



**\*\*\*\*\*FAILURE TO RESPOND WILL IMPACT YOUR PAYMENTS\*\*\*\*\*DEADLINE  
RAPIDLY APPROACHING\*\*\*\*\***

Dear Applying Individual,

You are receiving this because a participant in the Nebraska Developmental Disabilities (DD) Waiver selected you as a provider. Before any service can be provided or claims for reimbursement paid, you must complete the enrollment process, receive a Welcome Letter with your start date, and both you and the service must be specified on the client's Service Plan.

When you were initially referred as a services provider, you were sent an email or other correspondence directing you to Maximus to complete the application. Maximus is the Department's contractor for all provider screening and enrollment activities. You can refer to that email or contact Maximus at 1-844-374-5022 or via their webpage at [www.nebraskamedicaidproviderenrollment.com](http://www.nebraskamedicaidproviderenrollment.com). The Maximus customer service staff are very helpful in answering questions and they can walk you through the enrollment application while you are on the phone.

All provider screening and enrollment activities should be completed through the Maximus Decision Point portal. If you do not have access to a computer, you may complete a paper application; however, **please note this will substantially delay your enrollment processing.** Many public libraries have computers available.

You will enter or upload the information in the Decision Point portal or send it to Maximus for processing. If submitting your enrollment and documentation on paper, you will mail, fax, or email the information to Maximus with an MC-19 (enrollment document).

Depending on the services you have been referred to provide, you may have to submit documentation of the following:

1. Proof of age (valid identification indicating that the applicant is age 19 or older)
2. Certificate indicating that the applicant completed training on *Abuse, Neglect, and Exploitation and State Law Reporting Requirements*.
3. Documentation of Education and/or Work Experience and/or Life Experience
  - a. Copy of certified transcripts documenting a Bachelor's degree in Education, Psychology, Social Work, Human Services, or related field. **OR**
  - b. An attestation for documenting four years of education, paid work, volunteer work, or life experience
4. Current certification for CPR and first aid from an accredited organization
5. Valid and current state issued driver's license.

**Please complete the enrollment process and submit the required documentation AS SOON AS POSSIBLE.** Service Plans for all participants must be in place by September 30, 2017. **Your enrollment must be complete prior to that date** (meaning you have received your approval letter from Maximus for all of the services which you are currently providing) in order to be included on the Service Plan and be reimbursed for the services you provide.

Questions about the qualifications required to enroll as an Individual DD services provider should be directed to [DHHS.DDDCommunityBasedServices@nebraska.gov](mailto:DHHS.DDDCommunityBasedServices@nebraska.gov) or to (877)667-6266.

Questions about the enrollment process or this notice should be directed to Nebraska Medicaid Provider Relations at [DHHS.MedicicaidProviderEnrollment@nebraska.gov](mailto:DHHS.MedicicaidProviderEnrollment@nebraska.gov)

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MEDICAID & LONG-TERM CARE

**Nebraska Department of Health and Human Services**

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