

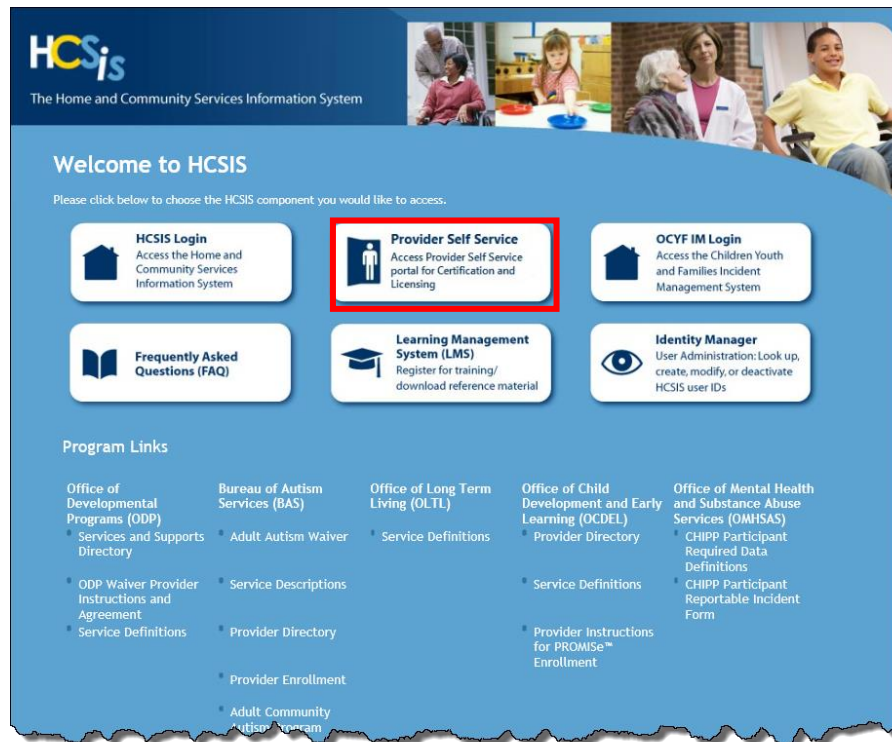


HCSIS Provider Updates Tip Sheet

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:

Provider Registration	3
Login into HCSIS	3
Provider Contact	5
Add a Provider Contact	6
Edit a Provider Contact	8
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Provider Address	11
Services Supports Directory Listing	12
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Organization	16
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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**.

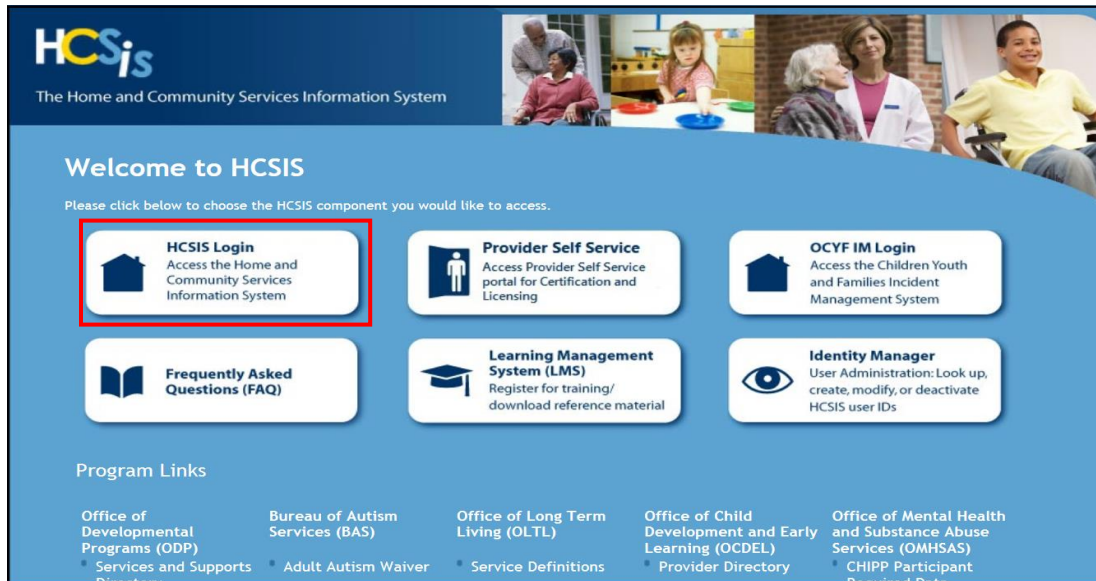


HCSIS Provider Updates Tip Sheet

Provider Registration

Login into HCSIS

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



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



HCSIS Provider Updates Tip Sheet

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

[Select](#)

- 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:

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: automatedemail@DONOTREPLY.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 userids.
- 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.

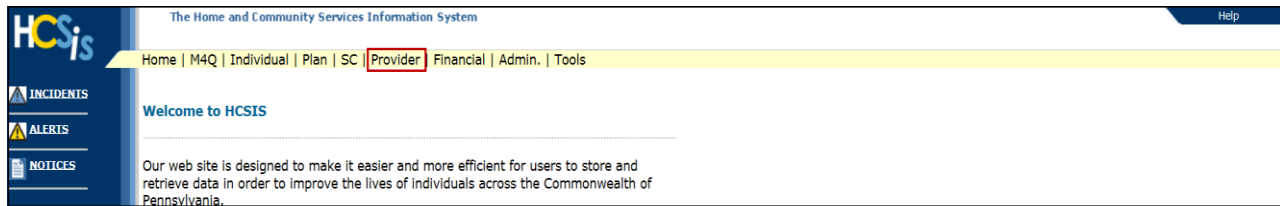
- Any technology changes that could affect HCSIS will be posted on this page.



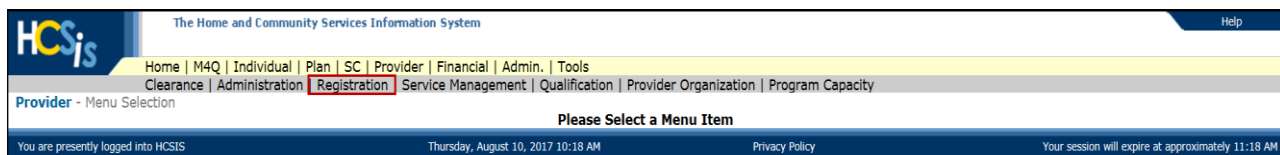
HCSIS Provider Updates Tip Sheet

Provider Contact

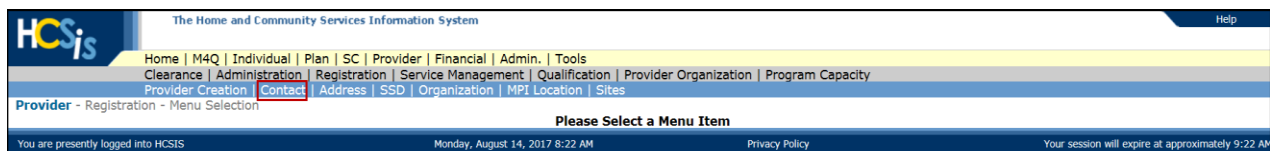
The Provider Registration Data Entry role has update access to the Provider Contact screen.



- 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"

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](#)

- 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 Provider Contact form. The 'Add' button is highlighted with a red box. The form displays the current provider as CAMERON UTILITY SERVICES with MPI ID 200083420. A table lists the contact information for LEE, SAM D, with a primary contact type and phone number (215) 991-0672. The 'Add' button is located below the table.

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

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:

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

[Continue](#)

- Click the [Add] button

The screenshot shows the HCSIS Provider Contact form with the 'Contact Type' dropdown menu open. The dropdown menu lists 'Primary', 'Alternate', and 'Provider Contact'. The 'Add' button is highlighted with a red box. The form displays the current provider as CAMERON UTILITY SERVICES with MPI ID 200083420. A table lists the contact information for LEE, SAM D, with a primary contact type and phone number (215) 991-0672. The 'Add' button is located below the table.

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

Contact Information

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

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

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

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



HCSIS Provider Updates Tip Sheet

HCSIS 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

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

HCSIS 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

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

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

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

HCSIS 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.

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

HCSIS 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

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

HCSIS 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.

The Home and Community Services Information System

Home | M4Q | Individual | Plan | SC | **Provider** | Financial | Admin. | Tools

INCIDENTS
ALERTS
NOTICES

Welcome to HCSIS

Our web site is designed to make it easier and more efficient for users to store and retrieve data in order to improve the lives of individuals across the Commonwealth of Pennsylvania.

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

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 - Menu Selection

Please Select a Menu Item

You are presently logged into HCSIS Thursday, August 10, 2017 10:18 AM Privacy Policy Your session will expire at approximately 11:18 AM

- On the Provider Menu Selection screen click "Registration"

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 - Menu Selection

Please Select a Menu Item

You are presently logged into HCSIS Thursday, August 10, 2017 11:57 AM Privacy Policy Your session will expire at approximately 12:57 PM

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

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 - Address - Address

Select	Address Type	Address	County	Phone	Verification Status
<input checked="" type="radio"/>	Payment Address	450 WISSAHICKON AVE, PHILADELPHIA, PA 19144-5221	Chester	(215) 991-0672	Verified
<input type="radio"/>	Mailing Address	991 W SCHOOL HOUSE LN, PHILADELPHIA, PA 19144-5357	Chester	(215) 300-2178	Verified
<input type="radio"/>	Business Address	450 WISSAHICKON AVE, PHILADELPHIA, PA 19144-5221	Chester	(215) 991-0672	Verified

Address Information

Check all that apply

☐ Business Address ☐ Mailing Address ☒ Payment Address

Street Address: *5450 WISSAHICKON AVE

Suite / PO Box:

Building / Dept.:

City: *PHILADELPHIA

State: *Pennsylvania

Zip: *19144-5221

County: Chester

Phone: *(215)-991-0672

Fax:

Email Address:

Website:

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

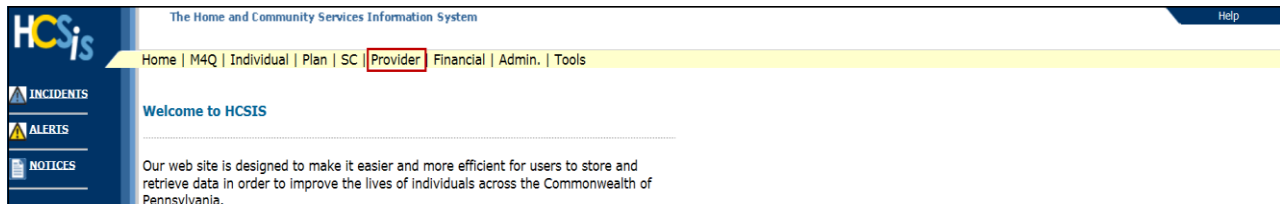
NOTE: To change the Payment Address, Mailing Address or Business Address you will need to complete a HCSIS Verification Change form detailing the new information specific to each address type and return it to ra-odpproviderenroll@pa.gov. The HCSIS Verification Change Form can be found on the MyODP website.



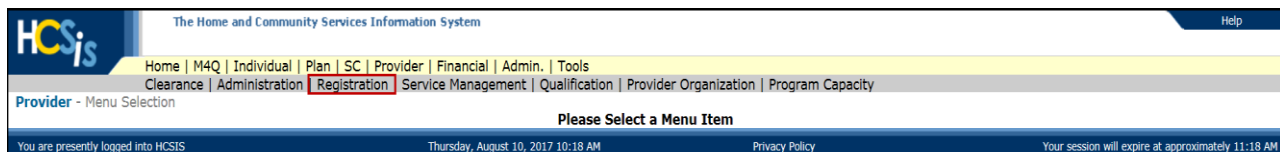
HCSIS Provider Updates Tip Sheet

Services Supports Directory Listing

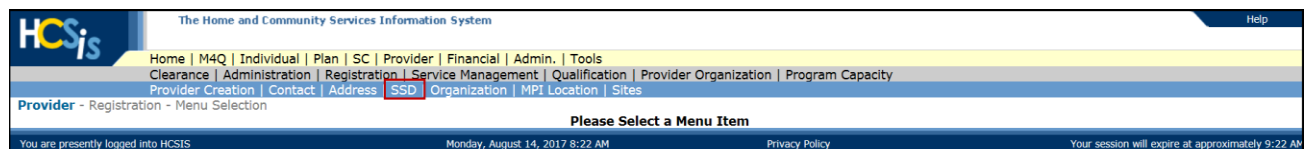
The Provider Registration Data Entry role has read-only access to the Service Supports Directory (SSD) screen (this is referring to the Public SSD), the SSD screen can only be updated by Commonwealth users who have Provider Sign-Up Verifier role.



- 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".

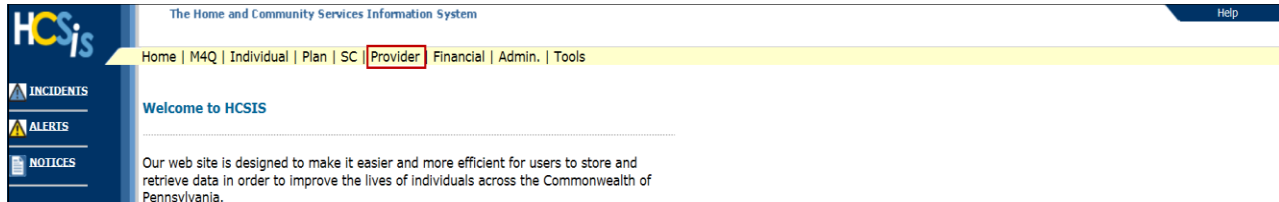
NOTE: To change your Business Address or Mailing Address information you must complete the HCSIS Verification Change Form and return to ra-odpproviderenroll@pa.gov. The HCSIS Verification Change Form can be found on the MyODP website.



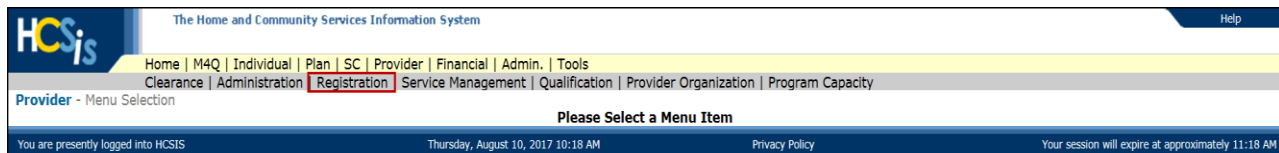
HCSIS Provider Updates Tip Sheet

Provider Sites

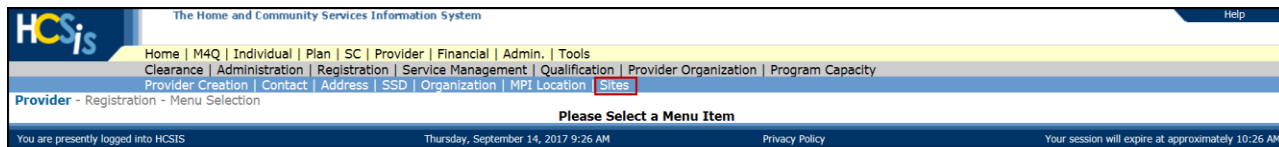
The Provider Registration Data Entry role has read-only access to the Site screen, the provider sites and service location and site can only be updated by Commonwealth users who have the Provider Sign-Up Verifier role.



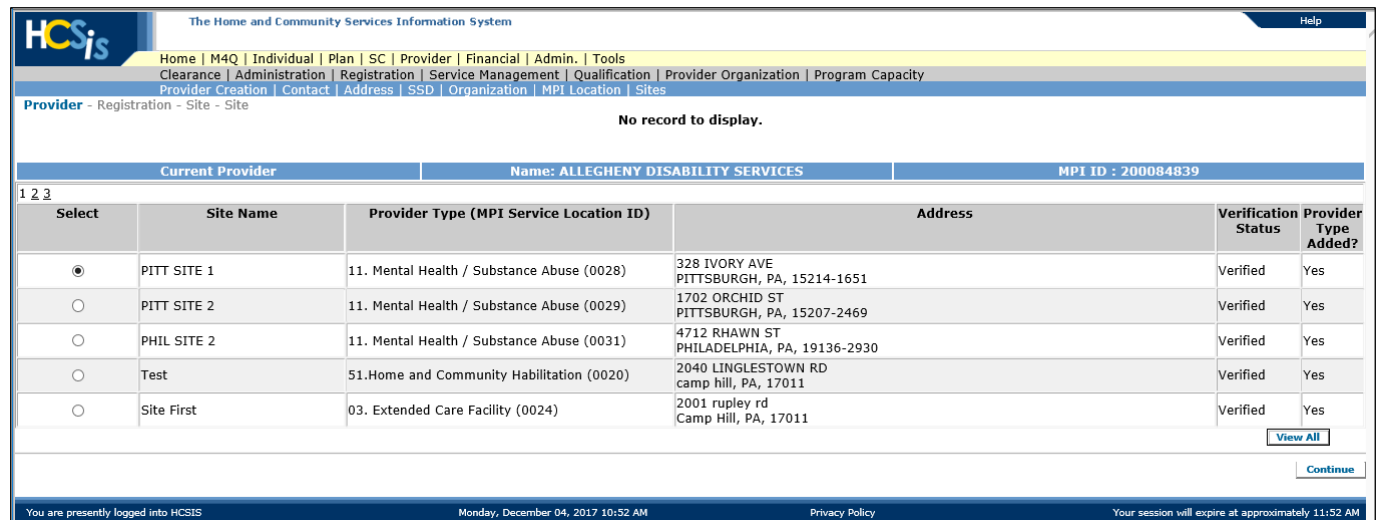
- Click on "Provider" to navigate to the Provider Menu Selection screen



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

HCSIS 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 - 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].

HCSIS 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 - 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

HCSIS 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

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](#)

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

HCSIS 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

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](#)

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 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 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: * Region

FEIN:

Department of State Number:

Street Address:

Suite / PO Box:

Building / Dept.:

City:

State: * Pennsylvania

Zip:

County:

Phone: * () - -

Fax:

Email Address:

Reset Save Save And Continue

You are presently logged into HCSIS Tuesday, August 15, 2017 9:04 AM Privacy Policy Your session will expire at approximately 10:04 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 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

Search

Select	Organization Type	Address	Phone
<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: * Region

Name: * Cameron Utility Services

FEIN:

Department of State Number:

Street Address: * 125 W Chocolate Ave

Suite / PO Box:

Building / Dept.:

City: * Hershey

State: * Pennsylvania

Zip: * 17033

County: *

Phone: * (717) - 533 - 2518

Fax:

Email Address:

For administrative purposes, this regional/fled office is responsible for service provision in the following counties: * Cumberland Dauphin Delaware Elk

Reset Save Save And Continue

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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' section of the HCSIS Provider update form. It displays a table with suggested postal addresses for the entered address '125 W CHOCOLATE AVE'. The table has columns for Select, Address Line One, Address Line Two, Address Line Three, City, State, Zip Code, Plus 4, and County. The first row is highlighted with a red border, and the 'Try Again' button is visible below the table.

Select	Address Line One	Address Line Two	Address Line Three	City	State	Zip Code	Plus 4	County
<input type="radio"/>	125 W CHOCOLATE AVE			HERSHEY	PA	17033		
<input checked="" type="radio"/>	125 W CHOCOLATE AVE			HERSHEY	PA	17033		DAUPHIN

[Try Again](#)

- 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 of the HCSIS Provider update form after a successful operation. A red box highlights the 'Operation successful.' message. Below the message, there is a table with columns for Select, Organization Type, Address, and Phone. The first row is highlighted with a red border. Below the table, there are buttons for Add, Edit, and Delete. The form also includes 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 'Continue' button is visible at the bottom right.

Select	Organization Type	Address	Phone
<input checked="" type="radio"/>	Region 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 Type: *Region
Name: *Cameron Utility Services
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:
For administrative purposes, this regional/field office is responsible for service provision in the following counties: *Dauphin

[Continue](#)

- 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	Current Provider	Name: CAMERON UTILITY SERVICES	MPI ID : 200083420
<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	Current Provider	Name: CAMERON UTILITY SERVICES	MPI ID : 200083420
<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
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](#)

You are presently logged into HCSIS Tuesday, August 15, 2017 1:53 PM Privacy Policy Your session will expire at approximately 2:53 PM

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



HCSIS Provider Updates Tip Sheet

HCSIS 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

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

HCSIS 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

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

HCSIS 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](#)

You are presently logged into HCSIS Thursday, August 17, 2017 9:27 AM Privacy Policy Your session will expire at approximately 10:27 AM

- 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 screenshot shows the HCSIS Provider Search Criteria form. The 'Program Office' field is highlighted with a red box and has a dropdown menu open showing 'OCDEL - IT' and 'OCDEL - PS'. The 'Service Location' field is also highlighted with a red box. The 'Fiscal Year' field is highlighted with a red box and has a dropdown menu open showing 'ODP' and 'ODP-BAS'. The 'Search' button is highlighted with a red box.

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

The screenshot shows the HCSIS Provider Search Criteria form. The 'Program Office' field is highlighted with a red box and has a dropdown menu open showing 'ODP'. The 'Service Location' field is highlighted with a red box and has a dropdown menu open showing a list of service locations, including '0001 - 5450 WISSAHICKON AVE' and '0005 - 5450 WISSAHICKON AVE'. The 'Fiscal Year' field is highlighted with a red box. The 'Search' button is highlighted with a red box.

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

The screenshot shows the HCSIS Provider Search Criteria form. The 'Program Office' field is highlighted with a red box and has a dropdown menu open showing 'ODP'. The 'Service Location' field is highlighted with a red box and has a dropdown menu open showing '0005 - 5450 WISSAHICKON AVE'. The 'Fiscal Year' field is highlighted with a red box and has a dropdown menu open showing '2017-2018'. The 'Search' button is highlighted with a red box.

- 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

HCSIS 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

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

HCSIS 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

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 & Cmnmnty Supprts (Basic 1:4) (W7057)			
<input type="checkbox"/> In-Home & Cmnmnty Supprts (Basic 1:4) ECS (W7057 U1)			
<input type="checkbox"/> In-Home & Cmnmnty Supprts (Lvl 1, 1:3) (W7058)			
<input type="checkbox"/> In-Home & Cmnmnty Supprts (Lvl 1, 1:3) ECS (W7058 U1)			
<input type="checkbox"/> In-Home & Cmnmnty Supprts (Lvl 2, 1:2) (W7059)			
<input type="checkbox"/> In-Home & Cmnmnty Supprts (Lvl 2, 1:2) ECS (W7059 U1)			
<input type="checkbox"/> In-Home & Cmnmnty Supprts (Lvl 3, 1:1 Enh) (W7061)			
<input type="checkbox"/> In-Home & Cmnmnty Supprts (Lvl 3, 1:1 Enh) ECS (W7061 U1)			
<input type="checkbox"/> In-Home & Cmnmnty Supprts (Lvl 3, 1:1 Enh) LPN (W7061 TE)			
<input type="checkbox"/> In-Home & Cmnmnty Supprts (Lvl 3, 1:1 Enh) LPN-ECS (W7061 TE U1)			
<input type="checkbox"/> In-Home & Cmnmnty Supprts (Lvl 3, 1:1 Enh) RN (W7061 TD)			
<input type="checkbox"/> In-Home & Cmnmnty Supprts (Lvl 3, 1:1 Enh) RN-ECS (W7061 TD U1)			
<input type="checkbox"/> In-Home & Cmnmnty Supprts (Lvl 3, 1:1) (W7060)			
<input type="checkbox"/> In-Home & Cmnmnty Supprts (Lvl 3, 1:1) ECS (W7060 U1)			
<input type="checkbox"/> In-Home & Cmnmnty Supprts (Lvl 4 Enh) (W7069)			
<input type="checkbox"/> In-Home & Cmnmnty Supprts (Lvl 4 Enh) ECS (W7069 U1)			
<input type="checkbox"/> In-Home & Cmnmnty Supprts (Lvl 4 Enh) LPN (W7069 TE)			
<input type="checkbox"/> In-Home & Cmnmnty 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 Enhcd) LPN-ECS (W5997 TE U1)			
<input type="checkbox"/> CPS 100% Cmnty with 2:1 (Level 4 Enhcd) 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): 09/01/2017 X

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

You are presently logged into HCSIS Thursday, August 17, 2017 1:46 PM Privacy Policy Your session will expire at approximately 2:46 PM

- 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

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 - Add Service

Program Office : ODP Site Name : SHARED PO 1 (2040 LINGLESTOWN RD)

ODP Services	Begin Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)
Home and Community Services		
51.Home and Community Habilitation		
Behavioral Support - ECS (W7095 U1)	09/01/2017	

Reset Continue

You are presently logged into HCSIS Thursday, August 17, 2017 2:08 PM Privacy Policy Your session will expire at approximately 3:08 PM

- 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

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 - Add Service

Program Office : ODP Site Name : SHARED PO 1 (2040 LINGLESTOWN RD)

Select County/Joinder

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

Reset Create Service Offerings

You are presently logged into HCSIS Thursday, August 17, 2017 2:14 PM Privacy Policy Your session will expire at approximately 3:14 PM

- 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

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 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

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

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): 08/01/2017

Reset Select And Continue

- 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

The screenshot shows the HCSIS Provider Service Management Menu Selection screen. The top navigation bar includes links for Home, M4Q, Individual, Plan, SC, Provider, Financial, Admin., and Tools. Below this, there are links for Clearance, Administration, Registration, Service Management, Qualification, Provider Organization, and Program Capacity. The main menu area displays "Please Select a Menu Item". The bottom status bar indicates the user is logged into HCSIS on Thursday, August 17, 2017, at 10:39 AM, with a session expiration time of approximately 11:39 AM.

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

The screenshot shows the HCSIS Provider Search screen. The top navigation bar is the same as the previous screen. The main area displays "Search Criteria" with two dropdown menus: "Program Office: *" and "Service Location:". A "Search" button is located below the dropdowns. The bottom status bar indicates the user is logged into HCSIS on Friday, August 18, 2017, at 8:33 AM, with a session expiration time of approximately 9:33 AM.

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

The screenshot shows the HCSIS Provider Search screen with the "Program Office: *" dropdown menu open. The dropdown menu lists three options: "OCDEL - IT", "OCDEL - PS", and "ODP - BAS". The "Service Location:" dropdown menu is also visible. The bottom status bar indicates the user is logged into HCSIS on Friday, August 18, 2017, at 8:33 AM, with a session expiration time of approximately 9:33 AM.

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

You are presently logged into HCSIS Friday, August 18, 2017 Privacy Policy Your session will expire at approximately 9:43 AM

- 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 LINGESTOWN RD

Service: 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 (96152)
WO 3034 NEW ADDED (W9939 11 11)

You are presently logged into HCSIS Friday, August 18, 2017 Privacy Policy Your session will expire at approximately 9:43 AM

- 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 LINGESTOWN RD

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

Search

You are presently logged into HCSIS Friday, August 18, 2017 8:43 AM Privacy Policy Your session will expire at approximately 9:43 AM

- Once you have completed entering the search criteria, click the [Search] 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
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](#)

You are presently logged into HCSIS Friday, August 18, 2017 8:53 AM Privacy Policy Your session will expire at approximately 9:53 AM

- 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): * 08/1/2017 X
Service End Date (MM/DD/YYYY):

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

- 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 will receive an "Operation Successful" validation message



HCSIS Provider Updates Tip Sheet

Delete Service

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 - Menu Selection

Please Select a Menu Item

You are presently logged into HCSIS Thursday, August 17, 2017 10:39 AM Privacy Policy Your session will expire at approximately 11:39 AM

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

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: * OCDEL - IT
OCDEL - PS
ODP
ODP-BAS

Service Location: [Dropdown]

You are presently logged into HCSIS Friday, August 18, 2017 8:33 AM Privacy Policy Your session will expire at approximately 9:39 AM

- 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 - Delete 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
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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

You are presently logged into HCSIS Friday, August 18, 2017 8:33 AM Privacy Policy Your session will expire at approximately 9:43 AM

- 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:

- ASCRA ODP PSERVICE ONE (ASCRA1)
- Behavioral Support - ECS (W7095 U1)**
- Behavioral Support - Individual In-Home 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)
- 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 (96152)
- WO 3034 NEW ADDED (W9939 11 11)

You are presently logged into HCSIS Friday, August 18, 2017 9:21 AM Your session will expire at approximately 9:43 AM

- 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 - 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

You are presently logged into HCSIS Friday, August 18, 2017 9:27 AM Privacy Policy Your session will expire at approximately 10:27 AM

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



HCSIS Provider Updates Tip Sheet

HCSIS 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 (W709S U1)	Qualified	07/01/2016	
					Cancel	Confirm Delete

You are presently logged into HCSIS Friday, August 18, 2017 9:29 AM [Privacy Policy](#) Your session will expire at approximately 10:29 AM

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