



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 Emily Rodeheffer, Provider Coordinator, at 317-803-6187 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 the Provider Relations Team, Indiana Division of Aging, at 317-232-4650, [daprovderapp@fssa.in.gov](mailto:daproviderapp@fssa.in.gov).
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
 - i. Please list CICOA as follows on COI:
CICOA Aging & In-Home Solutions
8440 Woodfield Crossing Blvd Ste 175
Indianapolis, IN 46240
5. Providers will be notified by CICOA of receipt of provider application packet.
6. The decision to enroll will be rendered by CICOA's Provider Coordinator. If approved, the Provider Coordinator will notify the Provider to review the Contract Agreement that can be found at <https://cicoa.org/partners-providers/become-provider/>
7. Contract Agreement will be sent via Docusign to the Provider. The Contract should be signed by President/Executive Director of providing agency. Upon receipt, CICOA's President & CEO will sign the contract and provider will receive an executed contract via Docusign.
8. Providers should be aware that the establishment of a contractual agreement provides no guarantee of referrals for service to the agency.



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)

- Provider Profile – Found online at <https://cicoa.org/partners-providers/become-provider/>.
- 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, if applicable.