	
The following is an edited transcript of the criminal history record contained in the files of the Central Repository, Indiana State Police. All entries are based on information supported by fingerprints in this agency.			
Information Released To:		Date: 08/23/2004	
Name: test user		Page: 1	
Address: test street		Receipt: 2955459	
City/St/Zip: test city IN 12345		Operator:	
Phone: 123-456-7890		<i>accessIndiana</i>	
This request is in accordance with IC 10-13-3-27 and may not be used for any other purposes.			
Subject of Record			
Name	Race	Sex	Birth Date
user, test	U	U	XX-XX-XXXX
Offender Name RECORD, TEST		SID# 0000000002	
Sex	Race	Birth Date	Hgt Wgt Eyes Hair Plc of Birth
M	W	03/22/1980	511 198 BLU BLN IN
Alias(es) RECORD, TEST			
Date(s) of Birth 11/11/1911 12/12/1912			
Arrest	001	12/12/1998	
Arrest Detail:			
Agency:	STATE POLICE HEADQUARTERS (INISP0000)		
Original Charge:	JAYWALKING (Class , MISDEMEANOR); Counts: 2		
Prosecutor/Court Detail:			
Cause#	Unknown		
Filed Charge:	THEFT (Class B, FELONY)		
Amended Charge:	ARMED ROBBERY (Class A, FELONY)		
Counts:	002		
Disposition:	GUILTY		
Sentence:	5 YEARS	Suspended: 2 YEARS	

Search Again
accessIndiana
www.IN.gov

Results are good for one year only!



Incident reports

All approved CMHW providers are responsible for ensuring the health and welfare of participants in the program. To accomplish this, DMHA has established an incident reporting process.

Providers must complete an incident report in any of the following situations:

Sentinel event: This type of event is defined as a serious and undesirable occurrence involving the loss of life, limb, or gross motor function for a participant or individual providing services for a program participant and must be reported to the DMHA within 24 hours.

- Critical incident: Must be reported to the DMHA within 72 hours. Examples of this type of event include:
 - Use of restraint.
 - Elopement.
 - Medication error (pertains to errors that occur when the participant is not in the home or care of the parent/caregiver).
 - Serious injury.
 - Suicide attempt.
 - Seclusion.
 - Violation of rights.
 - Incident requiring police or Child Protective Services response/involvement.
 - Neglect, abuse or exploitation.

Incident reports can be filed through the [Incident Report Portal](#). For more information about incident reporting, please see **Section 11** of the [CMHW module](#).

Complaints

To report a complaint, go to this same portal and click on “Complaint Report” on the left side of the portal.

State of Indiana
DIVISION OF MENTAL HEALTH AND ADDICTION

Welcome to the DMHA Incident, Follow-Up and Complaint Reporting website

NOTICE TO USERS: Please be advised, the Indiana Office of Technology (IOT) only supports Internet Explorer. If you access this site via Mozilla (Firefox), Safari, Chrome or some other agent, errors may occur. Thank you.

This website is for filing appropriate initial incident, follow-up and complaint reports as required by the State of Indiana Division of Mental Health and Addiction. Please review the User Guide for additional assistance and explanation of each web form.

This site is maintained by the Division of Mental Health and Addiction. Please report any technical problems with the website by sending an e-mail to DMHA.Admin@fssa.in.gov. Please direct policy related questions to DMHAYouthservices@fssa.in.gov.



Resources for Indiana System of Care

Providers are encouraged to explore, become familiar and learn to navigate through all the SOC webpages. For everyone's convenience, there are many direct links provided here. Any one of these webpages can also be found through the menus on the left column of the SOC website.

Learn to navigate through the DMHA Indiana Youth Systems of Care website

About Indiana System of Care

From www.in.gov/fssa/dmha/youthservices/, click on “CMHW program” (on the left column) and then select “Provider information.”

DMHA calendar

SOC events are always located on the [DMHA calendar](#). We encourage everyone to make a habit of reviewing it from time to time:

On the left column, where the agency name appears, hit the drop down arrow to select “Family and Social Services Administration” and then select category and click on “search.” This will filter to include wraparound services.

Resources for high-fidelity wraparound

Community access sites

www.in.gov/fssa/dmha/youthservices/community-access-sites/

Program description (overview) of Child Mental Health Wraparound services

www.in.gov/fssa/dmha/youthservices/program-description/

Wraparound facilitation site coaches

For approval of resumes of wraparound facilitator applicants; certification training and coaching on high fidelity wraparound for wraparound.



Facilitators

Quality assurance and approval for participant eligibility reviews, intervention plans (which generate notices of action for all providers), care plans and crisis plans.

Amber Busch: Amber.busch@FSSA.in.gov

Heidi Gross: Heidi.gross@FSSA.in.gov

Jennifer Gibson: Jennifer.gibson@FSSA.in.gov

Jessica Morris: Jessica.morris@FSSA.in.gov

Lyndsey Kappel: Lyndsey.kappel@FSSA.in.gov

Other important resources

Resource	Website
Indiana Youth SOC, Youth M.O.V.E. Indiana	www.in.gov/fssa/dmha/youthservices/information-and-resources2/youth-move-indiana/
Youth M.O.V.E. Indiana (statewide chapter)	http://familyorgdirectory.Fmhi.Usf.Edu/vieworg.Cfm?Orgid=1419
Indiana Division of Family Resources	http://www.in.gov/FSSA/thehub/2545.htm
Indiana Department of Child Services	http://www.in.gov/dcs/
Children’s Mental Health Initiative	http://www.in.gov/dcs/3401.htm



Resources for IHCP (Medicaid)

Resource	Description	Website
IHCP providers	Main page	www.in.gov/Medicaid/providers/index.html
Indiana Medicaid for Providers Portal	Registration and enrollment	portal.IndianaMedicaid.Com/hcp/default.aspx?Alias=portal.IndianaMedicaid.Com/hcp/provider
IHCP provider reference materials	Medicaid modules (manuals) can be found on the FSSA Indiana Medicaid for Providers webpage	www.in.gov/Medicaid/providers/469.htm
Provider relations	Field consultant in your area	www.in.gov/Medicaid/providers/490.htm

DMHA provider team contact information

Submit all résumés to DMHAyouthservices@FSSA.in.gov.

For questions related to:

- Policies for DMHA youth program, including:
 - New provider/agency enrollment and requirements for CMHW,
 - Résumé reviews, and approval for training for HCBS services,
- Training schedules and locations for Hab, FST and RES services,
- Questions regarding facility-based Respite, and
- Questions regarding enrollment for IHCP (Medicaid) for CMHW,

contact **Julie Bandy**, provider specialist, at Julie.Bandy@FSSA.in.gov or 317-232-7892.

For questions related to:

- Incident reports, IR procedure and follow-ups,
- Quality improvement reviews,
- Access site policies, access site key contacts, and
- Reauthorizations for CMHW access sites,

contact **Tanya Merritt-Mulamba**, clinical QA improvement specialist, at Tanya.Merritt-mulamba@FSSA.in.gov or 317-232-7889.



For questions related to:

- Provider application submissions, processing and approval for all DMHA wraparound HCBS for the CMHW program,
- Provider activations (for picklist),
- Provider updates, demographic changes (change of address, phone, name, etc.),
- Staff/employee additions, terminations, or updates, and
- Provider reauthorization application packet submissions, processing and approval for all DMHA wraparound HCBS for CMHW,

contact DMHAYouthservices@fssa.IN.gov

All resumés, new applications, staff additions, reauthorizations, and demographic changes must be scanned and emailed to DMHAYouthservices@fssa.IN.gov . No hard copies are accepted.
