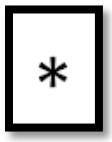
Nebraska Provider Screening and Enrollment

Home Care Based Services (HCBS)

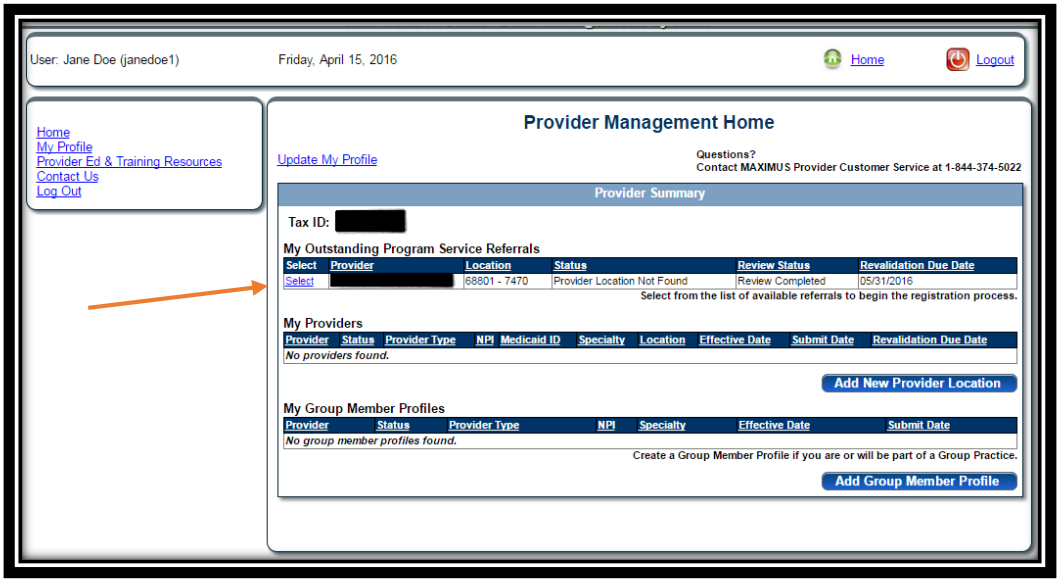
New Enrollment and Revalidations for Providers New to the Portal

The steps below will guide you through filling out or updating an application for HCBS providers.
All application must be submitted for review when completed.
Note: If you do not have a username and password, see the appropriate Account Creation Instructions.

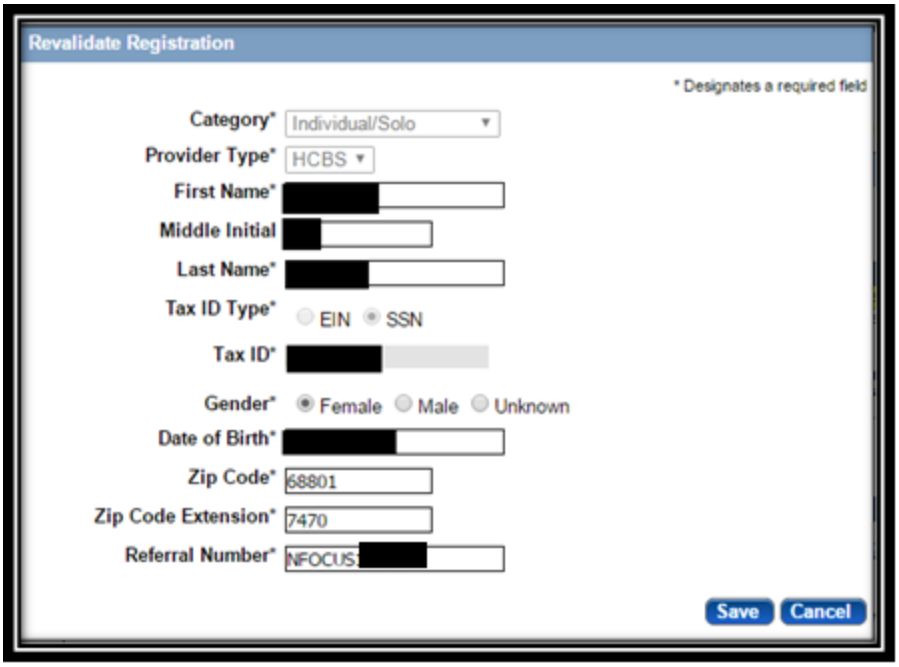
Symbols to watch for:  Edit  Required  Add

 Key Provider Identifier  Delete

1. Click on **Select** under "My Outstanding Program Service Referrals".
   - If Select is not available, contact your Resource Development Worker.
   - If you have already clicked on Select and are returning to the portal to continue filling out the application, the select will be removed. You will need to select your name under My Providers and Continue Registration. If needed, see HCBS Provider Management Home Resources for further direction.



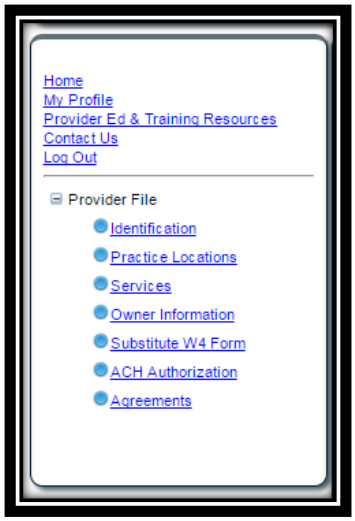
2. Complete All Required Fields.
   - ➢ New Provider must select Individual or Organization. Providers using a SSN are generally Individuals. Providers using an EIN are generally Organizations.
   - ➢ Enter the NFOCUS Referral number exactly as it appears in your email notification.
     - ➢ Examples: NFOCUS-8120 or NFOCUS12248

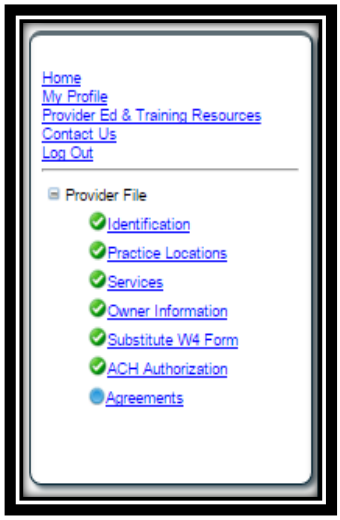


3. Click **Save**.
   - ➢ This will take you to the application.

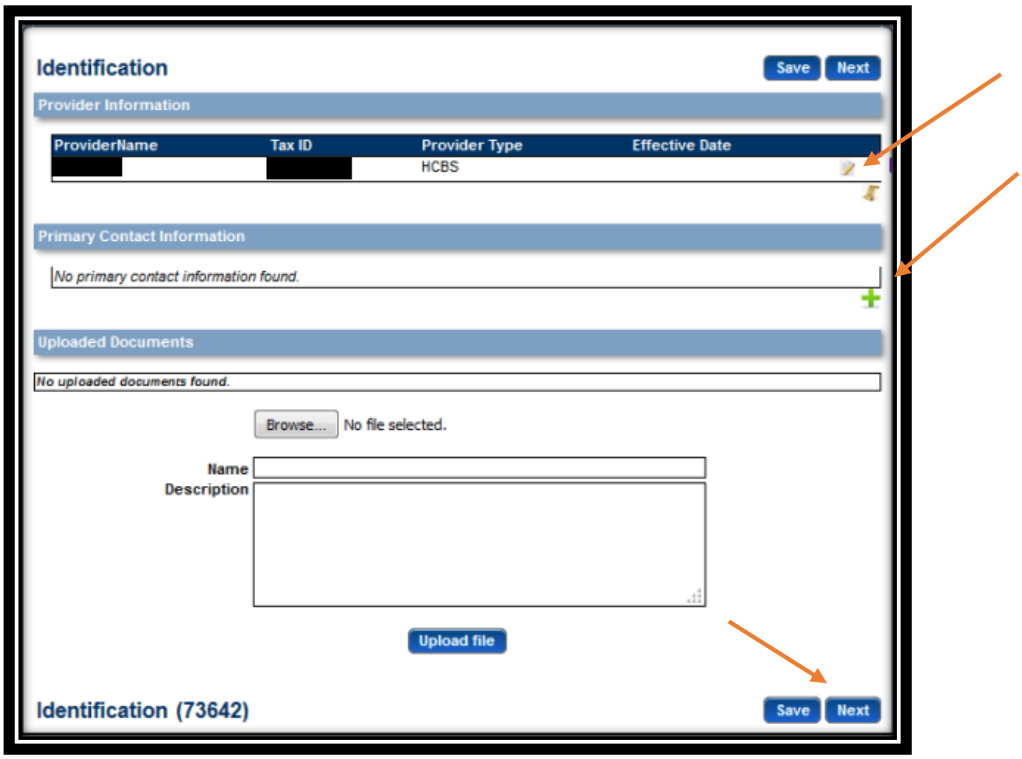
   If at any time you want to return to the home page, need to re-enter this application or Edit a Key Provider Identifier see the HCBS Provider Management Home Resource.

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

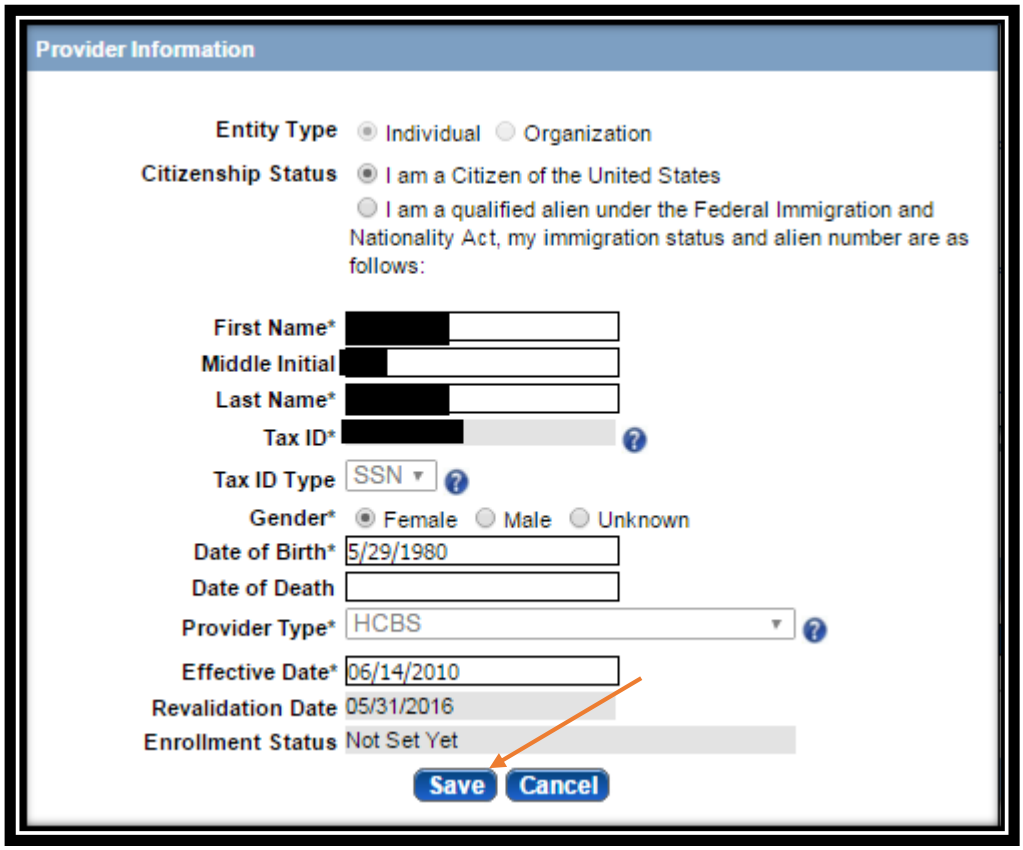




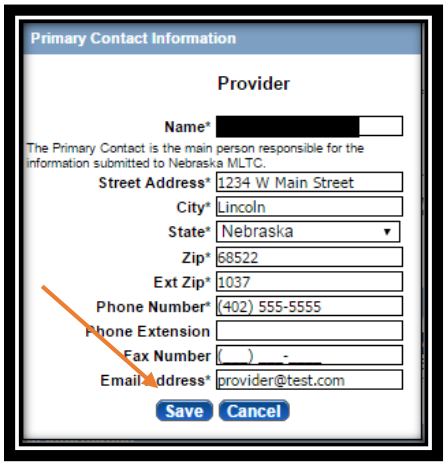
2. Identification:



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



2. Select the appropriate citizen status, complete all required fields, and ensure all the information is correct and select **Save**.
   - If you are a qualified alien under the Federal Immigration and Nationality Act, select the applicable immigration Status and provide your alien number.
   - See the HCBS Provider Management Home Resource if a Key Provider Identifier is incorrect.
3. Primary Contact Information. On the Identification page, select Add. The following box will open:

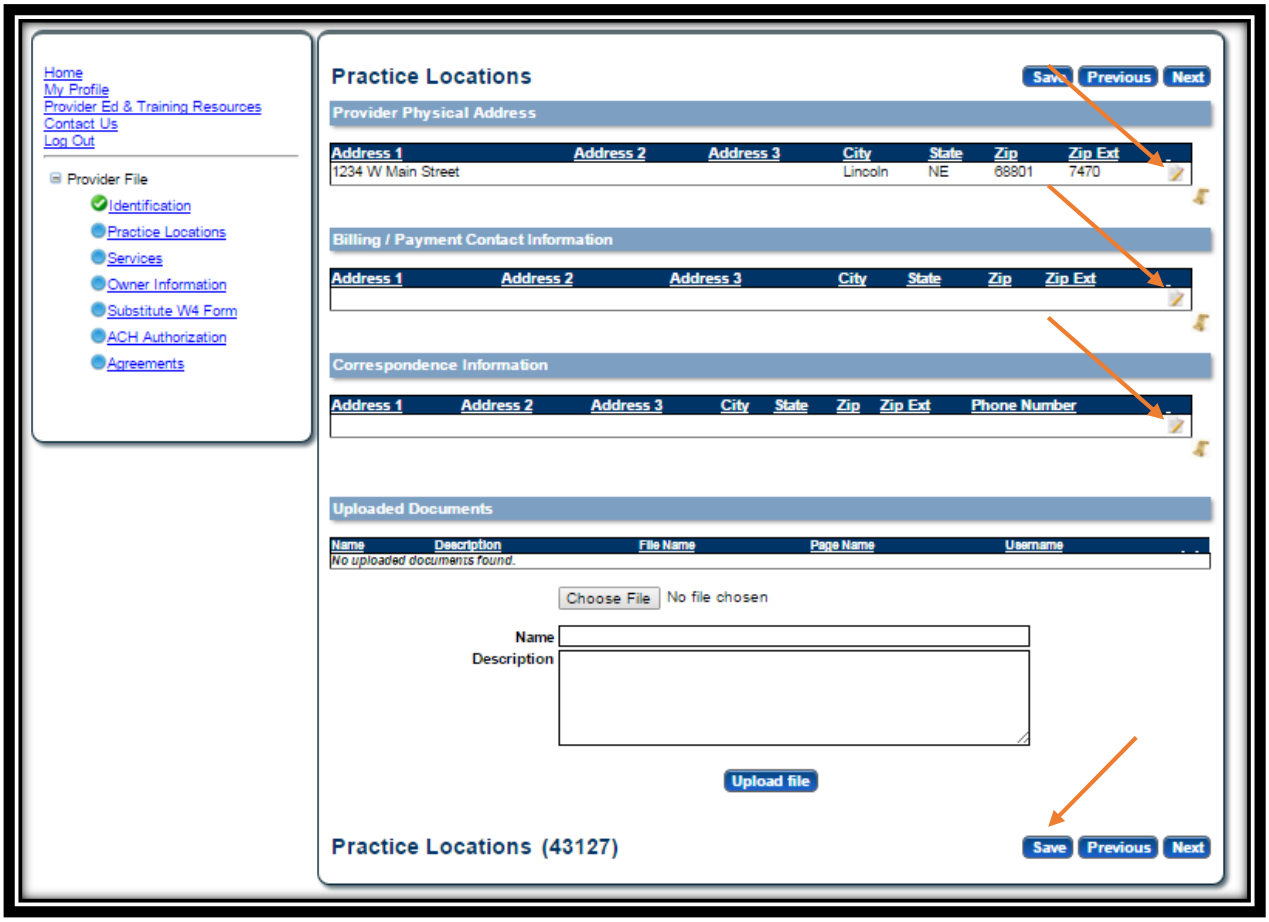


4. Complete all required fields and select **Save**.

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

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

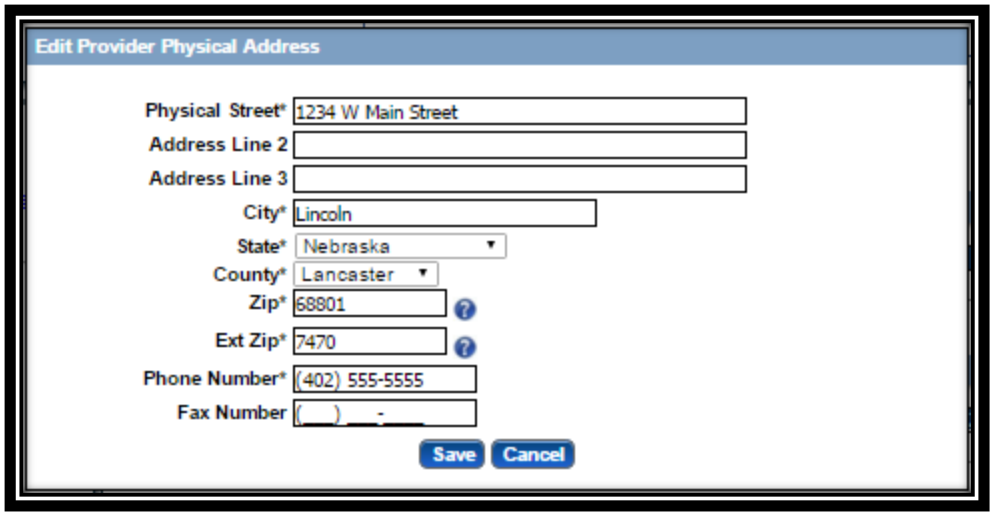
3. Practice Locations:



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

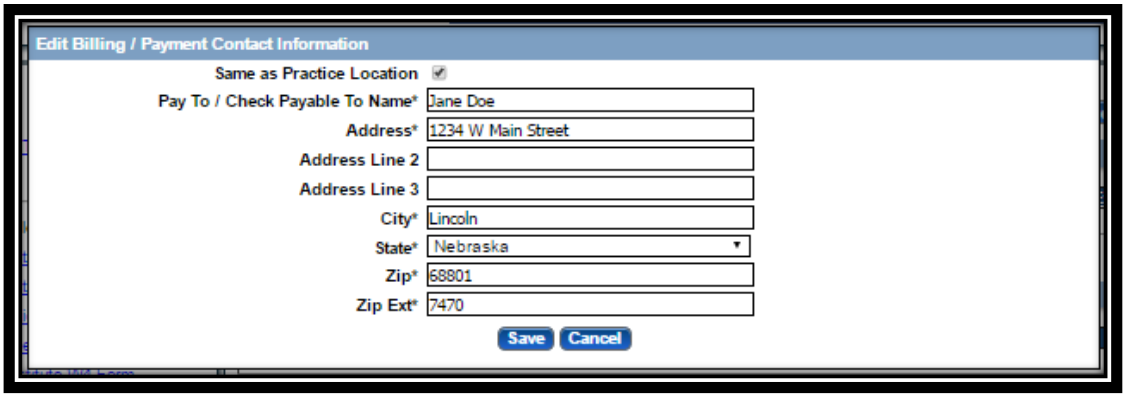
Note: If you provide services in a client's home **do not enter the client's address**. Enter the address of your primary residence.

1. Provider Physical Address:
   - Click the edit symbol.
   - The following box will open:



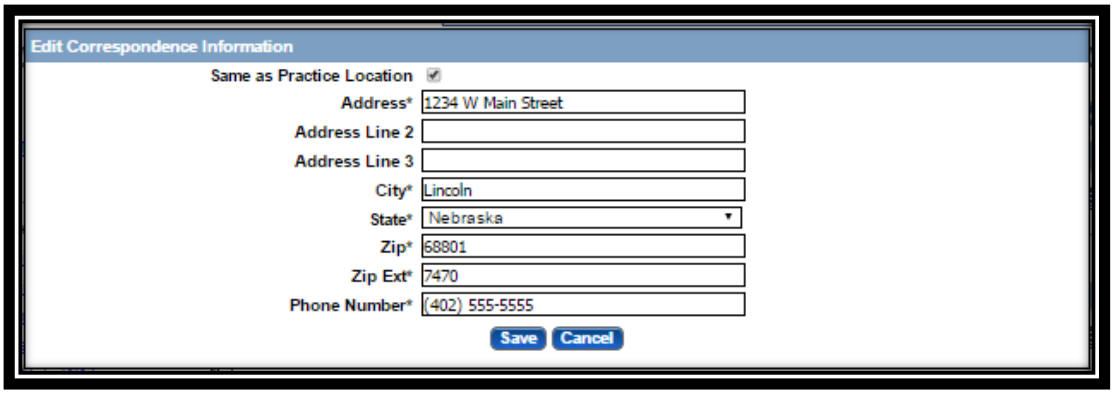
- Complete all required fields, confirm all information is correct, and select Save.
- See the HCBS Provider Management Home Resource if a Key Provider Identifier is incorrect.

2. Billing / Payment Contact Information:
   - Click the Add symbol.
   - The following box will open:



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

3. Correspondence Information:
   - Click the add symbol.
   - The following box will open:

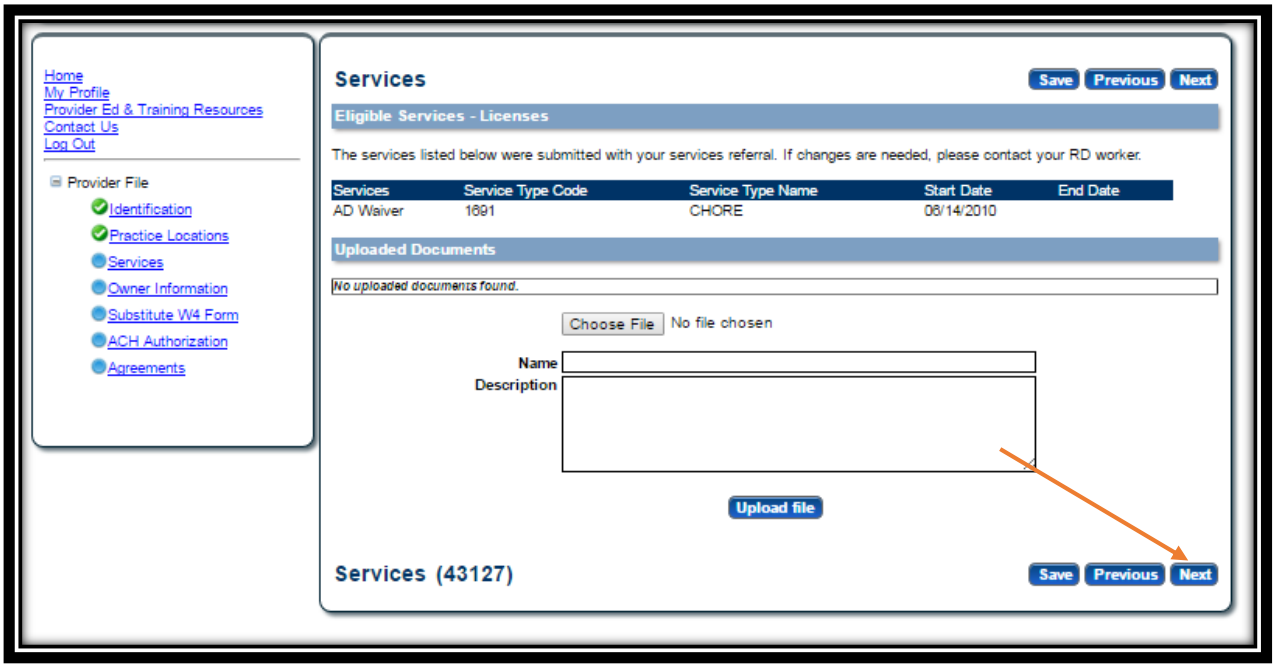


➢ Complete All required fields, confirm all information is correct, and select Save.

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

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

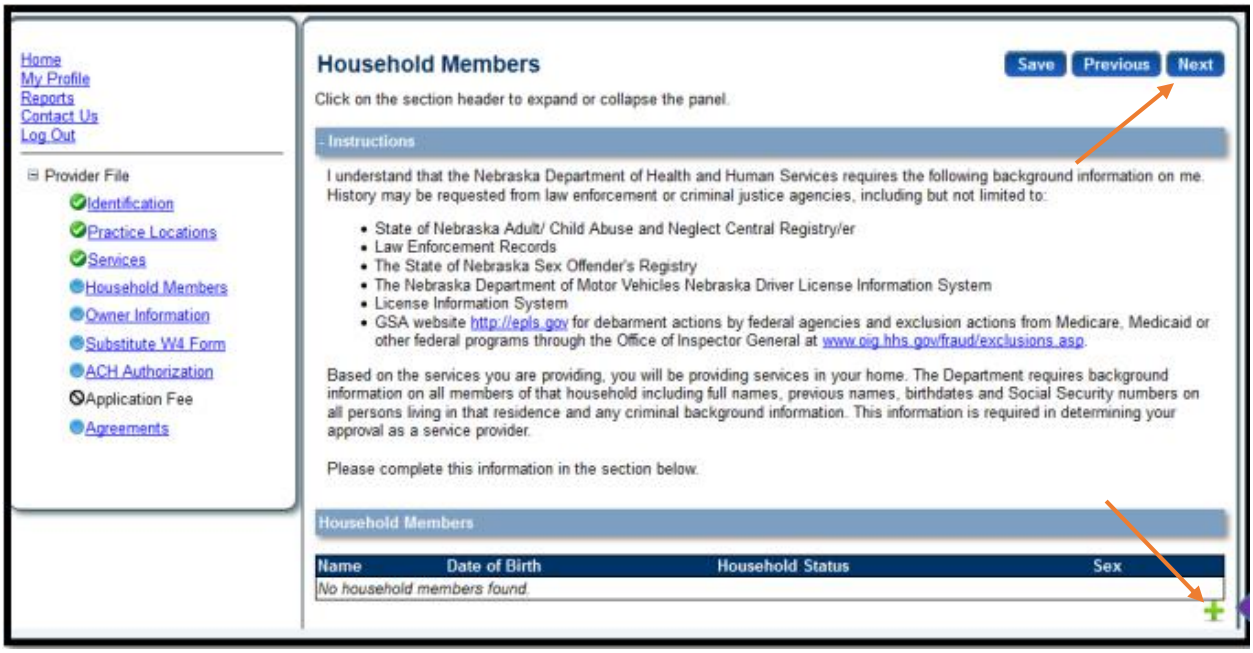
4. Services:
    1. The Program Service Code(s) that the provider is authorized to provide will be present on this page. No action is required.



2. Select **Next**.

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

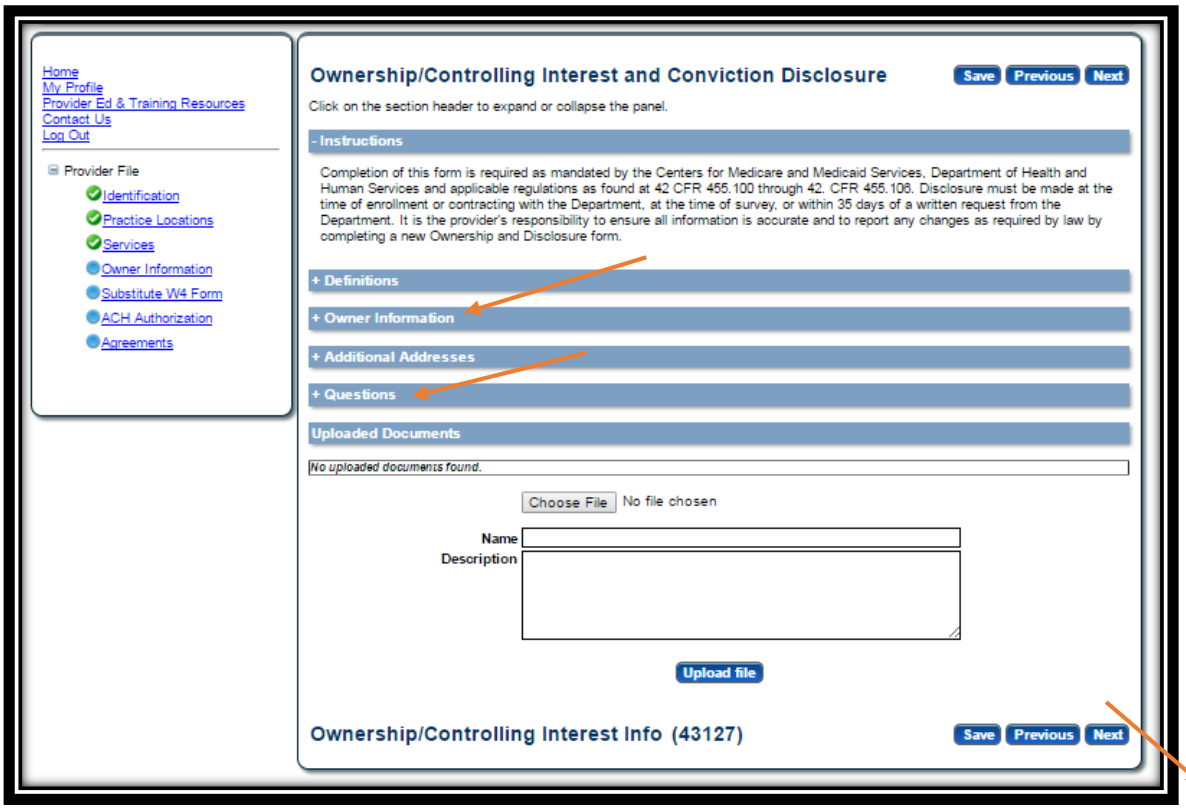
5. Household Members: NOT ALL PROVIDERS WILL HAVE THIS PAGE.
    1. Some HCBS providers are required to list Household Members living in their home. You do not have to list the provider or the client. List ALL other people that live at the Provider's Physical Address by selecting **ADD**.



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

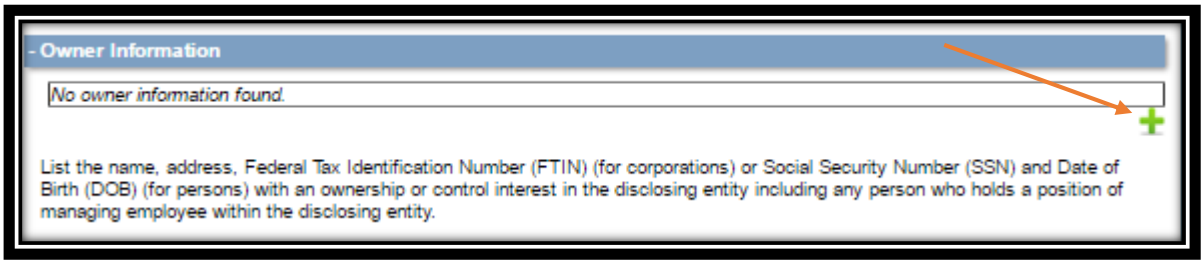
You will not be required to upload any documents on the Household Members page.

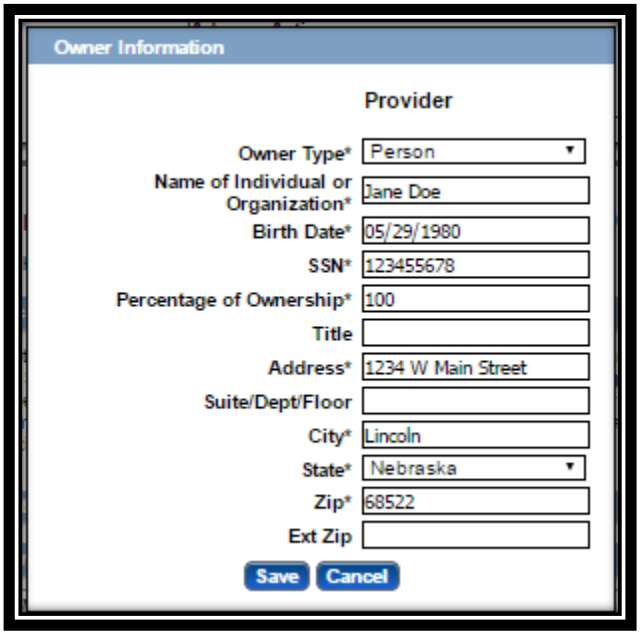
6. Ownership/Controlling Interest and Conviction Disclosure:
    1. Expand the "Owner Information" section by clicking on the small white plus.



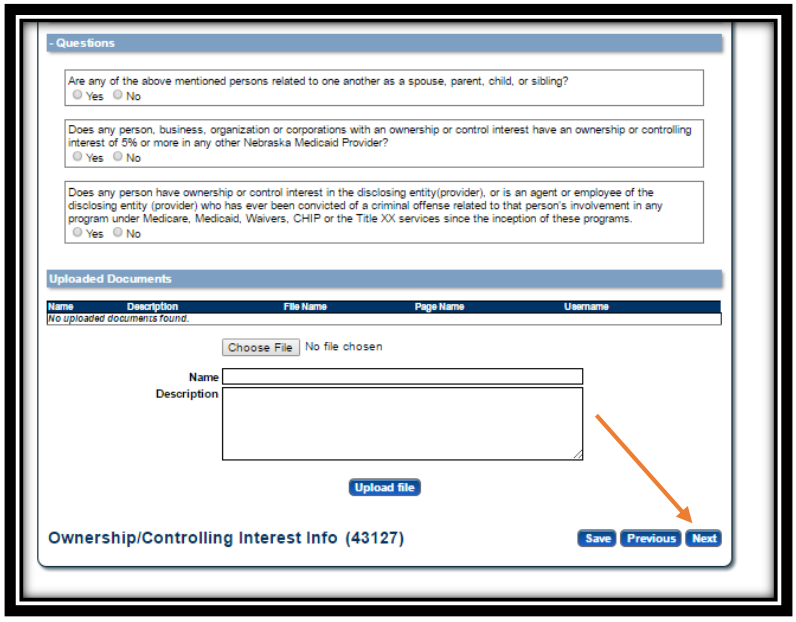
2. Complete the Ownership Information by selecting **Add**.

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





3. Select **Save**.
4. Complete the Additional Addresses section if necessary.

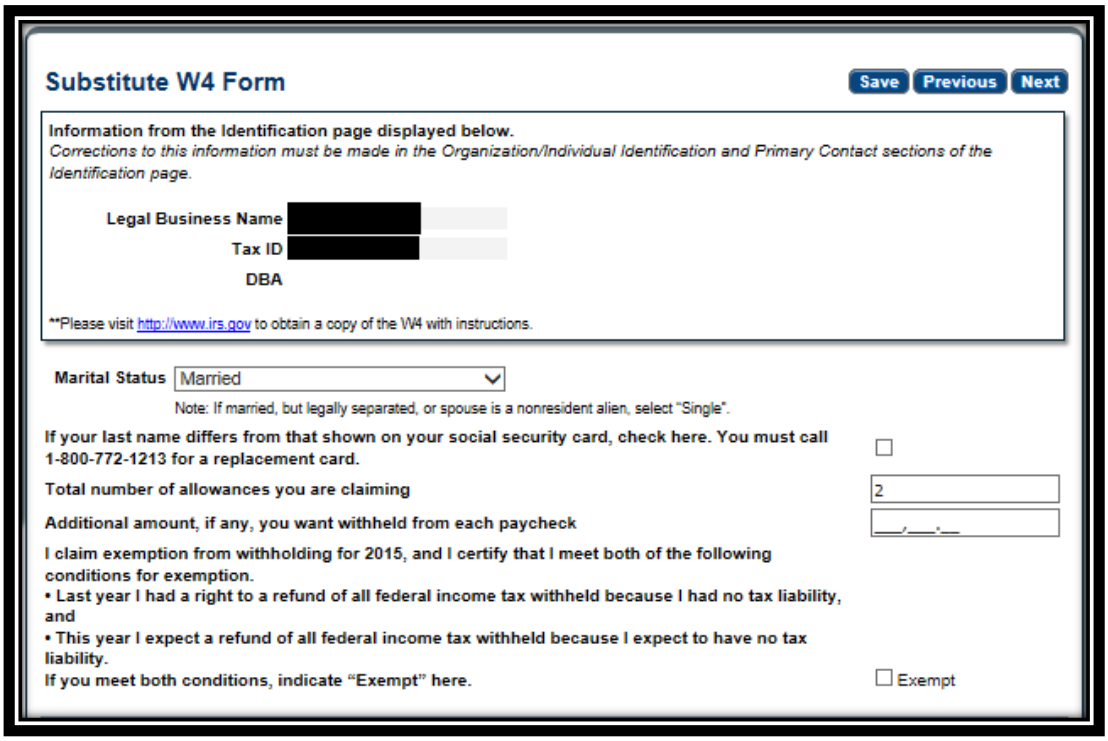


5. Complete the Questions section and click **Next**.

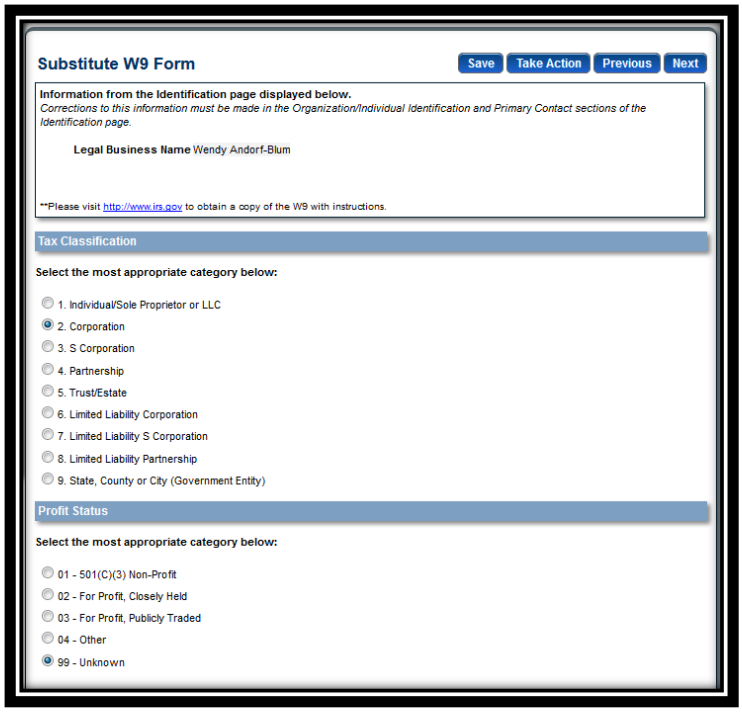
Note: If only one owner is listed, the first question will be answered “No”.

You will not be required to upload any documents on the Ownership and Controlling Interest page.

7. Substitute W4 Form or W9 Form:
    1. Individuals will have a Substitute W4 Form.
        - ➢Fill out all Applicable fields. Marital Status and Allowances are required.
        - ➢Click **Next**.

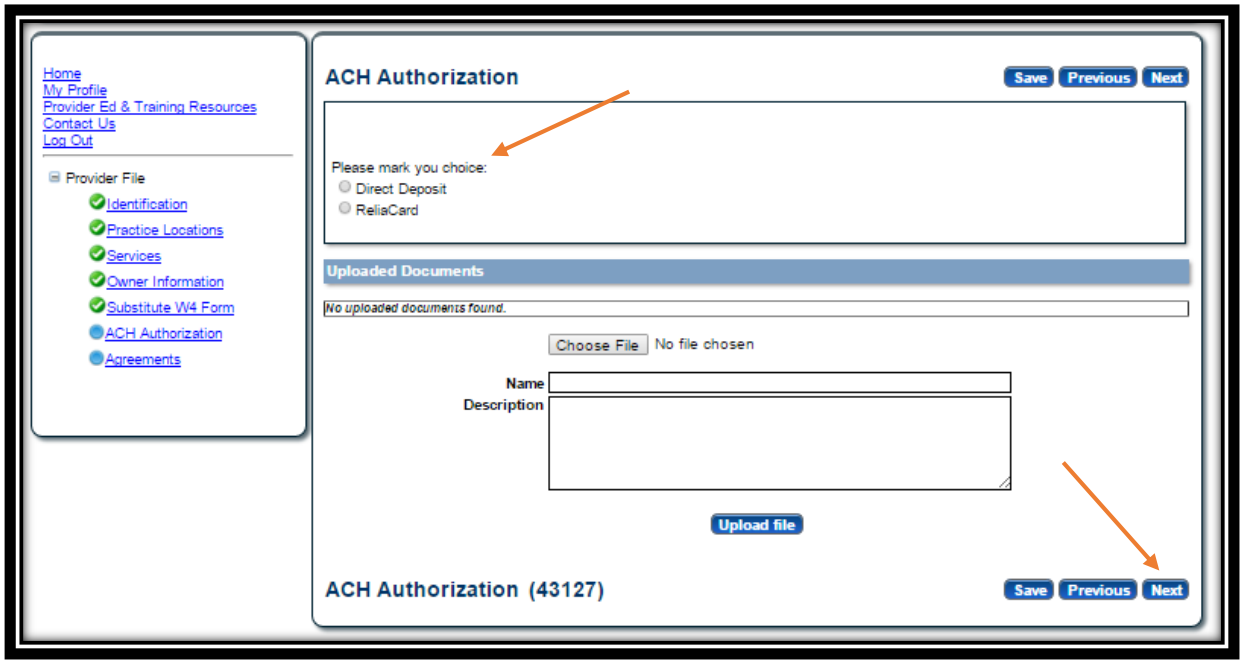


    2. Organizations will complete a Substitute W9 Form.
        - ➢Select the appropriate Tax Classification and Profit Status.
        - ➢Click **Next**.

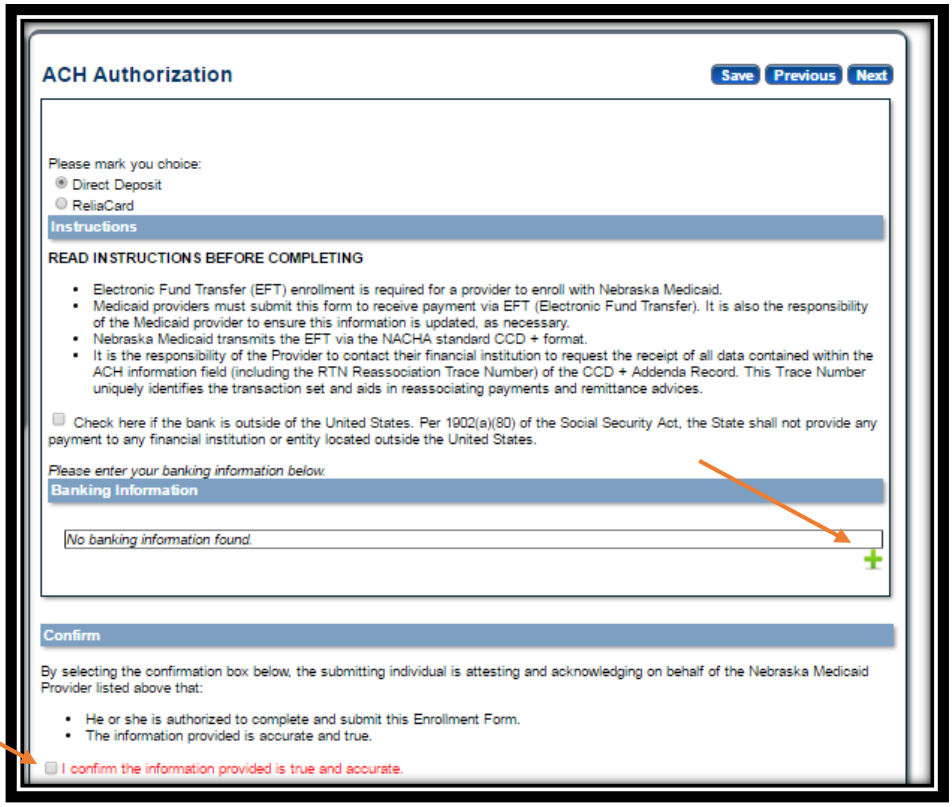


You will not be required to upload any documents on the Substitute W4 or W9 page.

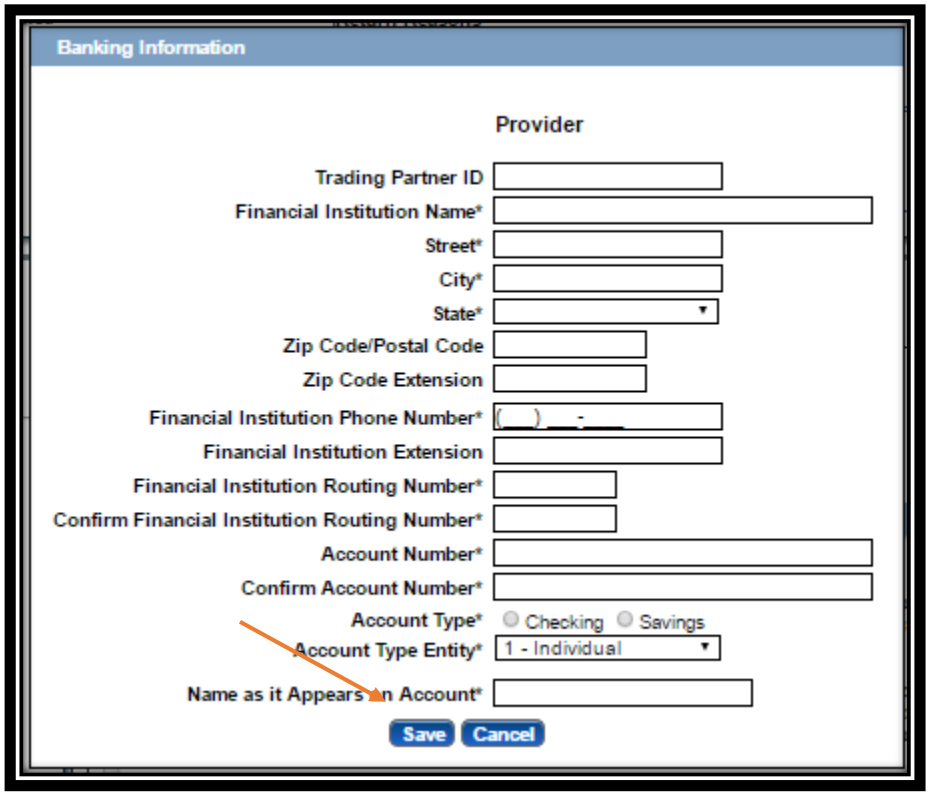
8. ACH Authorization:
    1. Select your payment method.



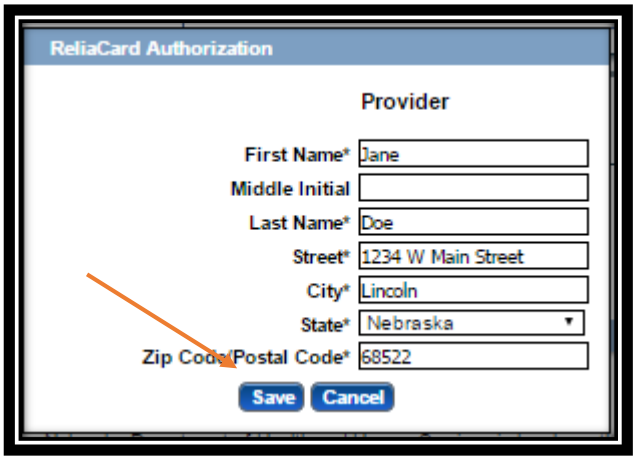
- If you select Direct Deposit:
    - Only select the Check Box in the Direct Deposit section if you bank is outside the United State.



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

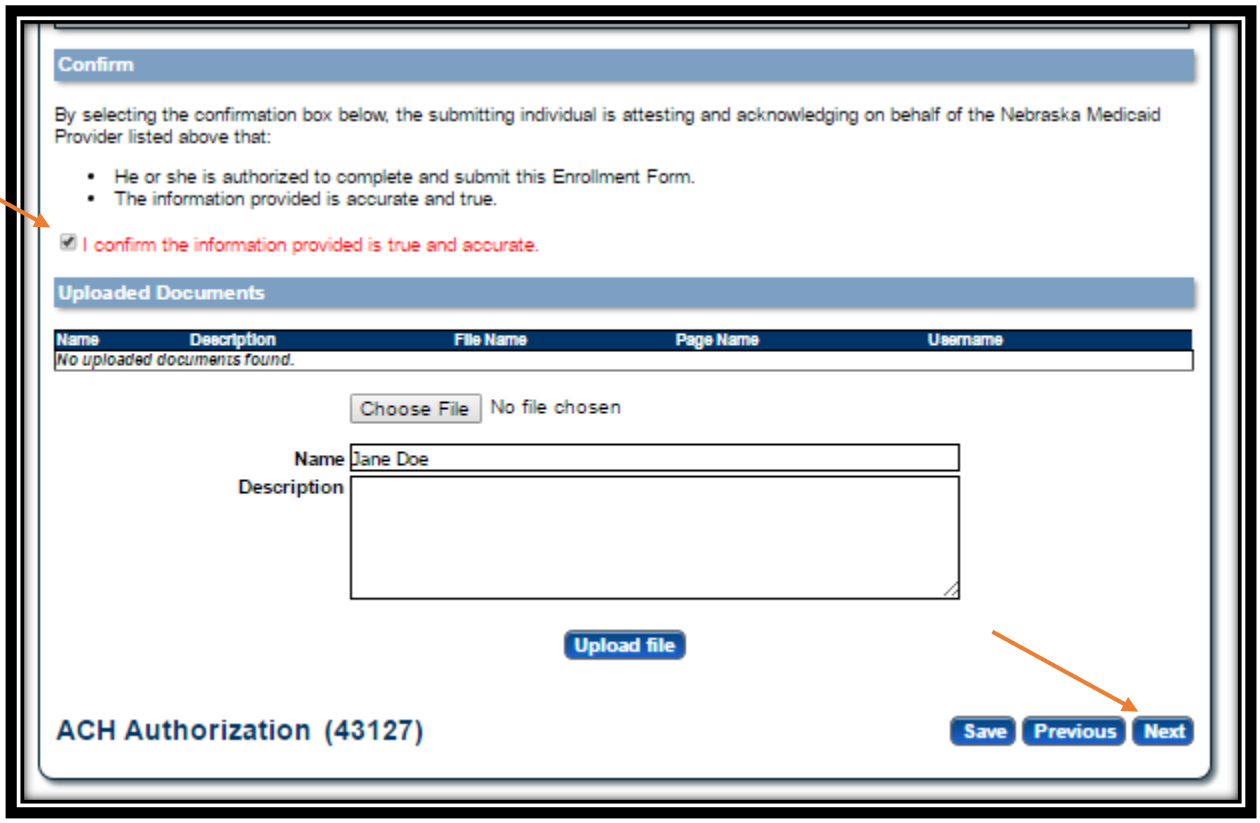


2. If you select ReliaCard:
   - ➢Click Add to enter the ReliaCard Authorization information.
   - ➢Complete all required fields and click **Save**.

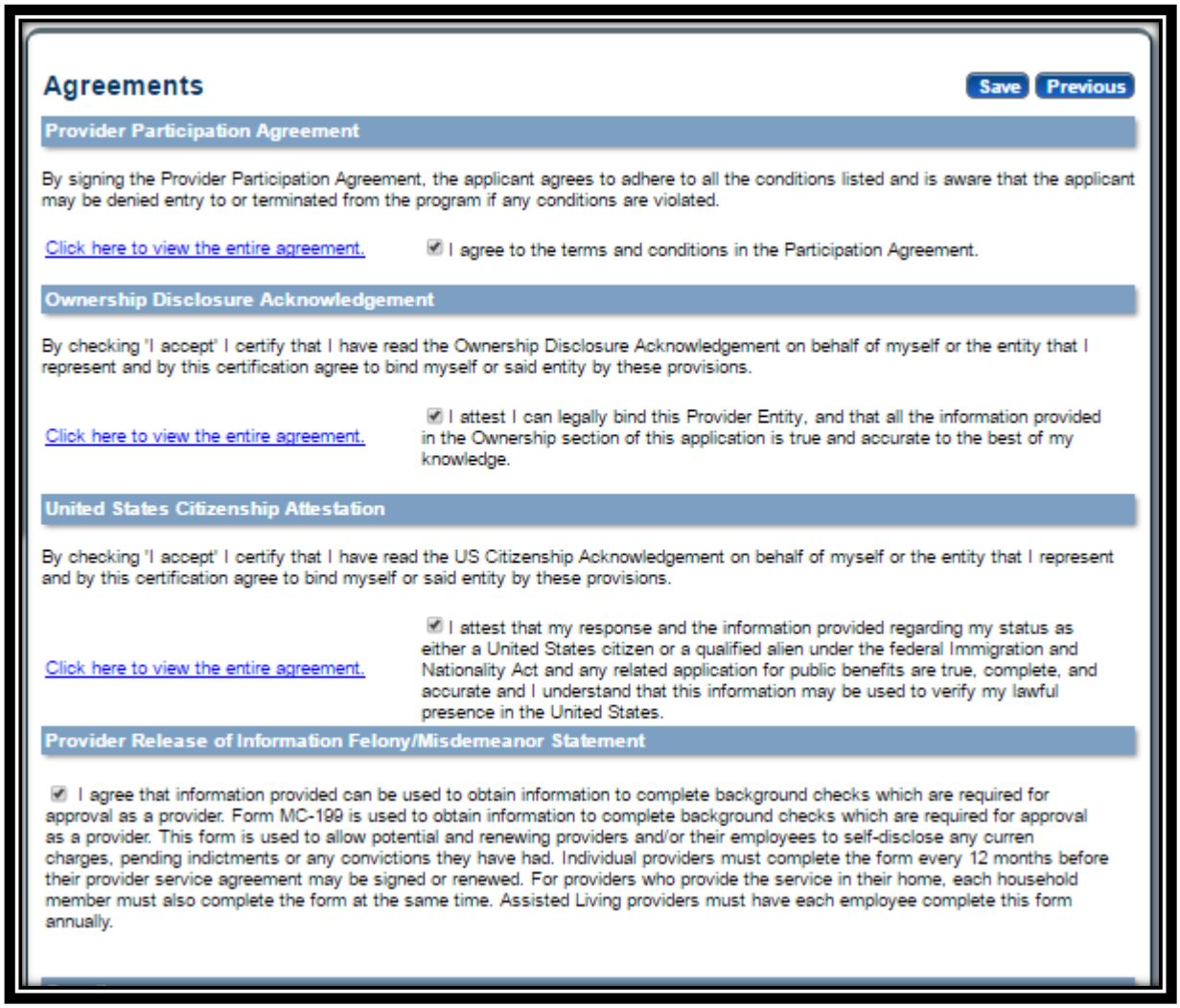


3. Check the "I confirm the Information provided is true and accurate" and click **Next**.

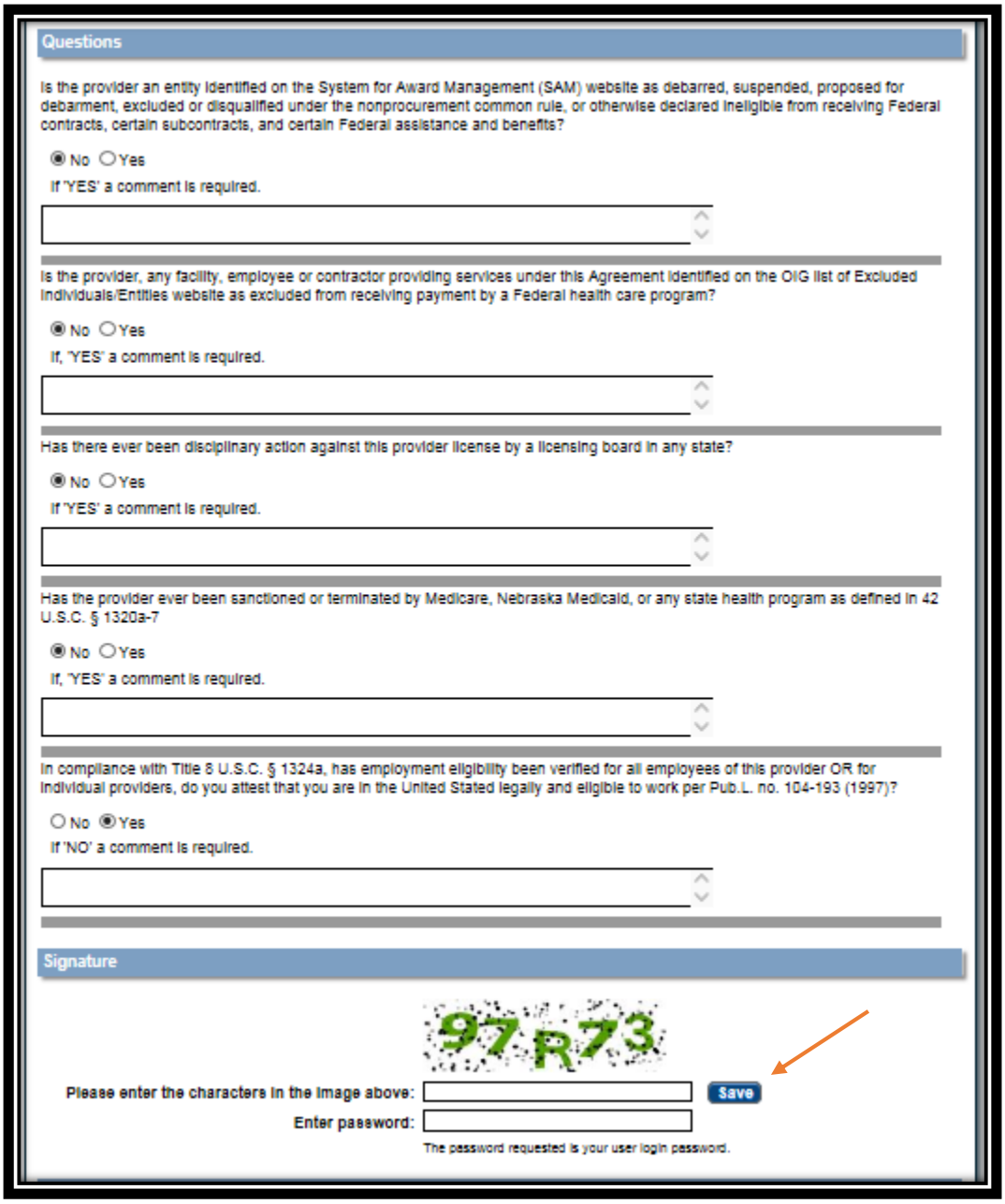
You will not be required to upload any documents on the ACH Authorization page.



9. Agreements:
    1. Click on each “Click here to view the entire agreement”. A separate tab will show on your web browser that contains each agreement.
    2. Place a checkmark in the “I agree’ or “I attest” box.
       Note: The check box is only accessible after clicking the web link.
    3. If you agree with the contents of the agreement, place a checkmark in the Provider Release of Information section.

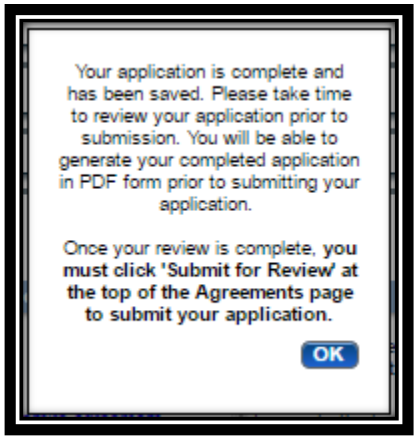


4. Answer all of the questions on the Agreements page.



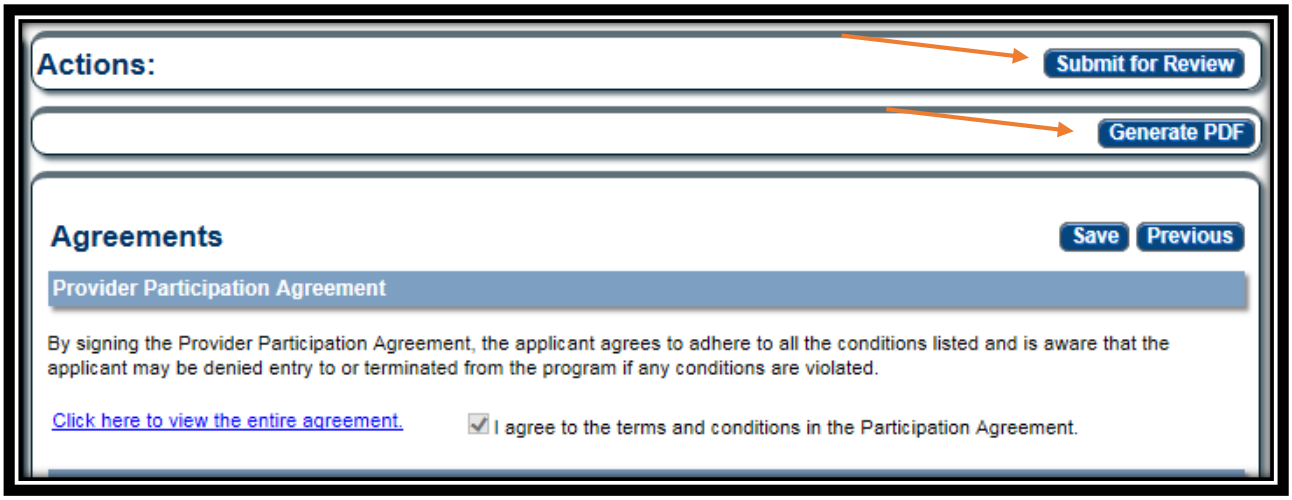
5. In the Signature section, enter the characters in the image
   Note: characters are not case sensitive.
6. Enter the password used to log into the portal and click **Save**.

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



8. Click **OK**.

10. Click "**Generate a PDF**" if you wish to save or print a PDF of the application.
11. You MUST hit "**Submit for Review**" to successfully complete the application process.



12. When finished the following screen will be displayed: