

Online Forms Submission System Provider Help Aid

Purpose

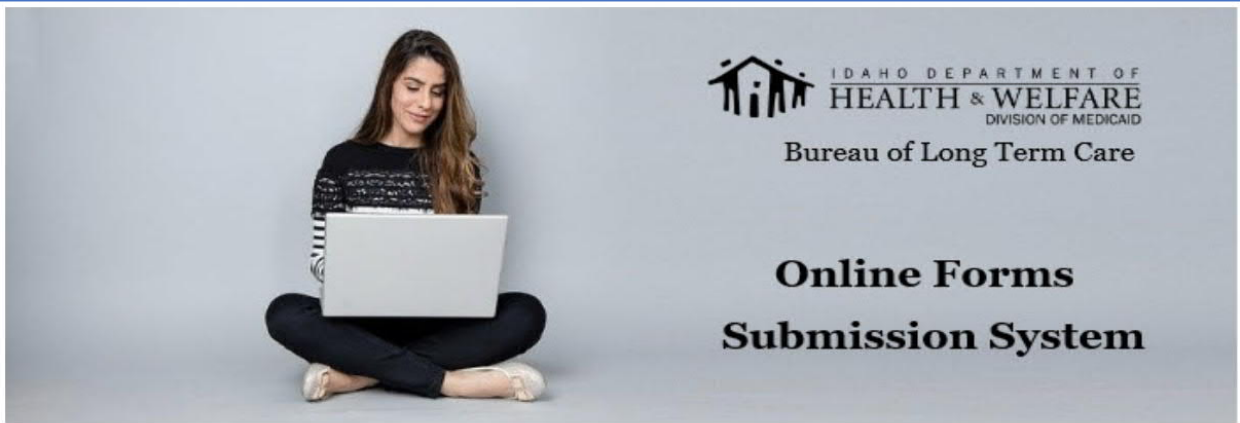
The Online Forms Submission System is designed to automate forms sent in to the Bureau of Long Term Care by providers. This system replaces faxing and should be used by provider. This Help Aid outlines the process.

Process

The Online Forms Submission System is located at <https://act.dhw.idaho.gov/ViewPDFForms.aspx>.

Landing Page

The landing page includes an overview of the system and some general instructions.



Thank you for visiting the Online Forms Submission System. This website is for providers delivering service to Medicaid participants on the Aged & Disabled (A&D) Waiver or Personal Care Services including participants that are on the Medicare Medicaid Coordinated Plan (MMCP) and Idaho Medicaid Plus (IMP).

Completing the forms on this system is fast and easy with no faxing required.

1. Download the PDF form
2. Complete the form in its entirety
3. Upload the completed form on this website and it will be routed to the appropriate staff member

All forms are in a PDF format and include electronic signatures for the provider and participant.

Require Assistance?

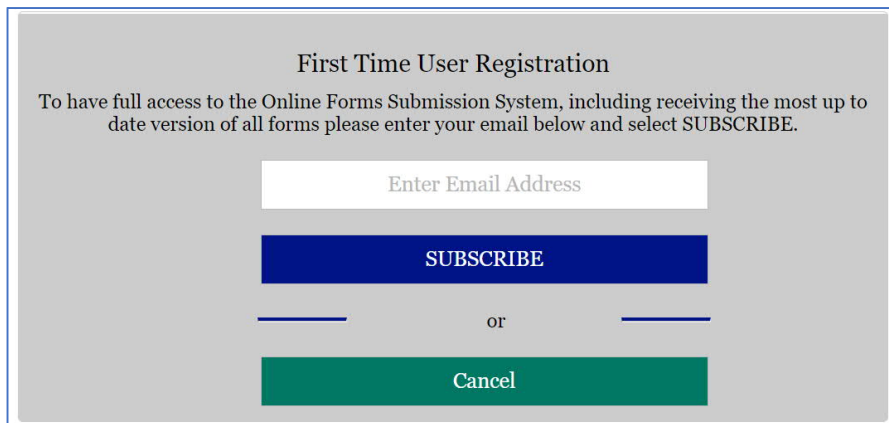
You can contact a staff member for the Bureau of Long Term Care (BLTC) by clicking on the Chat now button located in the bottom right hand corner of the web page or call us directly @ 877-799-4430.



Login as a New User

All new users must register to utilize the system.

1. Enter your email address and select Subscribe
2. The Login screen should populate

A screenshot of a web form titled "First Time User Registration". The form has a light gray background. At the top, it says "First Time User Registration" in bold. Below that, it says "To have full access to the Online Forms Submission System, including receiving the most up to date version of all forms please enter your email below and select SUBSCRIBE." There is a white input field with the placeholder text "Enter Email Address". Below the input field is a dark blue button with the text "SUBSCRIBE" in white. Below the button is the word "or" centered between two horizontal lines. At the bottom is a green button with the text "Cancel" in white.

New User Login

1. Enter your email address
2. Complete the validation code
3. Select Login

Existing User Login

1. Enter your email address
2. Complete the validation code
3. Select Login

Enter Email Address



Type the code shown:

[Show another code](#)

Login

or

Sign Up

Downloading Forms

After successfully logging in, the forms available for download will populate

[Download to my Computer](#)

<p>Document Name: ADULT Agency Change Form V2.1</p> <p>Document Description: This form is used to notify the BLTC when a participant has selected a new agency.</p>	<p>Document Name: ADULT Exception Request Form and Instructions v1.1</p> <p>Document Description: The Exception Request process is for Residential Assisted Living Facility (RALF) or Certified Family Home (CFH) providers. Pursuant to IDAPA rule 16.10.03.315, exceptions to residential setting requirements may be made if there is an associated health or safety risk to a participant or others around the participant.</p>	<p>Document Name: ADULT Fiscal Intermediary Memorandum of Understanding v1.2</p> <p>Document Description: The Department of Health and Welfare offers the participant the opportunity to self-direct their approved personal care services. Participants that elect to self-direct their services must read and sign this agreement or have a representative sign on their behalf and return it to the Bureau of Long Term Care.</p>	<p>Document Name: ADULT Non-Use of Services Form V1.2</p> <p>Document Description: This form is used to notify the BLTC of any services that have been authorized and are not used for participants receiving services on the A&D or Personal Care services.</p>
<p>Document Name: ADULT Notification of Change Form v2.1</p> <p>Document Description: This form is used to notify the BLTC of any changes related to a participant receiving services on the A&D Waiver or Personal Care services.</p>	<p>Document Name: ADULT Significant Change Form Instructions v2.1</p> <p>Document Description: These instructions are intended to assist our agencies providing A&D Waiver services and PCS to adults to identify significant changes in participant status that result in an increase or decrease in the UAI Unmet needs.</p>	<p>Document Name: ADULT Significant Change Form v4.1</p> <p>Document Description: This form is required to be submitted for any Significant Change resulting in an increase or decrease in the UAI Unmet need for participants receiving Aged and Disabled Services and Personal Care Services. For detailed information on Significant Change please review the Significant Change Form Instructions.</p>	<p>Document Name: ADULT Supplemental Services Request Form v1.0</p> <p>Document Description: This form is required to be submitted for a request for Supplemental Services for a participant currently receiving services on the Aged & Disabled (A&D) Waiver or Personal Care Services (PCS). The Medicaid nurse reviewer will use this information to approve or deny significant change requests. All areas of this form are required, or this document may be returned as denied. Please include a detailed justification for the request and additionally specify details related to the request for services for each appropriate area.</p>

Page 1 of 2 (16 items) < Prev 1 2 Next >

- Select the radio button on the form you would like to download



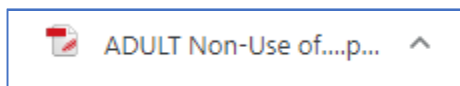
Document Name:
**ADULT Non-Use of Services Form
 V1.2**

Document Description:
**ADULT Non-Use of Services Form
 V1.2.pdf**

- Select Download to my Computer



- Verify the pdf document downloads



- Open the form and validate it is the correct form
- Save to your computer

Completing Forms

- It is required that you enter the correct participant Last and First Name as they appear in the Medicaid system
- The complete 8-digit Medicaid identification number is also required and is used for validation
- Complete all fields within each document

Signatures

The forms may be signed by checking the box next to each attestation. If a participant signature is required, the provider must speak with the participant or legal guardian before checking the appropriate box.

I attest that the information within this form is true and accurate

I attest that I have reviewed the information within this form with the participant and/or legal guardian and they agree with the information contained herein and to the submission of this form.

Uploading Forms

- At the bottom of the page for downloading forms, select the Upload button

To Upload Completed PDF forms, please select the Upload button in blue below.

Upload

Cancel

- The instructional page will populate, please follow all instructions as outlined

There are two ways to upload Completed PDF Forms

1. Select the Browse button

- Navigate to the files on your computer
- Select the files that you want to upload
- Click the Open Button
- Verify that all the PDF Forms you wish to upload are listed below
- Click the Upload Documents button below

2. Open your windows explorer

- Navigate to the files on your computer
- Select the files that you want to upload
- Drag and drop the files over the Select files field located left of the Browse button
- Verify that all the PDF Forms you wish to upload are listed below
- Click the Upload Documents button below



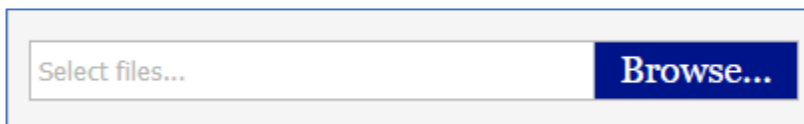
Select files... **Browse...**

Upload Documents **Cancel**

Selecting the file for upload

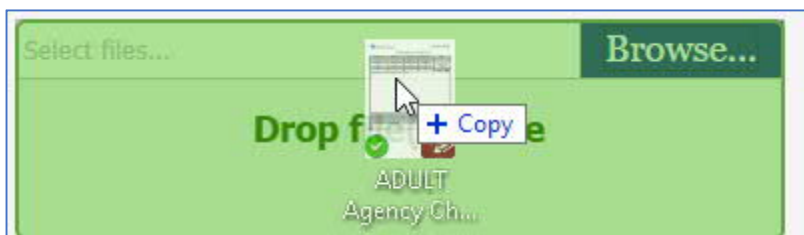
There are two ways in which the completed forms can be loaded onto the page:

1. Select Browse and locate the file on your computer



Select files... **Browse...**

2. You can drag a file from your computer and drop it in the Select Files field

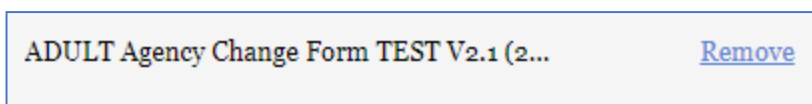


Select files... **Browse...**

Drop file + Copy

ADULT Agency Ch...

3. Verify that the document you want to upload appears on the page



ADULT Agency Change Form TEST V2.1 (2... [Remove](#)

4. Select Upload Documents

Upload Documents

Document Upload Verification

The system will either populate a message on your screen indicating that the upload was successful, or you will receive an error indicating what required information is missing.

Uploading supporting documentation

If you would like to upload supporting documentation, select the checkbox next to the Yes

There are two ways to upload Completed PDF Forms

1. Select the Browse button

- Navigate to the files on your computer
- Select the files that you want to upload
- Click the Open Button
- Verify that all the PDF Forms you wish to upload are listed below
- Click the Upload Documents button below

2. Open your windows explorer

- Navigate to the files on your computer
- Select the files that you want to upload
- Drag and drop the files over the Select files field located left of the Browse button
- Verify that all the PDF Forms you wish to upload are listed below
- Click the Upload Documents button below

3. Do you have supporting Documents to upload

Yes



- The Supporting Documents screen will populate

Supporting Documents

If you have documents other than the ones the site provides

(You can upload only one supporting document at a time)

1. Select the Browse button

- Navigate to the files on your computer
- Select the file that you want to upload
- Click the Open Button
- Verify that the PDF Forms you wish to upload are listed below
- Select Upload button in blue below the Select files

Medicaid Number

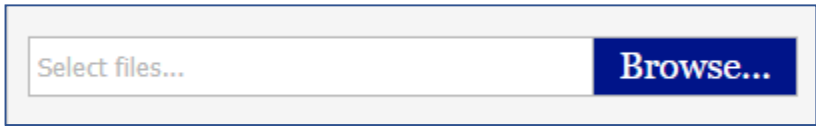
Select files...

- Enter the Medicaid Number for the participant

Selecting the file for upload

There are two ways in which the completed forms can be loaded onto the page:

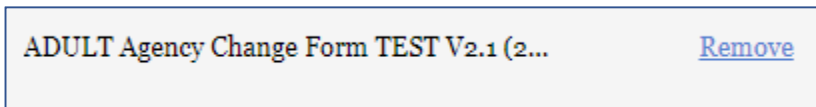
1. Select Browse and locate the file on your computer



2. You can drag a file from your computer and drop it in the Select Files field



3. Verify that the document you want to upload appears on the page



4. Select Upload Documents

Upload Documents

Where do the files go after I upload them?

All files will be routed to the participant case file located within the Assessment Certification Tool (ACT) used by the Bureau of Long Term Care (BLTC). Staff will manage all the incoming forms as they are received.