Thank you for your interest in becoming a provider of CHOICE, SSBG, Title III funded services. The steps below outline the process and requirements for becoming a provider. If there are questions regarding this information, you may contact Chad Bales, Assistant Director of In-Home Services, at 317-803-6093 or provider@cicoa.org.

APPLICATION PROCESS FOR IN-HOME SERVICES

1. Providers must be approved by the Indiana Medicaid Waiver Unit as Medicaid Waiver Providers for applicable services and return a copy of the certification letter with the application packet. To access a copy of the Medicaid Waiver application packet, please contact Tanya Downing, Indiana Division of Aging, at 317-232-4650.

2. Providers must comply with all applicable Indiana State Department of Health (ISDH) licensing standards required to deliver requisite services and include current license with packet.

3. After a provider has completed the process for Medicaid Waiver certification and has secured licensure through the Indiana State Department of Health, it may then submit an application to provide CHOICE, Social Service Block Grant (SSBG) and Title III services through CICOA.

4. The provider will submit to CICOA the completed Provider Profile (found online at www.cicoa.org/providers) and a Certificate of Insurance (COI) verifying:
   a. General aggregate liability insurance in the minimum amount of $1,000,000.
   b. Workers’ compensation insurance as required by the State of Indiana.
   c. CICOA must be named as an additional insured on the Certificate of Insurance for both general aggregate liability and workers’ compensation insurance.
      i. Please list CICOA as follows on COI:
         CICOA Aging & In-Home Solutions
         8440 Woodfield Crossing Blvd., Suite 175
         Indianapolis, IN 46240

5. Providers will be notified by CICOA of receipt of provider application packet. Assistant Director of In Home Services (AD) will be in contact with in-home service providers to schedule a pre-site visit.

6. After the pre-site visit is completed, the decision to enroll will be rendered by the Assistant Director of In Home Services. If approved, the AD will notify the Provider to review, print, and complete a Contract Agreement that can be found at www.cicoa.org/providers.

7. Contract should be signed by President/Executive Director of providing agency and returned to CICOA within two weeks. Upon receipt, CICOA’s Executive Director will sign the contract and provider will receive an emailed copy of the executed agreement.

8. Providers should be aware that the establishment of a contractual agreement provides no guarantee of referrals for service to the agency.

9. Providers currently must be serving at least one client (private pay or Medicaid waiver) in order to be considered for enrollment.
Please submit the following documents to begin the application process to become a CHOICE/SSBG/Title III provider. Documents can be submitted via email (provider@cicoa.org), fax (317-803-6093), or mail (CICOA Aging & In-Home Solutions, Attention Chad Bales, 8440 Woodfield Crossing Blvd., Suite 175, Indianapolis, IN 46240).

- Provider Profile.
- Form W-9.
- Certificate of Insurance for general aggregate liability coverage of at least $1,000,000, with CICOA listed as additional insured.
- Certificate of Insurance for workers’ compensation insurance, with CICOA listed as additional insured.
- Current license, if applicable.
- Medicaid waiver provider certification letter.