

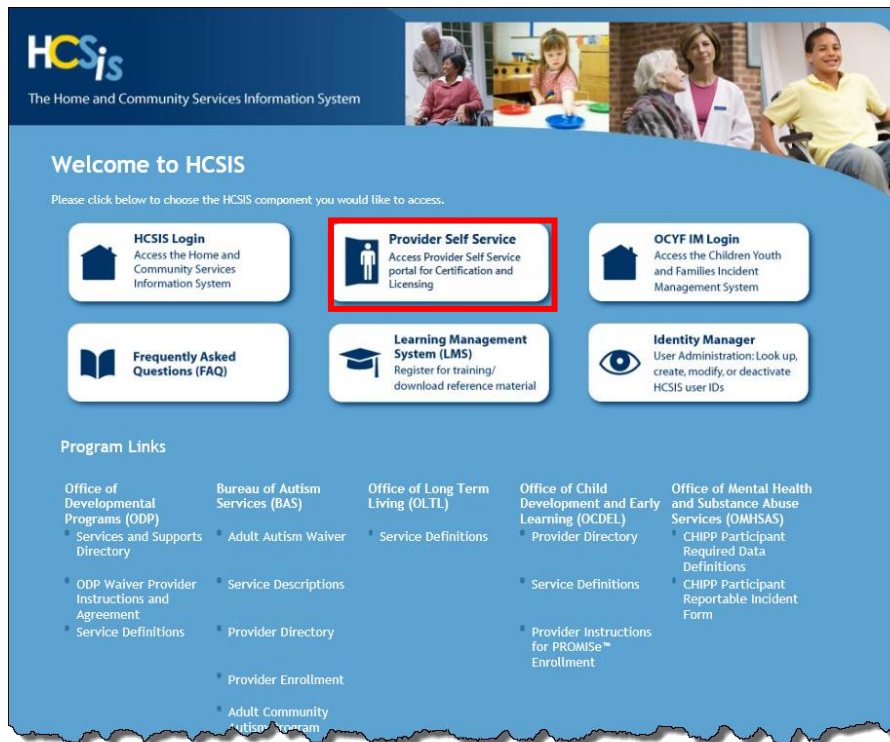


HCSIS Provider Updates Tip Sheet

Every activity in this tip sheet can be performed by the **Provider Registration Data Entry Role**. This tip sheet assumes that providers have already completed the Electronic Provider Pre-Enrollment Application, if a new licensed provider, created a "b-" USERID by using the Create Provider Self Service Account link and certified on the Provider Self Service website, which is the portal for Certification and Licensing. New unlicensed providers follow current procedures to receive their "b-" USERIDs. The activities in this tip sheet include:

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The Provider Self Service tile can be found on the HCSIS page:





HCSIS Provider Updates Tip Sheet

If you have any questions about the screens in HCSIS, click the [Help](#) hyperlink in the upper right-hand corner of any screen or call the **HCSIS Help Desk** at **1-866-444-1264**.



HCSIS Provider Updates Tip Sheet

Provider Registration

Login into HCSIS

- Go to www.hcsis.state.pa.us.

The screenshot shows the HCSIS homepage with the following components:

- HCSIS Login** (highlighted with a red box): Access the Home and Community Services Information System.
- Provider Self Service**: Access Provider Self Service portal for Certification and Licensing.
- OCYF IM Login**: Access the Children Youth and Families Incident Management System.
- Frequently Asked Questions (FAQ)**
- Learning Management System (LMS)**: Register for training/download reference material.
- Identity Manager**: User Administration: Look up, create, modify, or deactivate HCSIS user IDs.

Program Links

- Office of Developmental Programs (ODP) - Services and Supports Director
- Bureau of Autism Services (BAS) - Adult Autism Waiver
- Office of Long Term Living (OLTL) - Service Definitions
- Office of Child Development and Early Learning (OCDEL) - Provider Directory
- Office of Mental Health and Substance Abuse Services (OMHSAS) - CHIPP Participant Provider Data

- Enter your "b-" **User ID** and **Password**.
- Click [Login].

The screenshot shows the Pennsylvania Keystone Key login page with the following components:

- Keystone Key** login form with fields for Username and Password, and a LOGIN button.
- Self-service for Business Partner** options: Forgot User ID, Forgot Password, Edit Profile.
- Self-service for Commonwealth Employees** option: Change CWOPA Password or Hint Questions.
- Warning text: WARNING! US GOVERNMENT SYSTEM and DEPARTMENT OF HUMAN SERVICES SYSTEM. Unauthorized access is prohibited by Public Law 99-474 "The Computer Fraud and Abuse Act of 1986". Use of this system constitutes CONSENT TO MONITORING AT ALL TIMES and is not subject to ANY expectation of privacy. Unauthorized use of or access to this system may subject you to civil or criminal penalties under state or federal law. This statement is being posted by the Department of Human Services Security and Audits Unit.
- Copyright © 2016 by the Commonwealth of Pennsylvania. All Rights Reserved.



HCSIS Provider Updates Tip Sheet

The screenshot shows the HCSIS interface with a navigation bar at the top containing links like Home, M4Q, Individual, Plan, SC, Provider, Financial, Admin, and Tools. Below the navigation bar, there is a message: "HCSIS has identified you may have relationships with multiple Program Offices. Please select a Program Office for this session." A table lists five program offices: ODP-MR, OLT, ODP-BAS, OCDEL, and OMHSAS, each with a radio button and a "View Roles" link. The ODP-MR radio button is selected. A "Select" button is located at the bottom of the table.

Select	Program Office	Roles
<input checked="" type="radio"/>	ODP-MR	View Roles
<input type="radio"/>	OLT	View Roles
<input type="radio"/>	ODP-BAS	View Roles
<input type="radio"/>	OCDEL	View Roles
<input type="radio"/>	OMHSAS	View Roles

- This screen will appear for Providers who have relationships with multiple Program Offices
- Click on the radio button for the Program Office information you wish to view and click the [Select] button

The HCSIS Homepage appears:

The screenshot shows the HCSIS homepage with a navigation bar at the top and a sidebar on the left with links for INCIDENTS, ALERTS, and NOTICES. The main content area includes a "Welcome to HCSIS" message, a "Bulletins" section, and a table for "HCSIS HelpDesk Contact Information".

HCSIS HelpDesk Contact Information		
Hours of Operation: Monday through Friday: 7:45AM-5:00PM		
Phone	Fax	Support Via Email
1(866)444-1264	(717)540-0960	c- hhcsishd@pa.gov
HCSIS Learning Management System		

Technology Upgrades Coming Soon!

The Commonwealth of Pennsylvania is taking additional measures to protect personal information by implementing technology changes **that will require action from users** accessing HCSIS, EIM and PWIM.

All HCSIS, EIM and PWIM ("b-") users must confirm their e-mail address is valid in Identity Manager. Not doing so could result in temporarily losing access to these systems.

Risk Based Authentication starts on August 19, 2017

- CWOPA users will need to create security questions/answers and Security PIN
- Business Partner users will request a Security Code when they access HCSIS, EIM or PWIM. The Security code will be sent to their e-mail address and will need to be entered when logging in. The e-mail will be sent from: automatedemailDONOTREPLY@pa.gov (Please "white-list" to ensure SPAM filters are turned off.)

User Access Certification is scheduled to start on October 10, 2017

- Business Partner Administrators (BP Admins) who have not logged into HCSIS for the past 6 months will receive an e-mail containing directions for certifying access.
- If a BP Admin does not certify, the PW-BPADMIN-HCSIS role in Identity Manager will be removed from their account. Without this role, BP Admins will no longer be able to create or update user's.
- The goal of this activity is to remove BP Admin access from users who no longer require the BP Admin role. No accounts will be removed during this process.

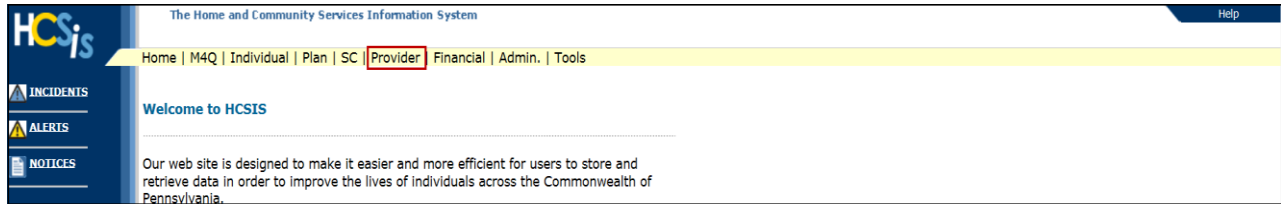
- Any technology changes that could affect HCSIS will be posted on this page.



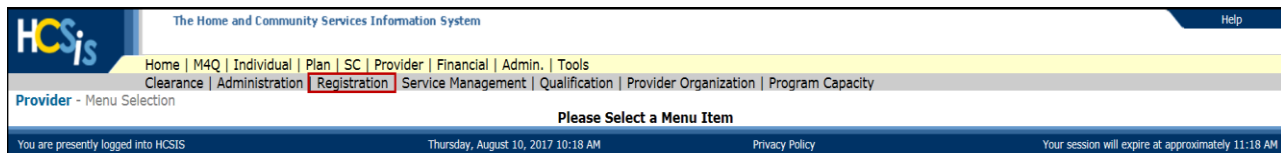
HCSIS Provider Updates Tip Sheet

Provider Contact

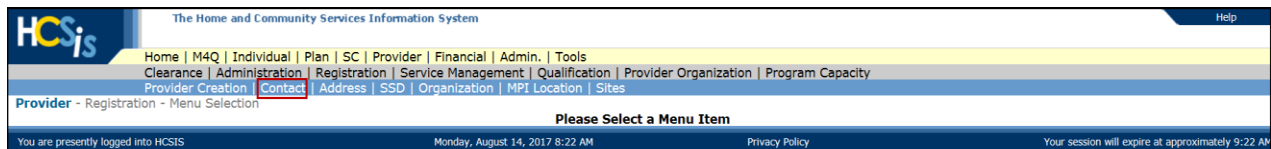
The Provider Registration Data Entry role has update access to the Provider Contact screen.



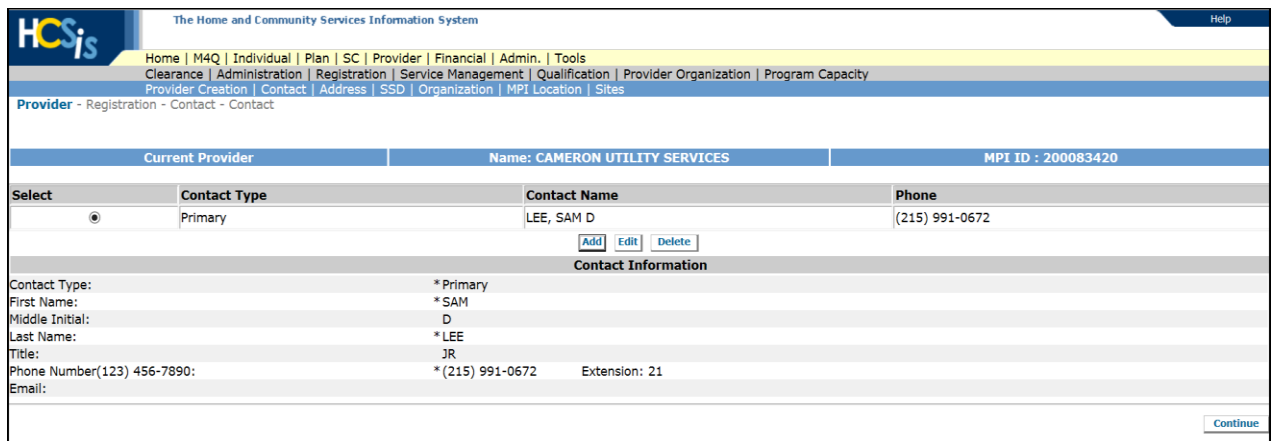
- Click on "Provider" to navigate to the Provider Menu Selection screen



- On the Provider Menu Selection screen click "Registration"



- On the Provider Registration Menu Selection screen click "Contact"



- The contact information for the provider displays. If the provider has an alternate contact that information would also display.



HCSIS Provider Updates Tip Sheet

Add a Provider Contact

The screenshot shows the HCSIS interface for adding a provider contact. The breadcrumb trail is: Home > M4Q > Individual > Plan > SC > Provider > Financial > Admin. > Tools > Clearance > Administration > Registration > Service Management > Qualification > Provider Organization > Program Capacity > Provider Creation > Contact > Address > SSD > Organization > MPI Location > Sites. The current provider is CAMERON UTILITY SERVICES with MPI ID 200083420. A table lists the contact: Primary, LEE, SAM D, (215) 991-0672. The 'Add' button is highlighted with a red box. Below the table is the 'Contact Information' form with fields for Contact Type, First Name, Middle Initial, Last Name, Title, Phone Number, and Email.

- Click the [Add] button

This screenshot shows the 'Contact Information' form with the 'Contact Type' dropdown menu open. The dropdown options are: * Primary, * Alternate, and * Provider Contact. The 'Contact Type' field is highlighted with a red box. The form also includes fields for First Name, Middle Initial, Last Name, Title, Phone Number, and Email. At the bottom, there are 'Reset' and 'Save' buttons, and a 'Save And Continue' button. The footer shows the user is logged in, the date is Monday, August 14, 2017 9:13 AM, and the session will expire at approximately 10:13 AM.

- Choose the appropriate contact type from the drop-down box, the contact type is a mandatory field



HCSIS Provider Updates Tip Sheet

The Home and Community Services Information System

Home | M4Q | Individual | Plan | SC | Provider | Financial | Admin. | Tools
Clearance | Administration | Registration | Service Management | Qualification | Provider Organization | Program Capacity
Provider Creation | Contact | Address | SSD | Organization | MPI Location | Sites

Provider - Registration - Contact - Contact

Current Provider	Name: CAMERON UTILITY SERVICES	MPI ID : 200083420
------------------	--------------------------------	--------------------

Select	Contact Type	Contact Name	Phone
<input type="radio"/>	Primary	LEE, SAM D	(215) 991-0672

[Add](#) [Edit](#) [Delete](#)

Contact Information

Contact Type: * Alternate

First Name: * Mary

Middle Initial:

Last Name: * Smith

Title:

Phone Number(123) 456-7890: * (215) 991 - 0672 Extension: 25

Email: msmith@cameron.com

[Reset](#) [Save](#) [Save And Continue](#)

You are presently logged into HCSIS Monday, August 14, 2017 10:42 AM Privacy Policy Your session will expire at approximately 11:42 AM

- Enter the information in the remaining fields and click the [Save] button

Note: The First Name, Last Name and Phone Number are mandatory fields

The Home and Community Services Information System

Home | M4Q | Individual | Plan | SC | Provider | Financial | Admin. | Tools
Clearance | Administration | Registration | Service Management | Qualification | Provider Organization | Program Capacity
Provider Creation | Contact | Address | SSD | Organization | MPI Location | Sites

Provider - Registration - Contact - Contact

Current Provider	Name: CAMERON UTILITY SERVICES	MPI ID : 200083420
------------------	--------------------------------	--------------------

Select	Contact Type	Contact Name	Phone
<input type="radio"/>	Primary	LEE, SAM D	(215) 991-0672
<input checked="" type="radio"/>	Alternate	Smith, Mary	(215) 991-0672

[Add](#) [Edit](#) [Delete](#)

Contact Information

Contact Type: * Alternate

First Name: * Mary

Middle Initial:

Last Name: * Smith

Title:

Phone Number(123) 456-7890: * (215) 991-0672 Extension: 25

Email: msmith@cameron.com

[Continue](#)

You are presently logged into HCSIS Monday, August 14, 2017 12:53 PM Privacy Policy Your session will expire at approximately 1:53 PM

- The new contact has been added



HCSIS Provider Updates Tip Sheet

Edit a Provider Contact

The Home and Community Services Information System

Home | M4Q | Individual | Plan | SC | Provider | Financial | Admin. | Tools
Clearance | Administration | Registration | Service Management | Qualification | Provider Organization | Program Capacity
Provider Creation | Contact | Address | SSD | Organization | MPI Location | Sites

Provider - Registration - Contact - Contact

Current Provider	Name: CAMERON UTILITY SERVICES	MPI ID : 200083420	
Select	Contact Type	Contact Name	Phone
<input type="radio"/>	Primary	LEE, SAM D	(215) 991-0672
<input checked="" type="radio"/>	Alternate	Smith, Mary	(215) 991-0672

[Add](#) [Edit](#) [Delete](#)

Contact Information

Contact Type: * Alternate
First Name: * Mary
Middle Initial:
Last Name: * Smith
Title:
Phone Number(123) 456-7890: * (215) 991-0672 Extension: 25
Email: msmith@cameron.com

[Continue](#)

You are presently logged into HCSIS Monday, August 14, 2017 12:53 PM Privacy Policy Your session will expire at approximately 1:53 PM

- Select the contact information you wish to edit by selecting the corresponding radio button and then clicking the [Edit] button

The Home and Community Services Information System

Home | M4Q | Individual | Plan | SC | Provider | Financial | Admin. | Tools
Clearance | Administration | Registration | Service Management | Qualification | Provider Organization | Program Capacity
Provider Creation | Contact | Address | SSD | Organization | MPI Location | Sites

Provider - Registration - Contact - Contact

Current Provider	Name: CAMERON UTILITY SERVICES	MPI ID : 200083420	
Select	Contact Type	Contact Name	Phone
<input type="radio"/>	Primary	LEE, SAM D	(215) 991-0672
<input checked="" type="radio"/>	Alternate	Smith, Mary	(215) 991-0672

[Add](#) [Edit](#) [Delete](#)

Contact Information

Contact Type: * Alternate
First Name: * Mandy
Middle Initial:
Last Name: * Smith
Title:
Phone Number(123) 456-7890: * (215) 991 - 0672 Extension: 25
Email: msmith@cameron.com

[Reset](#) [Save](#) [Save And Continue](#)

You are presently logged into HCSIS Monday, August 14, 2017 2:31 PM Privacy Policy Your session will expire at approximately 3:31 PM

- Edit the information for the contact and hit the [Save] button



HCSIS Provider Updates Tip Sheet

The Home and Community Services Information System

Home | M4Q | Individual | Plan | SC | Provider | Financial | Admin. | Tools
Clearance | Administration | Registration | Service Management | Qualification | Provider Organization | Program Capacity
Provider Creation | Contact | Address | SSD | Organization | MPI Location | Sites

Provider - Registration - Contact - Contact

Operation successful.

Search

Current Provider	Name: CAMERON UTILITY SERVICES	MPI ID : 200086468	
Select	Contact Type	Contact Name	Phone
<input checked="" type="radio"/>	Alternate	Smith, Mandy	(215) 991-0672
<input type="radio"/>	Primary	LEE, SAM D	(215) 991-0672

[Add](#) [Edit](#) [Delete](#)

Contact Information

Contact Type: * Alternate
First Name: * Mandy
Middle Initial:
Last Name: * Smith
Title:
Phone Number(123) 456-7890: * (215) 991-0672 Extension: 25
Email: msmith@cameron.com

[Continue](#)

You are presently logged into HCSIS Tuesday, September 05, 2017 9:04 AM Privacy Policy Your session will expire at approximately 10:04 AM

- The changed contact information displays on the screen

Delete a Provider Contact

The Home and Community Services Information System

Home | M4Q | Individual | Plan | SC | Provider | Financial | Admin. | Tools
Clearance | Administration | Registration | Service Management | Qualification | Provider Organization | Program Capacity
Provider Creation | Contact | Address | SSD | Organization | MPI Location | Sites

Provider - Registration - Contact - Contact

Current Provider	Name: CAMERON UTILITY SERVICES	MPI ID : 200083420	
Select	Contact Type	Contact Name	Phone
<input type="radio"/>	Primary	LEE, SAM D	(215) 991-0672
<input checked="" type="radio"/>	Alternate	Smith, Mandy	(215) 991-0672

[Add](#) [Edit](#) [Delete](#)

Contact Information

Contact Type: * Alternate
First Name: * Mandy
Middle Initial:
Last Name: * Smith
Title:
Phone Number(123) 456-7890: * (215) 991-0672 Extension: 25
Email: msmith@cameron.com

[Continue](#)

You are presently logged into HCSIS Monday, August 14, 2017 2:56 PM Privacy Policy Your session will expire at approximately 3:56 PM

- Select the contact information you wish to delete by selecting the corresponding radio button and then clicking the [Delete] button



HCSIS Provider Updates Tip Sheet

The Home and Community Services Information System Help

Home | M4Q | Individual | Plan | SC | Provider | Financial | Admin. | Tools
Clearance | Administration | Registration | Service Management | Qualification | Provider Organization | Program Capacity
Provider Creation | Contact | Address | SSD | Organization | MPI Location | Sites

Provider - Registration - Contact - Contact

Operation successful.

Current Provider	Name: CAMERON UTILITY SERVICES	MPI ID : 200083420
------------------	--------------------------------	--------------------

Select	Contact Type	Contact Name	Phone
<input checked="" type="radio"/>	Primary	LEE, SAM D	(215) 991-0672

[Add](#) [Edit](#) [Delete](#)

Contact Information

Contact Type: * Primary
First Name: * SAM
Middle Initial: D
Last Name: * LEE
Title: JR
Phone Number(123) 456-7890: *(215) 991-0672 Extension: 21
Email:

[Continue](#)

You are presently logged into HCSIS Monday, August 14, 2017 3:16 PM Privacy Policy Your session will expire at approximately 4:16 PM

- You will receive an "Operation Successful" validation message and the deleted contact will no longer display on the Contact screen

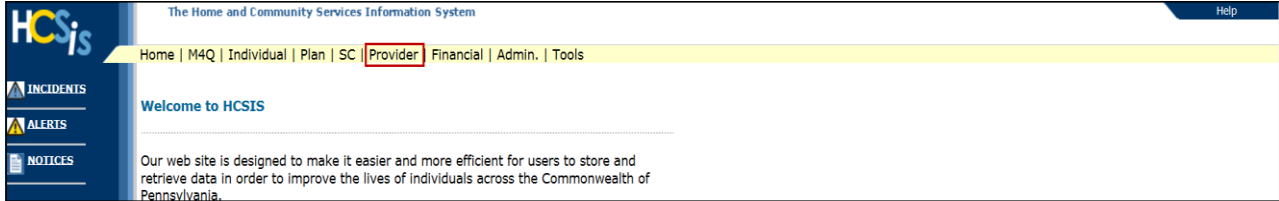
Note: The Primary Contact cannot be deleted unless another one has been added



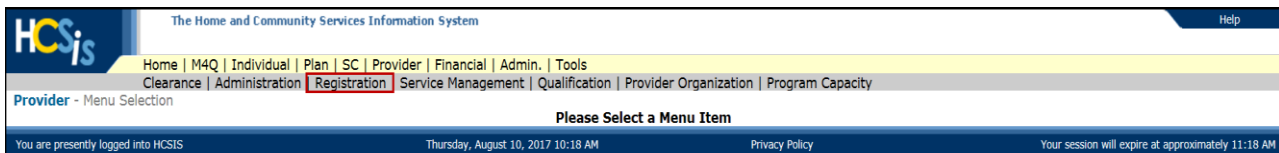
HCSIS Provider Updates Tip Sheet

Provider Address

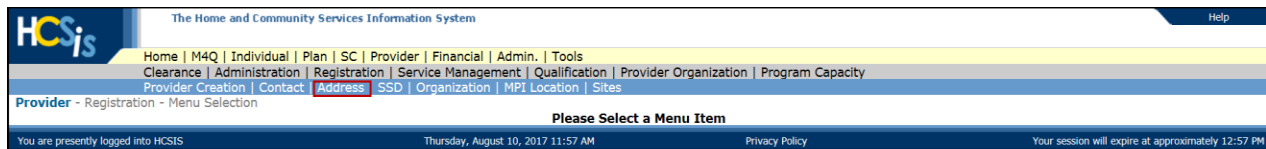
The Provider Registration Data Entry role has read-only access to the Provider Address screen, the provider address can only be updated by Commonwealth users who have the Provider Sign-Up Verifier role.



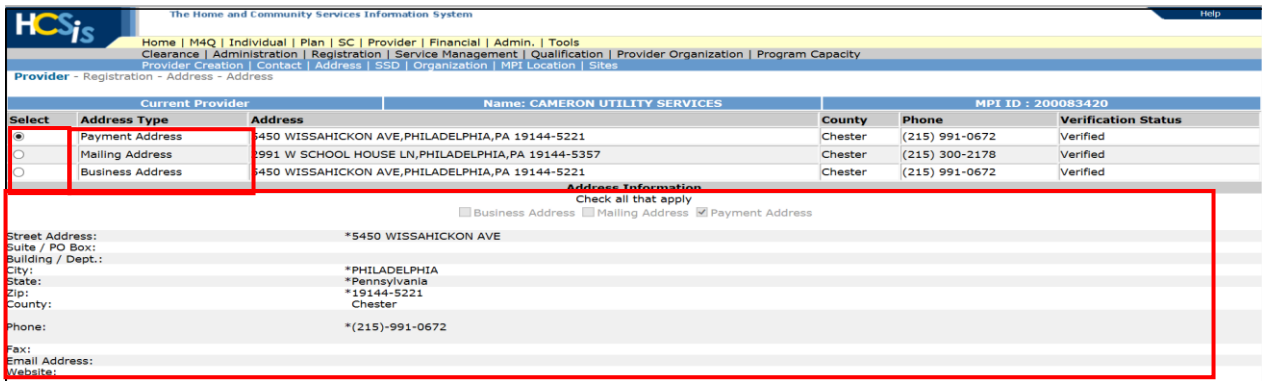
- Click on "Provider" to navigate to the Provider Menu Selection screen



- On the Provider Menu Selection screen click "Registration"



- On the Provider Registration Menu Selection screen click "Address"



- The Payment Address, Mailing Address and Business Address associated with the Provider are shown
- Select a radio button to view different address information

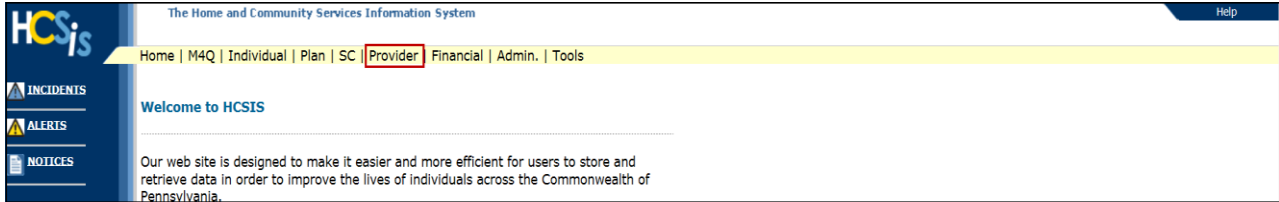
NOTE: To change the Payment Address, Mailing Address or Business Address you will need to complete a HCSIS Verification Change form detailing the new information specific to each address type and return it to ra-odpproviderenroll@pa.gov. The HCSIS Verification Change Form can be found on the MyODP website.



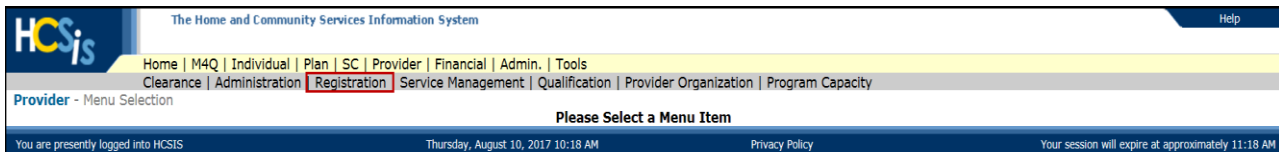
HCSIS Provider Updates Tip Sheet

Services Supports Directory Listing

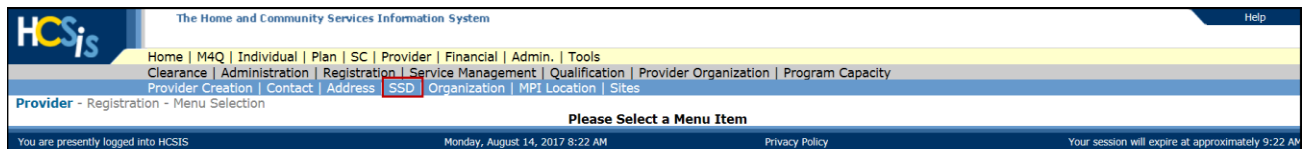
The Provider Registration Data Entry role has read-only access to the Service Supports Directory (SSD) screen (this is referring to the Public SSD), the SSD screen can only be updated by Commonwealth users who have Provider Sign-Up Verifier role.



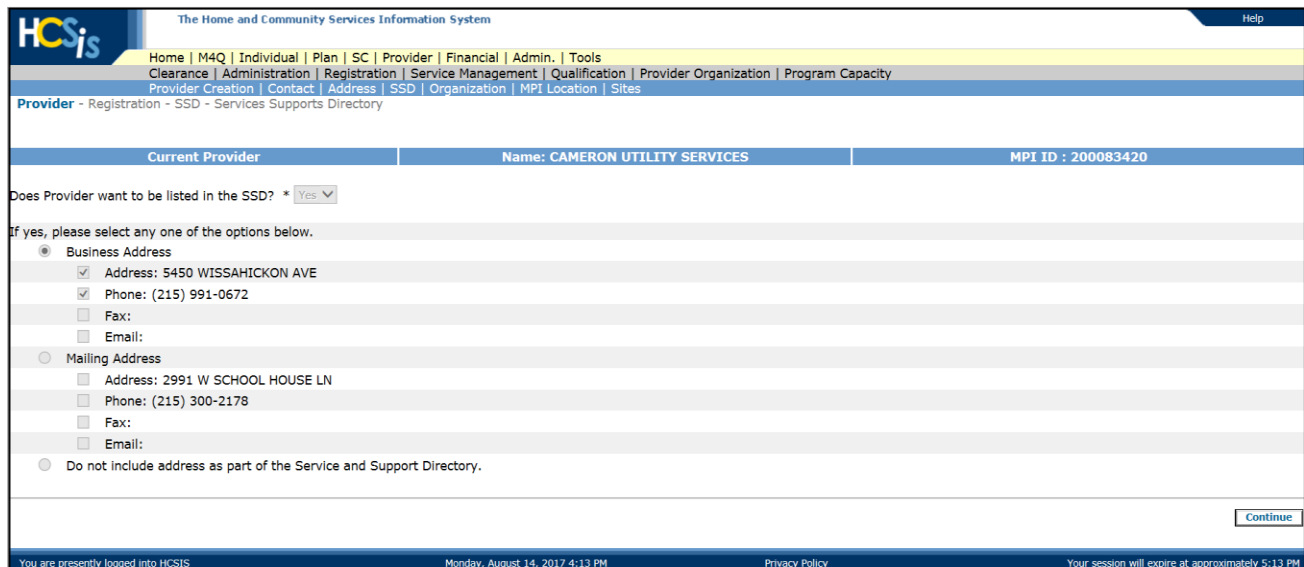
- Click on "Provider" to navigate to the Provider Menu Selection screen



On the Provider Menu Selection screen click "Registration"



- From the Provider Registration Menu Selection screen you want to choose "SSD"



- The SSD Screen displays



HCSIS Provider Updates Tip Sheet

- If the address is to be listed 'Yes' from the dropdown box and select the radio button if its either the Business Address or Mailing Address
- If you the address is not to be listed select the radio button for "Do not include address as part of the Service and Support Directory".

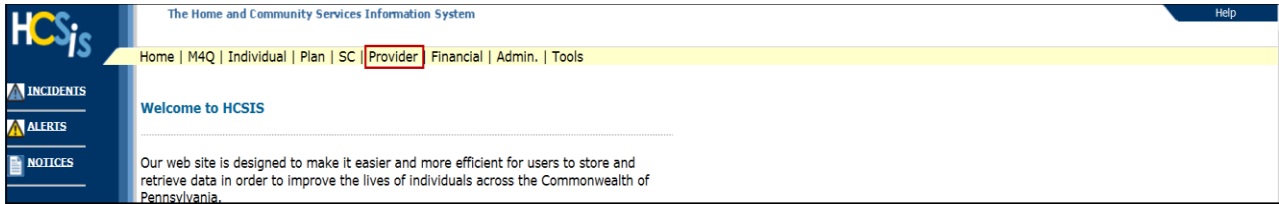
NOTE: To change your Business Address or Mailing Address information you must complete the HCSIS Verification Change Form and return to ra-odpproviderenroll@pa.gov. The HCSIS Verification Change Form can be found on the MyODP website.



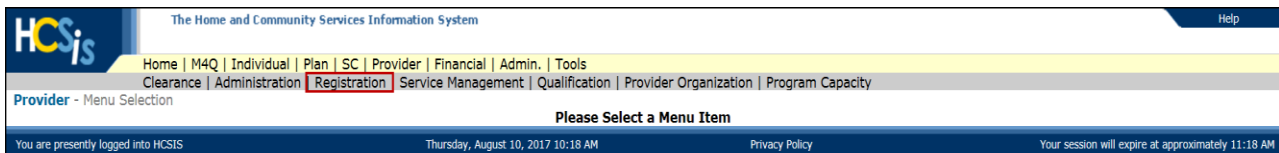
HCSIS Provider Updates Tip Sheet

Provider Sites

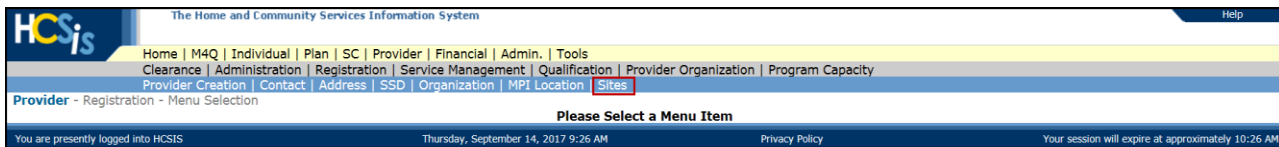
The Provider Registration Data Entry role has read-only access to the Site screen, the provider sites and service location and site can only be updated by Commonwealth users who have the Provider Sign-Up Verifier role.



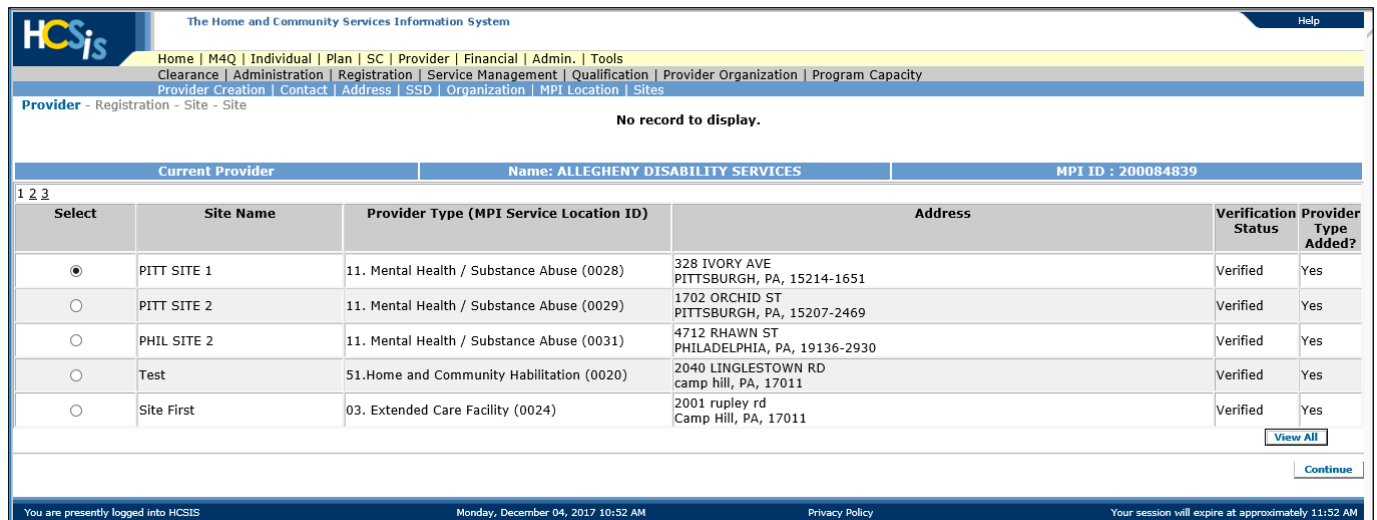
- Click on "Provider" to navigate to the Provider Menu Selection screen



On the Provider Menu Selection screen click "Registration"



- From the Provider Registration Menu Selection screen you want to choose "Sites"



- The Providers sites display



HCSIS Provider Updates Tip Sheet

The Home and Community Services Information System

Home | M4Q | Individual | Plan | SC | Provider | Financial | Admin. | Tools
Clearance | Administration | Registration | Service Management | Qualification | Provider Organization | Program Capacity
Provider Creation | Contact | Address | SSD | Organization | MPI Location | Sites

Provider - Registration - Site - Site

Current Provider		Name: ALLEGHENY DISABILITY SERVICES		MPI ID : 200084839		
1 2 3	Select	Site Name	Provider Type (MPI Service Location ID)	Address	Verification Status	Provider Type Added?
	<input type="radio"/>	PITT SITE 1	11. Mental Health / Substance Abuse (0028)	328 IVORY AVE PITTSBURGH, PA, 15214-1651	Verified	Yes
	<input type="radio"/>	PITT SITE 2	11. Mental Health / Substance Abuse (0029)	1702 ORCHID ST PITTSBURGH, PA, 15207-2469	Verified	Yes
	<input type="radio"/>	PHIL SITE 2	11. Mental Health / Substance Abuse (0031)	4712 RHAWN ST PHILADELPHIA, PA, 19136-2930	Verified	Yes
	<input checked="" type="radio"/>	Test	51.Home and Community Habilitation (0020)	2040 LINGLESTOWN RD camp hill, PA, 17011	Verified	Yes
	<input type="radio"/>	Site First	03. Extended Care Facility (0024)	2001 rupley rd Camp Hill, PA, 17011	Verified	Yes

[View All](#)

[Continue](#)

You are presently logged into HCSIS Monday, December 04, 2017 11:02 AM Privacy Policy Your session will expire at approximately 12:02 PM

- Select the radio button of the site you wish to view and click [Continue].

The Home and Community Services Information System

Home | M4Q | Individual | Plan | SC | Provider | Financial | Admin. | Tools
Clearance | Administration | Registration | Service Management | Qualification | Provider Organization | Program Capacity
Provider Creation | Contact | Address | SSD | Organization | MPI Location | Sites

Provider - Registration - Site - Service Location/Provider Types

Current Provider		Name: ALLEGHENY DISABILITY SERVICES		MPI ID : 200084839	
Site Name: Test		Site Address: 2040 LINGLESTOWN RD, camp hill, PA-17011			
Select	Provider Type	NPI Number	Service Location Id	Status	
<input checked="" type="radio"/>	51.Home and Community Habilitation	0020		Verified	

[Service Location Details](#)

Provider Type: 51.Home and Community Habilitation
Specialties: 510. Home and Community Habilitation

[Continue](#)

You are presently logged into HCSIS Monday, December 04, 2017 11:05 AM Privacy Policy Your session will expire at approximately 12:05 PM

- The Provider Type and Service Location details display for the that site display

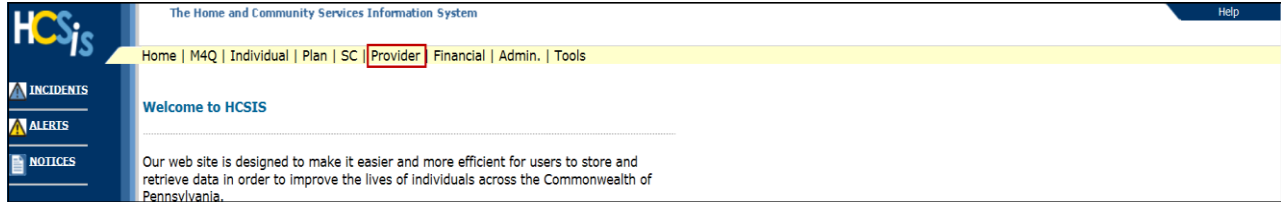
NOTE: To add or delete a Specialty on an enrolled site please complete the Promise™ Provider Service Location Change Request Form, which can be found on the MyODP website and the DHS Provider Enrollment website: <https://provider.enrollment.dpw.state.pa.us> . When complete please return the from to ra-odpproviderenroll@pa.gov.



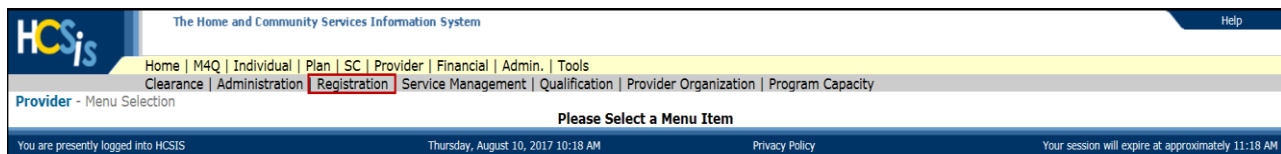
HCSIS Provider Updates Tip Sheet

Organization

The Provider Registration Data Entry role has update access to the Organization screen.



- Click on "Provider" to navigate to the Provider Menu Selection screen



On the Provider Menu Selection screen click "Registration"

- To proceed to the Organization screen, the user can either click the [Continue] button at the bottom right of the SSD screen or click the "Organization" link at the top of the screen



HCSIS Provider Updates Tip Sheet

The Home and Community Services Information System

Home | M4Q | Individual | Plan | SC | Provider | Financial | Admin. | Tools
Clearance | Administration | Registration | Service Management | Qualification | Provider Organization | Program Capacity
Provider Creation | Contact | Address | SSD | Organization | MPI Location | Sites

Provider - Registration - Organization - Organization

Select	Organization Type	Address	Phone
<input checked="" type="radio"/>	Region Entity	5450 CHESTNUT ST,HARRISBURG,PA 17109	(717) 526-0430
<input type="radio"/>	Parent Entity	2991 W SCHOOL HOUSE LN,PHILADELPHIA,PA 19144-5357	(215) 991-3456

[Add](#) [Edit](#) [Delete](#)

Organization Information

Organization Type: *Region
Name: *CAMERON UTILITY SERVICES REGION
FEIN:
Department of State Number:
Street Address: *5450 CHESTNUT ST
Suite / PO Box:
Building / Dept.:
City: *HARRISBURG
State: *Pennsylvania
Zip: *17109
County: Dauphin
Phone: *(717) 526-0430
Fax:
Email Address:
For administrative purposes, this regional/filed office is responsible for service provision in the following counties: *Dauphin

[Continue](#)

You are presently logged into HCSIS Tuesday, August 15, 2017 8:33 AM Privacy Policy Your session will expire at approximately 9:33 AM

- The Organization Screen displays

Add an Organization

The Home and Community Services Information System

Home | M4Q | Individual | Plan | SC | Provider | Financial | Admin. | Tools
Clearance | Administration | Registration | Service Management | Qualification | Provider Organization | Program Capacity
Provider Creation | Contact | Address | SSD | Organization | MPI Location | Sites

Provider - Registration - Organization - Organization

Select	Organization Type	Address	Phone
<input checked="" type="radio"/>	Region Entity	5450 CHESTNUT ST,HARRISBURG,PA 17109	(717) 526-0430
<input type="radio"/>	Parent Entity	2991 W SCHOOL HOUSE LN,PHILADELPHIA,PA 19144-5357	(215) 991-3456

[Add](#) [Edit](#) [Delete](#)

Organization Information

Organization Type: *Region
Name: *CAMERON UTILITY SERVICES REGION
FEIN:
Department of State Number:
Street Address: *5450 CHESTNUT ST
Suite / PO Box:
Building / Dept.:
City: *HARRISBURG
State: *Pennsylvania
Zip: *17109
County: Dauphin
Phone: *(717) 526-0430
Fax:
Email Address:
For administrative purposes, this regional/filed office is responsible for service provision in the following counties: *Dauphin

[Continue](#)

You are presently logged into HCSIS Tuesday, August 15, 2017 8:33 AM Privacy Policy Your session will expire at approximately 9:33 AM

- To add an Organization type, click the [Add] button on the Organization screen



HCSIS Provider Updates Tip Sheet

The screenshot shows the HCSIS Provider Registration form. The 'Organization Information' section is highlighted with a red box. The 'Organization Type' dropdown menu is open, showing 'Parent' and 'Region' as options. The form includes fields for Name, FEIN, Department of State Number, Street Address, Suite / PO Box, Building / Dept., City, State (Pennsylvania), Zip, County, Phone, Fax, and Email Address. There are 'Add', 'Edit', and 'Delete' buttons above the form, and 'Reset' and 'Save' buttons at the bottom left. The footer indicates the user is logged in on Tuesday, August 15, 2017, at 9:04 AM.

- Select the Organization Type from the dropdown box, this is a mandatory field.

A **Parent Entity** is a related organization that is able to influence the providers' policies and procedures. Services cannot be assigned to the Parent entity. A provider agency can have only one Parent entity. An individual Provider cannot have a Parent entity.

A **Region** is an organization that manages a specific grouping of sites. Services cannot be assigned to a Region. A provider agency can have Regions, but an individual provider cannot.

The screenshot shows the HCSIS Provider Registration form with the 'Organization Information' section highlighted. Red boxes are drawn around the 'Organization Type' dropdown (set to 'Region'), the 'Name' field (Cameron Utility Services), the 'Street Address' field (125 W Chocolate Ave), the 'Phone' field ((717) - 533 - 2518), and the 'County' dropdown (set to 'Dauphin'). The form includes fields for Name, FEIN, Department of State Number, Street Address, Suite / PO Box, Building / Dept., City, State (Pennsylvania), Zip (17033), County, Phone, Fax, and Email Address. There are 'Add', 'Edit', and 'Delete' buttons above the form, and 'Reset' and 'Save' buttons at the bottom left. The footer indicates the user is logged in on Friday, September 01, 2017, at 10:31 AM.



HCSIS Provider Updates Tip Sheet

- Complete the remaining Organization Information fields. The Name, Street Address, City, State Zip Code and Phone Number fields are mandatory fields.
- For Regional Field offices only: Select the county (or counties) from the list that the current regional/field office is responsible for servicing. Select multiple counties by pressing and holding the Control [Ctrl] button on your keyboard and clicking the left button on your mouse.
- Click the [Save] button

The screenshot shows the 'Organization Information You Entered This Address' section. It displays a table with columns: Select, Address Line One, Address Line Two, Address Line Three, City, State, Zip Code, Plus 4, and County. The first row shows the entered address: 125 W CHOCOLATE AVE, HERSHEY, PA, 17033. Below this, a message states: 'Our postal software has found the following potential matches for the address you entered'. A second table shows a suggested match: 125 W CHOCOLATE AVE, HERSHEY, PA, 17033, with the county set to DAUPHIN. A 'Try Again' button is highlighted with a red box.

- If the County is not selected from the dropdown box when entering the Organization address information, this screen will display.
- Click the radio button of the suggested postal address and click the [Try Again] button.

The screenshot shows the 'Organization Information' section after a successful update. A red box highlights the message 'Operation successful.'. Below this, a table lists three potential matches for the address, with the first one selected (radio button checked). The selected entry is: Region Entity, 125 W CHOCOLATE AVE, HERSHEY, PA 17033, with phone number (717) 533-2518. Below the table are buttons for 'Add', 'Edit', and 'Delete'. The 'Organization Information' section is also visible, showing fields for Organization Type, Name, FEIN, Department of State Number, Street Address, Suite / PO Box, Building / Dept., City, State, Zip, County, Phone, Fax, and Email Address. The County field is set to Dauphin. A 'Continue' button is highlighted with a red box.

- You will receive an "Operation Successful" validation message and the new organization will be displayed



HCSIS Provider Updates Tip Sheet

Edit an Organization

The Home and Community Services Information System

Home | M4Q | Individual | Plan | SC | Provider | Financial | Admin. | Tools
Clearance | Administration | Registration | Service Management | Qualification | Provider Organization | Program Capacity
Provider Creation | Contact | Address | SSD | Organization | MPI Location | Sites

Provider - Registration - Organization - Organization

Select	Organization Type	Address	Phone
<input checked="" type="radio"/>	Parent Entity	125 W CHOCOLATE AVE,HERSHEY,PA 17033	(717) 533-2518
<input type="radio"/>	Region Entity	5450 CHESTNUT ST,HARRISBURG,PA 17109	(717) 526-0430
<input type="radio"/>	Parent Entity	2991 W SCHOOL HOUSE LN,PHILADELPHIA,PA 19144-5357	(215) 991-3456

[Add](#) [Edit](#) [Delete](#)

Organization Information

Organization Type: *Parent
Name: *CAMERON UTILITY SERVICES PARENT 2
FEIN:
Department of State Number:
Street Address: *125 W CHOCOLATE AVE
Suite / PO Box:
Building / Dept.:
City: *HERSHEY
State: *Pennsylvania
Zip: *17033
County: Dauphin
Phone: *(717) 533-2518
Fax:
Email Address:

[Continue](#)

You are presently logged into HCSIS Tuesday, August 15, 2017 11:58 AM Privacy Policy Your session will expire at approximately 12:58 PM

- Select the radio button of the Organization you wish to edit and click the [Edit] button

The Home and Community Services Information System

Home | M4Q | Individual | Plan | SC | Provider | Financial | Admin. | Tools
Clearance | Administration | Registration | Service Management | Qualification | Provider Organization | Program Capacity
Provider Creation | Contact | Address | SSD | Organization | MPI Location | Sites

Provider - Registration - Organization - Organization

Select	Organization Type	Address	Phone
<input checked="" type="radio"/>	Parent Entity	125 W CHOCOLATE AVE,HERSHEY,PA 17033	(717) 533-2518
<input type="radio"/>	Region Entity	5450 CHESTNUT ST,HARRISBURG,PA 17109	(717) 526-0430
<input type="radio"/>	Parent Entity	2991 W SCHOOL HOUSE LN,PHILADELPHIA,PA 19144-5357	(215) 991-3456

[Add](#) [Edit](#) [Delete](#)

Organization Information

Organization Type: *Parent
Name: *CAMERON UTILITY SERVICE
FEIN:
Department of State Number:
Street Address: *125 W CHOCOLATE AVE
Suite / PO Box:
Building / Dept.:
City: *HERSHEY
State: *Pennsylvania
Zip: *17033
County: Dauphin
Phone: *(717) - 533 - 2581
Fax:
Email Address:

[Reset](#) [Save](#)

[Save And Continue](#)

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- Edit the information for the Organization and click the [Save] button



HCSIS Provider Updates Tip Sheet

The Home and Community Services Information System

Home | M4Q | Individual | Plan | SC | Provider | Financial | Admin. | Tools
Clearance | Administration | Registration | Service Management | Qualification | Provider Organization | Program Capacity
Provider Creation | Contact | Address | SSD | Organization | MPI Location | Sites

Provider - Registration - Organization - Organization

Current Provider		Name: CAMERON UTILITY SERVICES	MPI ID : 200083420
Select	Organization Type	Address	Phone
<input checked="" type="radio"/>	Parent Entity	125 W CHOCOLATE AVE,HERSHEY,PA 17033	(717) 533-2581
<input type="radio"/>	Region Entity	5450 CHESTNUT ST,HARRISBURG,PA 17109	(717) 526-0430
<input type="radio"/>	Parent Entity	2991 W SCHOOL HOUSE LN,PHILADELPHIA,PA 19144-5357	(215) 991-3456

[Add](#) [Edit](#) [Delete](#)

Organization Information

Organization Type: *Parent
Name: *CAMERON UTILITY SERVICES PARENT 2
FEIN:
Department of State Number:
Street Address: *125 W CHOCOLATE AVE
Suite / PO Box:
Building / Dept.:
City: *HERSHEY
State: *Pennsylvania
Zip: *17033
County: Dauphin
Phone: *(717) 533-2581
Fax:
Email Address:

[Continue](#)

You are presently logged into HCSIS Thursday, August 17, 2017 8:44 AM Privacy Policy Your session will expire at approximately 9:44 AM

- The edited information displays

Delete an Organization

The Home and Community Services Information System

Home | M4Q | Individual | Plan | SC | Provider | Financial | Admin. | Tools
Clearance | Administration | Registration | Service Management | Qualification | Provider Organization | Program Capacity
Provider Creation | Contact | Address | SSD | Organization | MPI Location | Sites

Provider - Registration - Organization - Organization

Current Provider		Name: CAMERON UTILITY SERVICES	MPI ID : 200083420
Select	Organization Type	Address	Phone
<input checked="" type="radio"/>	Parent Entity	125 W CHOCOLATE AVE,HERSHEY,PA 17033	(717) 533-2581
<input type="radio"/>	Region Entity	5450 CHESTNUT ST,HARRISBURG,PA 17109	(717) 526-0430
<input type="radio"/>	Parent Entity	2991 W SCHOOL HOUSE LN,PHILADELPHIA,PA 19144-5357	(215) 991-3456

[Add](#) [Edit](#) [Delete](#)

Organization Information

Organization Type: *Parent
Name: *CAMERON UTILITY SERVICES PARENT 2
FEIN:
Department of State Number:
Street Address: *125 W CHOCOLATE AVE
Suite / PO Box:
Building / Dept.:
City: *HERSHEY
State: *Pennsylvania
Zip: *17033
County: Dauphin
Phone: *(717) 533-2581
Fax:
Email Address:

[Continue](#)

You are presently logged into HCSIS Thursday, August 17, 2017 8:44 AM Privacy Policy Your session will expire at approximately 9:44 AM

- Select the radio button of the Organization Type you will to delete and click the [Delete] button



HCSIS Provider Updates Tip Sheet

The Home and Community Services Information System Help

Home | M4Q | Individual | Plan | SC | Provider | Financial | Admin. | Tools
Clearance | Administration | Registration | Service Management | Qualification | Provider Organization | Program Capacity
Provider Creation | Contact | Address | SSD | Organization | MPI Location | Sites

Provider - Registration - Organization - Organization

Operation successful.

Current Provider Name: CAMERON UTILITY SERVICES MPI ID : 200083420

Select	Organization Type	Address	Phone
<input checked="" type="radio"/>	Region Entity	5450 CHESTNUT ST,HARRISBURG,PA 17109	(717) 526-0430
<input type="radio"/>	Parent Entity	2991 W SCHOOL HOUSE LN,PHILADELPHIA,PA 19144-5357	(215) 991-3456

[Add](#) [Edit](#) [Delete](#)

Organization Information

Organization Type: *Region
Name: *CAMERON UTILITY SERVICES REGION
FEIN:
Department of State Number:
Street Address: *5450 CHESTNUT ST
Suite / PO Box:
Building / Dept.:
City: *HARRISBURG
State: *Pennsylvania
Zip: *17109
County: Dauphin
Phone: *(717) 526-0430
Fax:
Email Address:
For administrative purposes, this regional/filed office is responsible for service provision in the following counties: *Dauphin

[Continue](#)

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- An "Operation Successful validation message displays and the Organization Type has been deleted

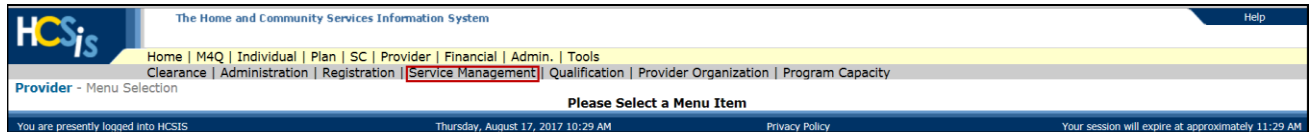


HCSIS Provider Updates Tip Sheet

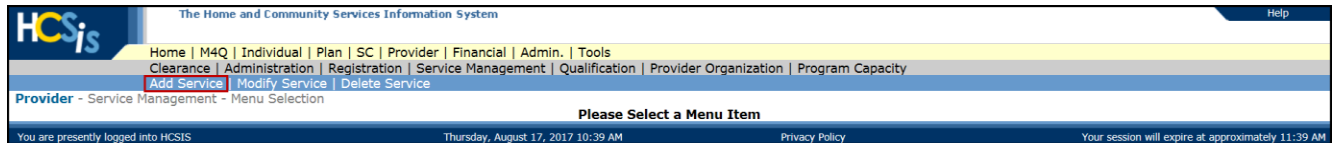
Service Management

The Provider Registration Data Entry role has update access to the Service Management Add, Modify and Delete screens.

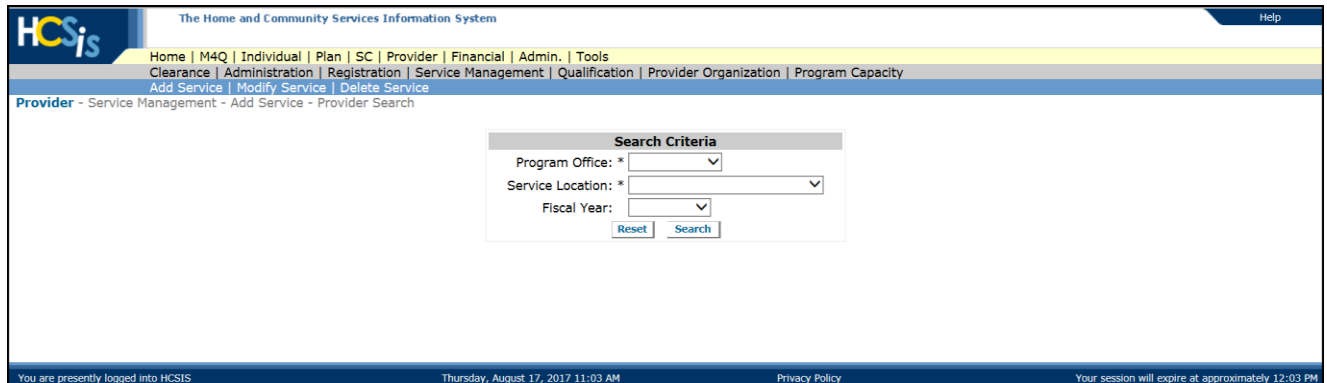
Add Service



- To navigate to the Service Management, Add Services screen, select "Service Management" on the Provider Menu Selection screen



- The Provider Service Menu Selection screen appears
- Select "Add Service"



- The Provider Search screen displays
- Enter the information in the Search Criteria fields to locate the Service Location you wish to add services to



HCSIS Provider Updates Tip Sheet

The Home and Community Services Information System

Home | M4Q | Individual | Plan | SC | Provider | Financial | Admin. | Tools
Clearance | Administration | Registration | Service Management | Qualification | Provider Organization | Program Capacity
Add Service | Modify Service | Delete Service

Provider - Service Management - Add Service - Provider Search

Search Criteria

Program Office: *

Service Location: *

Fiscal Year:

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- In the Program Office field, click the dropdown box and select the appropriate Program Office
- This is a mandatory field

The Home and Community Services Information System

Home | M4Q | Individual | Plan | SC | Provider | Financial | Admin. | Tools
Clearance | Administration | Registration | Service Management | Qualification | Provider Organization | Program Capacity
Add Service | Modify Service | Delete Service

Provider - Service Management - Add Service - Provider Search

Search Criteria

Program Office: *

Service Location: *

Fiscal Year:

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- In the Service Location field, click the dropdown box and select the appropriate Service Location
- This is a mandatory field

The Home and Community Services Information System

Home | M4Q | Individual | Plan | SC | Provider | Financial | Admin. | Tools
Clearance | Administration | Registration | Service Management | Qualification | Provider Organization | Program Capacity
Add Service | Modify Service | Delete Service

Provider - Service Management - Add Service - Provider Search

Search Criteria

Program Office: *

Service Location: *

Fiscal Year:

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- Fiscal Year is not a mandatory field, if you wish to choose a Fiscal Year, click in the dropdown box and select the appropriate Fiscal Year
- Click on the [Search] button



HCSIS Provider Updates Tip Sheet

Program Office : ODP		Site Name : SHARED PO 1 (2040 LINGLESTOWN RD)	
ODP Services	Service Status	Qualification Status	Contracted Rate
Home and Community Services			
51.Home and Community Habilitation			
<input type="checkbox"/> 3034 AddService (W9803 11 12 13 14)			
<input type="checkbox"/> ADV (222222 22 22 22 22)			
<input type="checkbox"/> ASCRA ODP PSERVICE ONE (ASCRA1)			
<input type="checkbox"/> Behavioral Support - ECS (W7095 U1)			
<input type="checkbox"/> DTT ODP ADD SD TEST - EDITED (D0005)			
<input type="checkbox"/> DTT ODP ALL EDSOL SERVICE ONE (D0119)			
<input type="checkbox"/> DTT ODP ALL EDSOL SERVICE TWO (D0120)			
<input type="checkbox"/> DTT ODP BASE CONTRACT TEST SD (D0141)			
<input type="checkbox"/> DTT ODP BASE EDSOL SERVICE ONE (D0115)			
<input type="checkbox"/> DTT ODP BASE EDSOL SERVICE TWO (D0116)			
<input type="checkbox"/> DTT ODP BASE SDC TEST SD (D0201)			
<input type="checkbox"/> DTT ODP CONSOLIDATED EDSOL SERVICE ONE (D0112)			
<input type="checkbox"/> DTT ODP CONSOLIDATED EDSOL SERVICE TWO (D0114)			
<input type="checkbox"/> DTT ODP CREATE BASE TEST SD (D0211)			
<input type="checkbox"/> DTT ODP Consolidated Combo Service (D0172)			
<input type="checkbox"/> DTT ODP Consolidated Corticon Service (D0170)			

- The Add Service screen displays

Program Office : ODP		Site Name : SHARED PO 1 (2040 LINGLESTOWN RD)	
ODP Services	Service Status	Qualification Status	Contracted Rate
Home and Community Services			
51.Home and Community Habilitation			
<input type="checkbox"/> ASCRA ODP PSERVICE ONE (ASCRA1)			
<input checked="" type="checkbox"/> Behavioral Support - ECS (W7095 U1)			
<input type="checkbox"/> DTT ODP ADD SD TEST - EDITED (D0005)			
<input type="checkbox"/> DTT ODP BASE EDSOL SERVICE TWO (D0116)			
<input type="checkbox"/> DTT ODP BASE SDC TEST SD (D0201)			
<input type="checkbox"/> DTT ODP CONSOLIDATED EDSOL SERVICE ONE (D0112)			
<input type="checkbox"/> DTT ODP CONSOLIDATED EDSOL SERVICE TWO (D0114)			
<input type="checkbox"/> DTT ODP CREATE BASE TEST SD (D0211)			
<input type="checkbox"/> DTT ODP Consolidated Combo Service (D0172)			
<input type="checkbox"/> DTT ODP Consolidated Corticon Service (D0170)			
<input type="checkbox"/> DTT ODP Consolidated Equivalent Service (D0171)			
<input type="checkbox"/> DTT ODP PFDS Equivalent Service (D0165)			
<input type="checkbox"/> DTT ODP Promise Exception SD (D0180)			
<input type="checkbox"/> DTT TEST SERVDEF - NO FUNDING STREAM (D0002)			
<input type="checkbox"/> In-Home & Commnty Supprts (Basic 1:4) (W7057)			
<input type="checkbox"/> In-Home & Commnty Supprts (Basic 1:4) ECS (W7057 U1)			
<input type="checkbox"/> In-Home & Commnty Supprts (Lvl 1, 1:3) (W7058)			
<input type="checkbox"/> In-Home & Commnty Supprts (Lvl 1, 1:3) ECS (W7058 U1)			
<input type="checkbox"/> In-Home & Commnty Supprts (Lvl 2, 1:2) (W7059)			
<input type="checkbox"/> In-Home & Commnty Supprts (Lvl 2, 1:2) ECS (W7059 U1)			
<input type="checkbox"/> In-Home & Commnty Supprts (Lvl 3, 1:1 Enh) (W7061)			
<input type="checkbox"/> In-Home & Commnty Supprts (Lvl 3, 1:1 Enh) ECS (W7061 U1)			
<input type="checkbox"/> In-Home & Commnty Supprts (Lvl 3, 1:1 Enh) LPN (W7061 TE)			
<input type="checkbox"/> In-Home & Commnty Supprts (Lvl 3, 1:1 Enh) LPN-ECS (W7061 TE U1)			
<input type="checkbox"/> In-Home & Commnty Supprts (Lvl 3, 1:1 Enh) RN (W7061 TD)			
<input type="checkbox"/> In-Home & Commnty Supprts (Lvl 3, 1:1 Enh) RN-ECS (W7061 TD U1)			
<input type="checkbox"/> In-Home & Commnty Supprts (Lvl 3, 1:1) (W7060)			
<input type="checkbox"/> In-Home & Commnty Supprts (Lvl 3, 1:1) ECS (W7060 U1)			
<input type="checkbox"/> In-Home & Commnty Supprts (Lvl 4 Enh) (W7069)			
<input type="checkbox"/> In-Home & Commnty Supprts (Lvl 4 Enh) ECS (W7069 U1)			
<input type="checkbox"/> In-Home & Commnty Supprts (Lvl 4 Enh) LPN (W7069 TE)			
<input type="checkbox"/> In-Home & Commnty Supprts (Lvl 4 Enh) LPN-ECS (W7069 TE U1)			
<input type="checkbox"/> Support (Medical Environment) (Basic)-15 Mins (W7305)			
<input type="checkbox"/> Support (Medical Environment) (Level 4 Enh)-TE (W7323 TE)			
<input type="checkbox"/> Support (Medical Environment) (Level 4)-15 Mins (W7322)			
<input type="checkbox"/> Supports Broker Services-15 Mins - ECS (W7096 U1)			
<input type="checkbox"/> UAT Aca Test 1 (U8807)			
<input type="checkbox"/> WO 3019-ODP Actual regression (D10101)			
<input type="checkbox"/> WO 3019-ODP Claims (D00111 01)			
Other Community Services			
<input type="checkbox"/> CPS 100% Cmnty with 1:1 (Level 3 Enhanced) LPN-ECS (W5997 TE U1)			
<input type="checkbox"/> CPS 100% Cmnty with 2:1 (Level 4 Enhanced) LPN-ECS (W5994 TE U1)			
<input type="checkbox"/> CPS 100% Community with 1:1 (Level 3 Enhanced) (W5997)			
<input type="checkbox"/> CPS 100% Community with 1:1 (Level 3 Enhanced) ECS (W5997 U1)			
<input type="checkbox"/> CPS 100% Community with 1:1-ECS (W5996 U1)			
<input type="checkbox"/> CPS 100% Community with 1:2-1:3 (W5995)			
<input type="checkbox"/> CPS 100% Community with 1:2-1:3-ECS (W5995 U1)			
<input type="checkbox"/> CPS 100% Community with 2:1 (Level 4 Enhanced) ECS (W5994 U1)			
Vendor Services (Non - ITQ Services)			
<input type="checkbox"/> TEST (D0100)			

Tentative Service Begin Date (MM/DD/YYYY):

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- Select the Service Offerings you wish to add



HCSIS Provider Updates Tip Sheet

- Enter the Tentative Service Begin Date
- Click the [Select and Continue] button

ODP Services	Begin Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)
Behavioral Support - ECS (W7095 U1)	09/01/2017	

- The screen refreshes and allows the user to enter an end-date, it is also populated with the tentative end-date. It is NOT recommended to enter an end-date unless you are ending a service offering. It should be left blank as it will populate with fiscal year end or serviced end-date, whichever comes first.
- Click the [Continue] button

County/Joinder: Allegheny

- Armstrong/Indiana
- Beaver
- Bedford/Somerset
- Berks
- Blair
- Bradford/Sullivan
- Bucks
- Butler
- Cambria
- Cameron/Elk
- Carbon/Monroe/Pike
- Centre
- Chester
- Clarion
- Clearfield/Jefferson
- Columbia/Montour/Snyder/Union
- Crawford
- Cumberland/Perry
- Dauphin

Select All

- The Select County/Joinder screen displays
- Select the appropriate County/Joinder you intend to renders services in, using the Ctrl + the left click button on your mouse will allow you to select multiple County/Joinders
- Click the [Create Service Offerings] button



HCSIS Provider Updates Tip Sheet

The Home and Community Services Information System Help

Home | M4Q | Individual | Plan | SC | Provider | Financial | Admin. | Tools
 Clearance | Administration | Registration | Service Management | Qualification | Provider Organization | Program Capacity
 Add Service | Modify Service | Delete Service

Provider - Service Management - Add Service - Add Service

Operation successful.

Program Office : ODP		Site Name : SHARED PO 1 (2040 LINGLESTOWN RD)	
ODP Services	Service Status	Qualification Status	Contracted Rate
Home and Community Services			
51.Home and Community Habilitation			
<input type="checkbox"/> 3034 AddService (W9803 11 12 13 14)			
<input type="checkbox"/> ADV (222222 22 22 22 22)			
<input type="checkbox"/> ASCRA ODP PSERVICE ONE (ASCRA1)			
<input checked="" type="checkbox"/> Behavioral Support - ECS (W7095 U1)	Selected	Qualified	

- You will receive an "Operation Successful" validation message and the service offering(s) you have added will be have Service Status of " Selected" and a Qualification Status of "Qualified"

The Home and Community Services Information System Help

Home | M4Q | Individual | Plan | SC | Provider | Financial | Admin. | Tools
 Clearance | Administration | Registration | Service Management | Qualification | Provider Organization | Program Capacity
 Add Service | Modify Service | Delete Service

Provider - Service Management - Add Service - Add Service

In-Home & Commnty Supprts (Basic 1:4) (W7057): Begin Date must be greater than or equal to the Provider Qualification Begin Date. (7/1/2017).

Program Office : ODP		Site Name : Test (2040 LINGLESTOWN RD)	
ODP Services	Service Status	Qualification Status	Contracted Rate
Home and Community Services			

- If the user attempts to add a service offering where the Service Offering Begin date is less than the Provider Qualification Begin Date they will receive a validation message:

(Service Offering Name): Begin Date must be greater than or equal to the Provider Qualification Date. (07/1/017).

NOTE: This is message is just an example, 07/07/2017 will not always be the Provider Qualification Begin Date.

The Home and Community Services Information System Help

Home | M4Q | Individual | Plan | SC | Provider | Financial | Admin. | Tools
 Clearance | Administration | Registration | Service Management | Qualification | Provider Organization | Program Capacity
 Add Service | Modify Service | Delete Service

Provider - Service Management - Add Service - Add Service

Service Offering(s) cannot be added if the provider is not currently qualified.

Program Office : ODP		Site Name : Site One (300 CORPORATE CENTER DR)	
ODP Services	Service Status	Qualification Status	Contracted Rate
Transportation Services			
26.Transportation			
<input type="checkbox"/> Transportation(Zone 1)-Trip (W7274)			
<input type="checkbox"/> Transportation(Zone 2)-Trip (W7275)			
<input checked="" type="checkbox"/> Transportation(Zone 3)-Trip (W7276)			

Tentative Service Begin Date (MM/DD/YYYY):

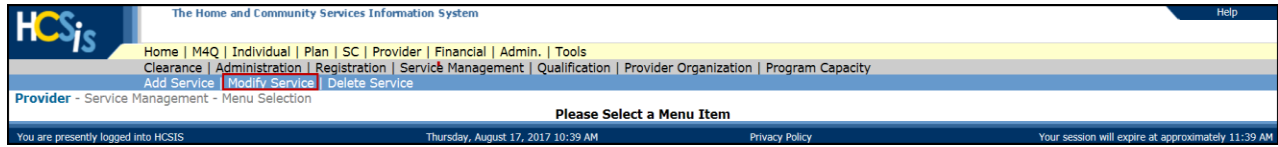
- If the user attempts to add a Service Offering in which the Provider Qualification status is "Not Qualified", "Expiring" or " Not Requalified", they will receive the validation message:

Service Offering(s) cannot be added if the provider is not currently qualified.

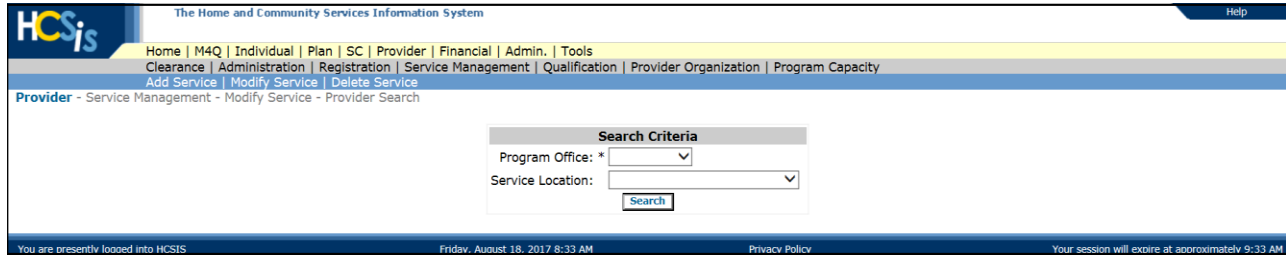


HCSIS Provider Updates Tip Sheet

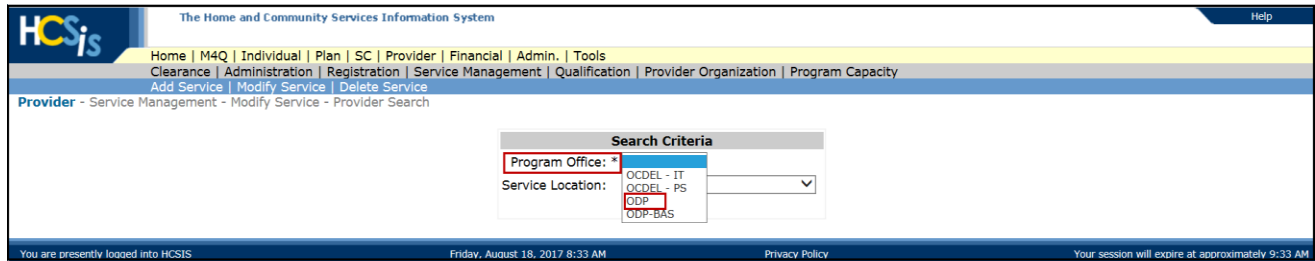
Modify Service



- From the Provider Service Management Menu Selection screen click "Modify Service"



- The Provider Search screen displays
- Enter the information in the Search Criteria fields to locate the Service Location you wish to modify services



- In the Program Office field, click the dropdown box and select the appropriate Program Office
- This is a mandatory field



HCSIS Provider Updates Tip Sheet

The Home and Community Services Information System

Home | M4Q | Individual | Plan | SC | Provider | Financial | Admin. | Tools
Clearance | Administration | Registration | Service Management | Qualification | Provider Organization | Program Capacity
Add Service | Modify Service | Delete Service

Provider - Service Management - Modify Service - Provider Search

Search Criteria

Program Office: * ODP

Service Location: [Dropdown]

Service: [Dropdown]

0001 - 5450 WISSAHICKON AVE
0002 - 5450 WISSAHICKON AVE
0003 - 5450 WISSAHICKON AVE
0004 - 5450 WISSAHICKON AVE
0005 - 5450 WISSAHICKON AVE
0006 - 5450 WISSAHICKON AVE
0007 - 5450 WISSAHICKON AVE
0008 - 5450 WISSAHICKON AVE
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0014 - 5450 WISSAHICKON AVE
0015 - 5450 WISSAHICKON AVE
0016 - 5450 WISSAHICKON AVE
0017 - 5450 WISSAHICKON AVE
0018 - 5450 WISSAHICKON AVE
0019 - 5450 WISSAHICKON AVE
0020 - 2040 LINGLESTOWN RD
0021 - 200 STERLING PKWY
0022 - 200 STERLING PKWY
0023 - 2040 LINGLESTOWN RD
0024 - 2001 rupley rd
0025 - 2040 LINGLESTOWN RD
0026 - 200 STERLING PKWY
0027 - 200 STERLING PKWY

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- Service Location is not a mandatory field, if you wish to choose a Service Location, click in the dropdown box and select the appropriate Service Location

The Home and Community Services Information System

Home | M4Q | Individual | Plan | SC | Provider | Financial | Admin. | Tools
Clearance | Administration | Registration | Service Management | Qualification | Provider Organization | Program Capacity
Add Service | Modify Service | Delete Service

Provider - Service Management - Modify Service - Provider Search

Search Criteria

Program Office: * ODP

Service Location: 0020 - 2040 LINGLESTOWN RD

Service: [Dropdown]

ASCRA ODP PSERVICE ONE (ASCRA1)
Behavior therapy - Individual insight behavior (90804 SE)
Behavioral Support - ECS (W7095 U1)
CPS 100% Community with 2:1 (Level 4 Enhanced) ECS (W5994 U1)
Comm. Resid. Rehab. (5310 -Eligible)-1 day (W7206)
Community Habilitation(2380 - Level 2)-1 day (W7074)
DTT ODP ALL EDSOL SERVICE ONE (D0119)
DTT ODP ALL EDSOL SERVICE TWO (D0120)
DTT TEST SERVDEF - NO FUNDING STREAM (D0002)
In-Home & Community Supports (Basic 1-4) (W7057)
In-Home & Community Supports (Lvl 1, 1:3) (W7058)
Nursing - Health Intervention (9E152)
WO 3034 NEW ADDED (W9939 11 11)

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- Service is not a mandatory field, if you wish to choose a Service, click in the dropdown box and select the appropriate Service

NOTE: Although Service Location and Service are not mandatory fields you must have one or the other to complete the search

The Home and Community Services Information System

Home | M4Q | Individual | Plan | SC | Provider | Financial | Admin. | Tools
Clearance | Administration | Registration | Service Management | Qualification | Provider Organization | Program Capacity
Add Service | Modify Service | Delete Service

Provider - Service Management - Modify Service - Provider Search

Search Criteria

Program Office: * ODP

Service Location: 0020 - 2040 LINGLESTOWN RD

Service: CPS 100% Community with 2:1 (Level 4 Enhanced) ECS (W5994 U1)

[Search]

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- Once you have completed entering the search criteria, click the [Search] button



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The Home and Community Services Information System

Home | M4Q | Individual | Plan | SC | Provider | Financial | Admin. | Tools
Clearance | Administration | Registration | Service Management | Qualification | Provider Organization | Program Capacity
Add Service | Modify Service | Delete Service

Provider - Service Management - Modify Service - Modify Service

Select	County/Joinder	Site Name	Provider Type (MPI Service Location ID)	Service (Procedure Code)	Qualification Status	Service Begin Date	Service End Date	Status
<input checked="" type="checkbox"/>	Allegheny	Test	51.Home and Community Habilitation (0020)	In-Home & Commnty Supprts (Lvl 1, 1:3) (W7058)	Qualified	07/31/2017		

[Continue](#)

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- The search results are displayed
- Select the Service
- Click the [Continue] button

The Home and Community Services Information System

Home | M4Q | Individual | Plan | SC | Provider | Financial | Admin. | Tools
Clearance | Administration | Registration | Service Management | Qualification | Provider Organization | Program Capacity
Add Service | Modify Service | Delete Service

Provider - Service Management - Modify Service - Modify Service

County/Joinder: Allegheny
Site Name: Test
Provider Type(MPI Service Location ID): 51.Home and Community Habilitation (0020)
Service(Procedure Code): In-Home & Commnty Supprts (Lvl 1, 1:3) (W7058)
Status:
Earliest Contract Begin Date:
Latest Contract End Date:
Earliest Request Begin Date:
Latest Request End Date:
Service Begin Date (MM/DD/YYYY): * X
Service End Date (MM/DD/YYYY):

[View Search Results](#) [Save And Continue](#) [Skip And Continue](#)

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- Change the Service Begin Date
- Click the [Save and Continue] button

The Home and Community Services Information System

Home | M4Q | Individual | Plan | SC | Provider | Financial | Admin. | Tools
Clearance | Administration | Registration | Service Management | Qualification | Provider Organization | Program Capacity
Add Service | Modify Service | Delete Service

Provider - Service Management - Modify Service - Modify Service

Operation successful.

Select	County/Joinder	Site Name	Provider Type (MPI Service Location ID)	Service (Procedure Code)	Qualification Status	Service Begin Date	Service End Date	Status
<input type="checkbox"/>	Allegheny	Test	51.Home and Community Habilitation (0020)	In-Home & Commnty Supprts (Lvl 1, 1:3) (W7058)	Qualified	08/01/2017		

[Continue](#)

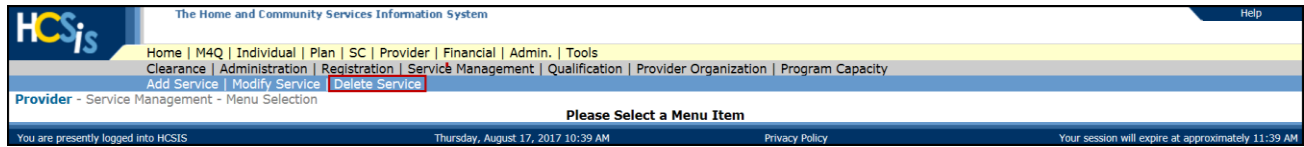
You are presently logged into HCSIS Friday, August 18, 2017 8:59 AM Privacy Policy Your session will expire at approximately 9:59 AM

- You will receive an "Operation Successful" validation message

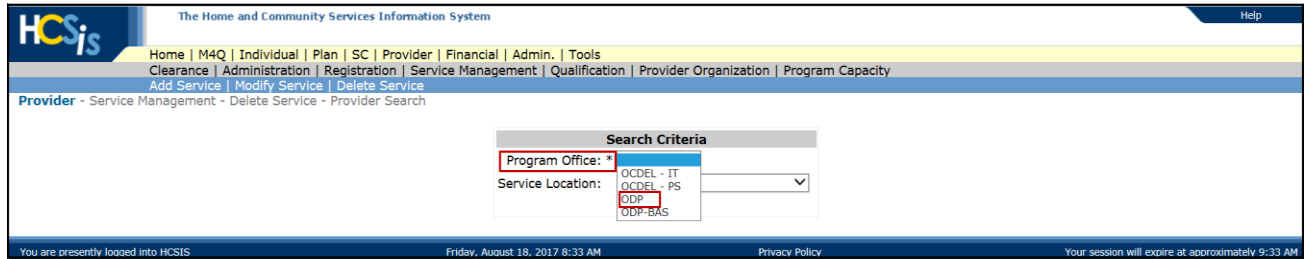


HCSIS Provider Updates Tip Sheet

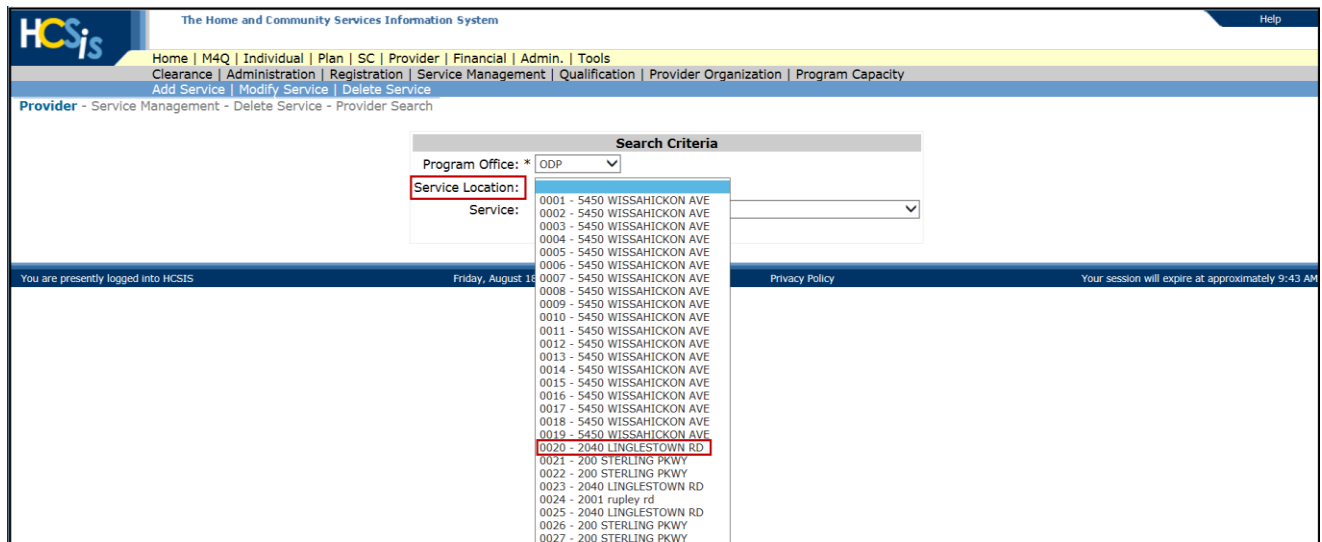
Delete Service



- From the Provider Service Management Menu Selection screen click "Delete Service"



- In the Program Office field, click the dropdown box and select the appropriate Program Office
- This is a mandatory field



- Service Location is not a mandatory field, if you wish to choose a Service Location, click in the dropdown box and select the appropriate Service Location



HCSIS Provider Updates Tip Sheet

The Home and Community Services Information System

Home | M4Q | Individual | Plan | SC | Provider | Financial | Admin. | Tools
Clearance | Administration | Registration | Service Management | Qualification | Provider Organization | Program Capacity
Add Service | Modify Service | Delete Service

Provider - Service Management - Delete Service - Provider Search

Search Criteria

Program Office: * ODP

Service Location: 0020 - 2040 LINGLESTOWN RD

Service: Behavioral Support - ECS (W7095 U1)

ASCRA ODP PSERVICE ONE (ASCRA1)
Behavioral Support - Individual Insight Behavior (00804 SE)
Behavioral Support - ECS (W7095 U1)
CPS 100% Community with 2:1 (Level 4 Enhanced) ECS (W5994 U1)
Comm. Resid. Rehab. (5310 -Eligible)-1 day (W7206)
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DTT ODP ALL EDSOL SERVICE ONE (D0119)
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In-Home & Community Supports (Basic 1:4) (W7057)
In-Home & Community Supports (Lvl 1, 1:3) (W7058)
Nursing - Health Intervention (96152)
WO 3034 NEW ADDED (W9939 11 11)

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The Home and Community Services Information System

Home | M4Q | Individual | Plan | SC | Provider | Financial | Admin. | Tools
Clearance | Administration | Registration | Service Management | Qualification | Provider Organization | Program Capacity
Add Service | Modify Service | Delete Service

Provider - Service Management - Delete Service - Provider Search

Search Criteria

Program Office: * ODP

Service Location: 0020 - 2040 LINGLESTOWN RD

Service: DTT ODP ALL EDSOL SERVICE ONE (D0119)

Search

You are presently logged into HCSIS Friday, August 18, 2017 9:21 AM Privacy Policy Your session will expire at approximately 10:21 AM

- Once you have completed entering the search criteria, click the [Search] button

The Home and Community Services Information System

Home | M4Q | Individual | Plan | SC | Provider | Financial | Admin. | Tools
Clearance | Administration | Registration | Service Management | Qualification | Provider Organization | Program Capacity
Add Service | Modify Service | Delete Service

Provider - Service Management - Delete Service - Delete Service

Select	County/Joinder	Site/Location	Provider Type (MPI Service Location ID)	Service (Procedure Code)	Qualification Status
<input checked="" type="checkbox"/>	Allegheny	Test	51.Home and Community Habilitation (0020)	Behavioral Support - ECS (W7095 U1)	Qualified

Continue

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- The search results are displayed
- Select the Service
- Click the [Continue] button



HCSIS Provider Updates Tip Sheet

The Home and Community Services Information System Help

Home | M4Q | Individual | Plan | SC | Provider | Financial | Admin. | Tools
Clearance | Administration | Registration | Service Management | Qualification | Provider Organization | Program Capacity
Add Service | Modify Service | Delete Service

Provider - Service Management - Delete Service - Delete Service

County/Joinder	Site/Location	Provider Type (MPI Service Location ID)	Service (Procedure Code)	Qualification Status	Begin Date	End Date
Allegheny	Test	51.Home and Community Habilitation (0020)	Behavioral Support - ECS (W7095 U1)	Qualified	07/01/2016	

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- The page refreshes
- If you do not wish to delete this service, click the [Cancel] button
- Click the [Confirm Delete] button