

MEDICAID ENROLLMENT INSTRUCTIONS for Independent Therapeutic Consultation and Independent Crisis Intervention Providers

Step 1 – Complete a criminal history background check

1. Go to the website at <https://chu.dhw.idaho.gov> and click *New Registration* in the left navigation panel.
2. Go to the *How to Apply* tab for instructions.
3. The application will ask for an Employer Identification Number (EIN). **Enter 6255.**
4. Therapeutic Consultation and Crisis Intervention are under the “Home and Community Based Services” service description.
5. Submit the criminal history check application.

Step 2 – Complete an online Medicaid enrollment application

1. Go to the website at www.idmedicaid.com and click *Provider Enrollment* in the left navigation panel (To request a paper application, contact Molina’s Customer Service at 1 (866)-686-4272).
2. Click *New Provider Enrollment Application*.
3. Refer to the **User Guide** at <https://www.idmedicaid.com/User%20Guides/Forms/AllItems.aspx> for step-by-step instructions. For therapeutic consultation and crisis intervention instructions click **“New Provider Enrollment Guide - Individual.”**
4. Fill in all required fields. Therapeutic consultation and crisis intervention providers are “atypical providers”.

HERE ARE SOME TIPS:

Application Questions:	Select in Drop Down Menu:
Enumerated with NPI Registry as	No NPI (NPI is optional)
Enrollment Type	Facility/Agency/Organization
Tax ID Type	SSN (FEIN is optional)
Provider Type	Agency Professional
Provider Specialty	Independent Therapeutic Consultation or Independent Crisis Intervention

*By enrolling as an independent therapeutic consultation or independent crisis intervention provider, you understand and agree that by direct receipt of the funds, you are assuming potential tax and employer responsibilities that may include, but are not limited to, worker’s compensation, employee withholding, unemployment insurance, and liability insurance.

5. Click *Submit*. The system will respond with a case number. **Use this case number whenever you contact Molina or DHW about your application.**
6. At the end of the enrollment application, download the Fax Cover Sheet.
7. Mail or fax a current CPR and First-Aid Certificate, a W-9 form, your credentials to demonstrate compliance with required qualifications, and your Criminal History Check Notice of Clearance. Include your name and case number.

Fax number:

1 (877) 517-2041

Mailing address:

Molina Medicaid Solutions
P.O. Box 70082
Boise, ID 83707

Medicaid Guidelines

Guidelines	Section	Description
Provider Handbook	Behavioral Health & Social Service Providers CMS 1500 Instructions	https://www.idmedicaid.com/Provider%20Guide/Provider%20Handbook.aspx Click Behavioral Health and Social Services . Look for the section called “Children’s Developmental Disabilities Redesign Services”. Click CMS 1500 Instructions . Look for section “Waiver Services for Children with DD”

What happens next?

Once all information is submitted and received, Molina's Provider Enrollment team will submit to the DHW for review. After DHW reviews all of the documentation, DHW will route the application back to Molina's Provider Enrollment team with an approval or denial status for final processing.