



# PASS-PORT TRAINING MANUAL

Version: 1.0

Provider User Access to PASS-Port

## ABSTRACT

This training manual provides a step-by-step guide for provider users to navigate, complete, and submit the IIC Provider Application and other Request Forms within the New Jersey Children's System of Care (CSOC) PASS-Port System efficiently and accurately.

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## Disclaimer

This training manual has been developed by Unique Comp Inc. for the New Jersey Department of Children and Families (DCF) to support provider users in navigating the system effectively.

All screenshots, field entries, agency names, staff names, IDs, and other content displayed throughout this manual are purely illustrative and represent sample data created solely for demonstration and training purposes. No real provider or personal data has been used.

This manual is intended strictly for training and informational use. It does not constitute legal, regulatory, or policy guidance. Provider users must consult official DCF (CSOC) communications or designated contacts for authoritative information.

The workflows, screen layouts, and system behavior presented may evolve over time as updates are made to the platform. Unique Comp Inc. and DCF (CSOC) reserve the right to modify the contents of this manual without prior notice.

Any unauthorized distribution, reproduction, or disclosure of this document, in whole or in part, is strictly prohibited.

# 1. Introduction


This training manual provides a comprehensive step-by-step guide for provider users navigating the IIC Provider Application process within the New Jersey Children's System of Care (CSOC) PASS-Port System. It covers required forms, business rules, and conditional fields that govern the application workflow. The manual is designed to facilitate a smooth and accurate submission process, ensuring compliance with Medicaid enrollment requirements. By following the instructions outlined, providers can efficiently complete and submit their application while understanding key functionalities, including conditional logic, document uploads, and form-specific business rules.

The **IIC Provider Application** is a critical component of the **PASS-Port System**, designed to streamline the Medicaid enrollment process for Intensive In-Community (IIC) service providers in New Jersey. This application is mandatory for both **new providers seeking a Medicaid ID** and **existing providers requesting changes** such as ownership modifications, business type updates, or agency name revisions.

This manual serves as a **user-friendly guide** to help providers understand each section of the application, navigate conditional form requirements, and successfully submit all necessary documentation. It details key system functionalities, including **auto-populated fields, conditional visibility settings, and document upload requirements**. By using this manual, provider users will gain a clear understanding of the application process and avoid common errors that may delay approval.

## 2. Home Page

When the provider user clicks on the NJ DCF Provider Administrative Support System Portal (PASS-Port) link/URL, the provider user lands on the landing page as shown below. This is the main home page of the Provider Administrative Support System Portal (PASS-Port).



The screenshot displays the home page of the NJ DCF PASS-Port. The header features the State of New Jersey Department of Children and Families logo and a 'Log in' button. The main content area includes a 'Welcome to PASS-Port!' section with a brief description and two bullet points: 'Designed to streamline CSOC administrative and reporting requirements for Intensive In-home (IIH) and Intensive In-community (IIC) service providers' and 'Provides agency leaders with tools to manage their operational needs and track relevant information in a centralized, user-friendly application on the Salesforce platform'. To the right is the Division of Children's System of Care logo. Below this is the 'Our Services' section, which includes a 'Change of Staff Requests' link and a list of services: Staff Background Checks, New IIC Provider Applications, Annual Driver's License Form, Agency Dashboard, and CSOC Announcements, FAQs and Training Opportunities. At the bottom, there are two call-to-action boxes: 'Create your PASS-Port Account Here!' with a 'Create Account' button, and 'PASS-Port Technical Assistance and Training' with a 'Found Here' button. The footer contains links for FAQ, Privacy Notice, Legal Statement & Disclaimers, and Accessibility Statement, along with contact information for Families, IIC, and IIH providers, and social media icons.

**STATE OF NEW JERSEY**  
**DEPARTMENT OF CHILDREN AND FAMILIES**

Home

**Welcome to PASS-Port!**

Welcome to the Provider Administrative Support System Portal (PASS-Port), brought to you by the New Jersey Children's System of Care.

- Designed to streamline CSOC administrative and reporting requirements for Intensive In-home (IIH) and Intensive In-community (IIC) service providers
- Provides agency leaders with tools to manage their operational needs and track relevant information in a centralized, user-friendly application on the Salesforce platform

**DIVISION OF CHILDREN'S SYSTEM OF CARE**

**Our Services**

**Change of Staff Requests**

Prior to the launch of PASS-Port, agencies were required to fill out a Change of Staff form and email it to CSOC whenever a staff member was hired or left the agency. With Pass-Port, agencies can now complete the request online and submit it within the portal. This will allow for an easier and expedited hiring process.

- > Staff Background Checks
- > New IIC Provider Applications
- > Annual Driver's License Form
- > Agency Dashboard
- > CSOC Announcements, FAQs and Training Opportunities

**CREATE YOUR PASS-PORT ACCOUNT HERE!**

Every IIC and IIH provider is required to create a PASS-Port account and comply with previously established CSOC reporting requirements.

**Create Account**

**PASS-PORT TECHNICAL ASSISTANCE AND TRAINING**

Technical assistance related to creating and using PASS-Port accounts can be found here.

**Found Here**

**FAQ** | **Privacy Notice** | **Legal Statement & Disclaimers** | **Accessibility Statement**

**CONTACT US**

**Families** 50 East State Street, 2nd floor PO Box 729 Trenton, NJ 10001  
1-855-INFO-DCF (1-855-463-6323)  
askdcf@dcf.state.nj.us

**IIC Provider reach out to :-** iicprovider.communications@dcf.nj.gov  
**IIH Provider reach out to :-** iihprovider.communications@dcf.nj.gov

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On this page, the provider user can see all the available services and features provided by the portal. The main objective of this portal is to assist IIC **Provider(s)** in:

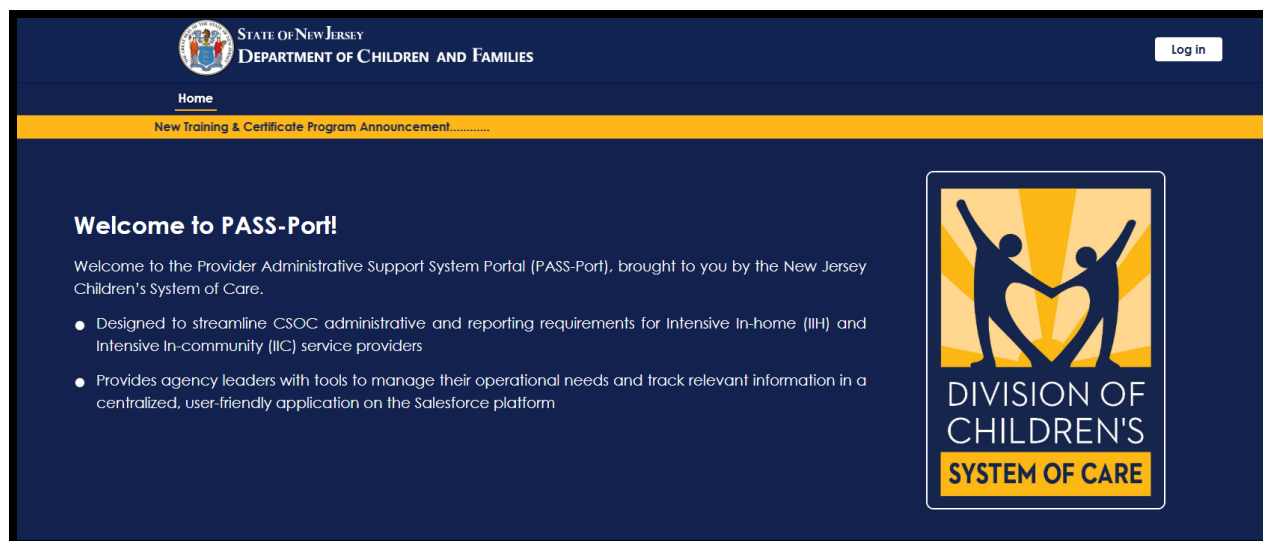
- a. **Registering their agency** with NJ DCF (CSOC)
- b. **Accessing numerous services and forms** more conveniently. These forms include:
  - **Fingerprinting Request Form**
  - **IIC Provider Application**
  - **Annual Driver's License Form**
  - **Change of Staff Form**
- c. **Request access for new user** for the Agency

The PASS-port system streamlines these processes, enhancing efficiency through its user-friendly digital interface.

## 2.1. Navigating the Home Page

At the very top of the page, the provider user will find the **Header**. It includes:

- **State Branding & Logo:** Located on the left, highlighting the official branding of the **State of New Jersey Department of Children and Families**.
- **Navigation Bar:** Includes the following options:
  - a. **Home:** Clicking this will always take the provider user back to this main landing page.
  - b. **Login Button:** Positioned in the **top-right corner**, this button is essential for all Provider Users. Clicking the **Log In** button will redirect the provider user to the login page where the provider user can either login or create a new account using **myNewJersey**, a secure authentication service provided by the state of New Jersey, to access a personalized dashboard and services.

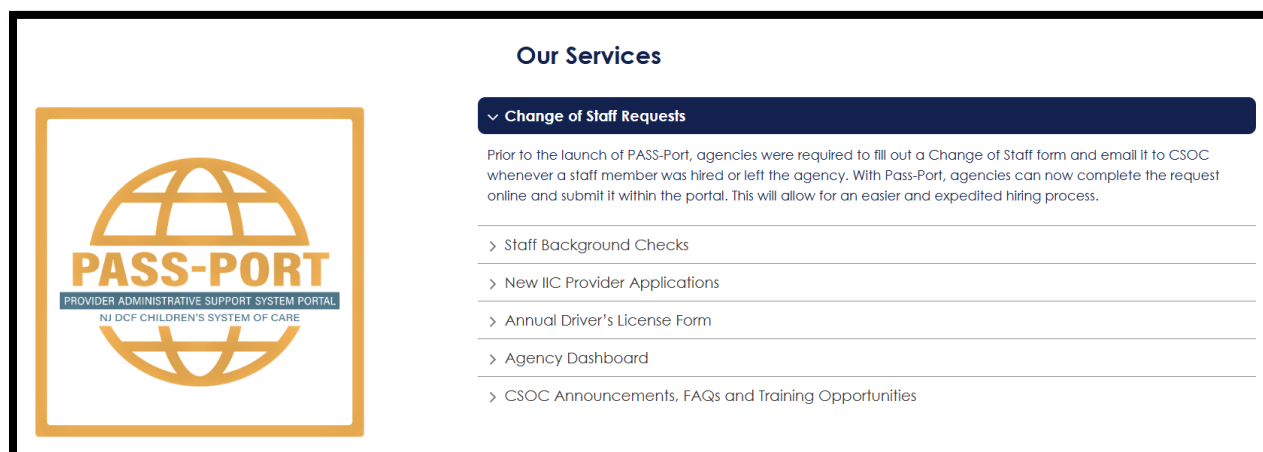


**Welcome Section:** The welcome section at the top of the page provides an introduction to PASS-Port. It highlights the purpose of the portal, explaining how it helps:

- Streamline CSOC (Children’s System of Care) administrative requirements.
- Provide agency leaders with tools to manage operational needs.
- Track relevant information on the Salesforce platform.

**Division of Children’s System of Care Logo:** To the right of the welcome section, **CSOC logo** is displayed.

**Services Section:** Below the welcome message, the provider user will find the Our Services section as displayed below, which lists all the key services available to Provider Users.



These include:

a) Change of Staff Requests:

- Prior to the launch of PASS-Port, agencies were required to fill out a Change of Staff form and email it to CSOC whenever a staff member was hired or left the agency. With PASS-Port, agencies can now complete the request online and submit it within the portal. This will allow for an easier and expedited hiring process.

b) Staff Background Checks:

- Using PASS-Port, agencies can now request fingerprint service code forms that allow them to schedule federal/state background checks for all staff. Cleared letters can also now be uploaded via the portal.

c) New IIC Provider Applications:

- The previous process for completing a new IIC provider application was often time-consuming and involved a cumbersome editing and correction process. PASS-Port allows all new IIC provider applications to be completed online and provides a streamlined process for editing and making changes requested by CSOC. This will allow new agencies to become operational in a timelier manner.

d) Annual Driver's License Form:

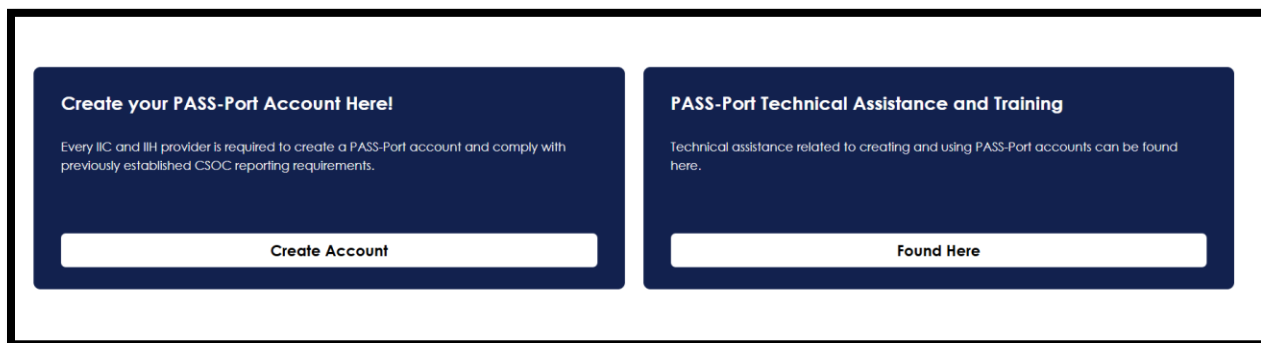
- All agencies are required to verify annually that each staff member has an active driver's license. These forms can now be completed and submitted via PASS-Port.

e) Agency Dashboard:

- All registered agencies have access to a personalized dashboard that will allow them to track various operational data and information, including a staff roster that includes professional credentialing/licensing/certification statuses.

f) CSOC Announcements, FAQs, and Training Opportunities:

- PASS-Port provides a central access point for agencies to review CSOC announcements, policies, FAQ documents, and information on training and professional development opportunities.



Below the services section, the provider user will see options for account creation and technical assistance:

**1. Create your PASS-Port Account Here:**

- This section is for **new users** who have not yet registered with their agency and have a PASS-Port Account.
- By clicking the **Create Account** button, the provider user will be directed to the account creation page. They can continue the steps to register their new account as per Registration process explained in [Login/Register](#) section.

**2. PASS-Port Technical Assistance and Training:**

- This section provides support for users who need help with their accounts or the portal's features.
- Clicking the **Found Here** button will redirect the provider user to additional training resources, found at <https://www.nj.gov/dcf/providers/csc/training/>



At the bottom of the home page, the provider user will find the **footer** section, which includes:

A. **Quick links:**

- **FAQ:** Click here to view frequently asked questions related to the portal's services, forms, and processes.
- **Privacy Notice:** Learn about the portal's data privacy policies.
- **Legal Statement & Disclaimers:** Understand the terms and conditions for using the portal.
- **Accessibility Statement:** Information on how the portal ensures accessibility for all users.

B. **Contact Information:** If the provider user requires further assistance, they can reach out to the Department of Children and Families using the contact details provided:

- Address: **50 East State Street, 2nd Floor, PO Box 729, Trenton, NJ 10001.**
- Phone: **1-855-INFO-DCF (1-855-463-6323).**
- Email: **[iicprovider.applications@dcf.nj.gov](mailto:iicprovider.applications@dcf.nj.gov).**

Alternatively, the IIC Providers can contact: [iicprovider.communications@dcf.nj.gov](mailto:iicprovider.communications@dcf.nj.gov) and the IIH Providers can contact: [iihprovider.communications@dcf.nj.gov](mailto:iihprovider.communications@dcf.nj.gov)

C. **Social Media Links:** The footer also contains links to the Department of Children and Families' social media platforms, allowing the provider user to stay updated with news and announcements.

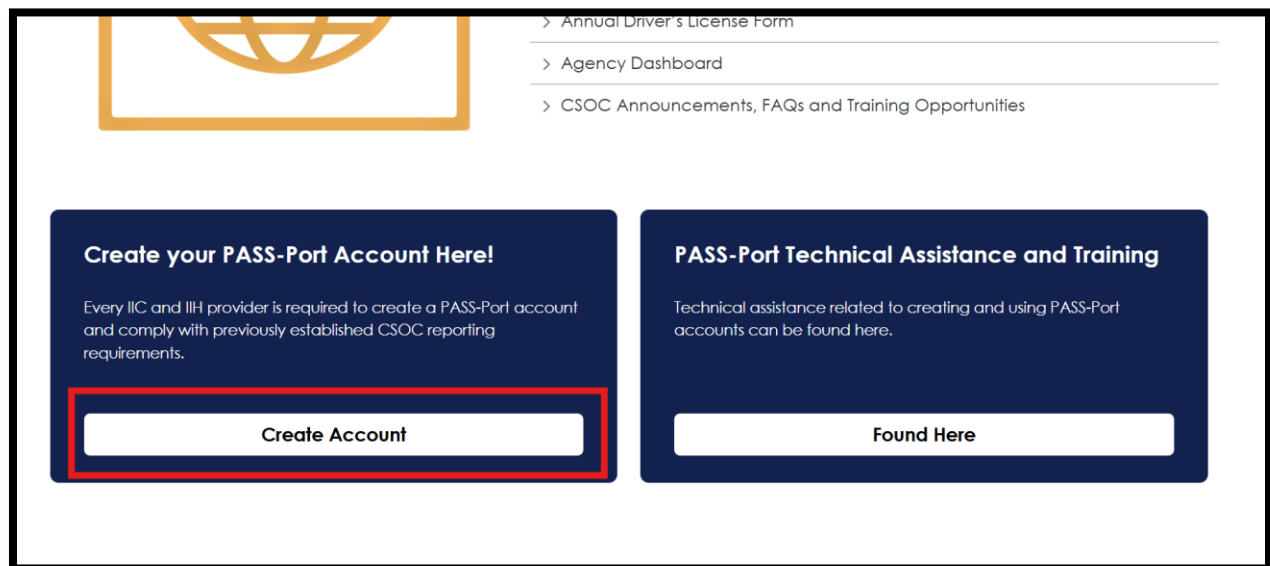


### 3. Login/Registration

When the provider user clicks on the **Login** Button in the top-right corner of the main landing page



or the **Create Account** button below in the home page,



The provider users will be redirected to the 'Login/Registration to PASS-Port' page as shown below.



This page provides three primary options for accessing/logging in or registering the provider account:

**A. myNewJersey Login:**

- The provider user can click this 'myNewJersey Login' button if they already have an account registered with the **myNewJersey system**.
- Clicking this button will redirect the provider user to myNewJersey's System that will prompt them to enter their **myNewJersey Login ID and password** to access their PASS-Port services and dashboard.

**myNJ**

### Log In to myNewJersey

Login ID:

Password:

**Log In**

[Forgot your login ID?](#)  
[Forgot your password?](#)  
[Need help?](#)

If you need to register for Unemployment Benefits please go to [myunemployment.nj.gov](http://myunemployment.nj.gov). Unemployment services are only accessed through that site.

Otherwise, register for myNewJersey services here:  
**Sign Up**

- If their credentials are correct, they will be redirected to the Services page of the logged in interface of the portal.

#### B. New User Registration:

- If the provider is a **first-time new user**, then click the New User Registration button to register a new account.



This will redirect the provider user to the registration page, where they need to provide:

- First Name, Last Name, Agency Name, Email, SSN, Security Question, and Answer.

The image shows a registration page titled 'Create Account at PASS-Port'. It features the same department logo as the previous page. Below the logo is a text block: 'If you encounter any problems or have questions related to your registration, please feel free to contact our support team at iicprovider.communications@dcf.nj.gov. Our team will assist you in resolving any registration issues and provide further'. The registration form contains the following fields: 'First Name', 'Last Name', 'Select Agency (If you cannot find your agency, select "Other" and enter your agency name.)', 'Email', 'SSN', 'Security Question 1' (a dropdown menu), and 'Answer 1'. A 'Create Account' button is at the bottom of the form.

- If the provider user's agency has already been registered and has received a unique code, In the Select Agency field, search for the name of the Agency by entering the Agency name.
- Select the Agency Name the provider is associated with, and a new 'Unique Code' field should be visible.

**NEW JERSEY DEPARTMENT OF CHILDREN & FAMILIES**

**DIVISION OF CHILDREN'S SYSTEM OF CARE**

If you encounter any problems or have questions related to your registration, please feel free to contact our support team at [licprovider.communications@dcf.nj.gov](mailto:licprovider.communications@dcf.nj.gov). Our team will assist you in resolving any registration issues and provide further guidance as needed.

**Create Account at PASS-Port**

\*First Name  
John

\*Last Name  
Doe

\*Select Agency (If you cannot find your agency, select "Other" and enter your agency name.)  
Rose Childcare

\*Unique Code

\*Email

\*SSN

Security Question 1  
Select an Option

\*Answer 1

**Create Account**

[Already have an account?](#)

- This unique code field enables the provider user to be associated with the selected Agency.
- Enter the unique code sent to the provider user's registered email address in that field. If the unique code is incorrect or not linked to the Agency, the provider user should get the error message below.

**NEW JERSEY DEPARTMENT OF CHILDREN & FAMILIES**

**DIVISION OF CHILDREN'S SYSTEM OF CARE**

If you encounter any problems or have questions related to your registration, please feel free to contact our support team at [iicprovider.communications@dcf.nj.gov](mailto:iicprovider.communications@dcf.nj.gov). Our team will assist you in resolving any registration issues and provide further guidance as needed.

### Create Account at PASS-Port

\*First Name

\*Last Name

\*Select Agency (If you cannot find your agency, select "Other" and enter your agency name.)

\*Unique Code

No account found with the provided unique code.

\*Email

\*SSN

Security Question 1

\*Answer 1

**Create Account**

[Already have an account?](#)

- If the provider user cannot find their agency name in the **Select Agency** field, they should type '**Other**' and select it. This option is also used when the provider user is registering their agency for the first time.

**NEW JERSEY  
DEPARTMENT OF  
CHILDREN  
& FAMILIES**

**DIVISION OF  
CHILDREN'S SYSTEM OF CARE**

If you encounter any problems or have questions related to your registration, please feel free to contact our support team at [iicprovider.communications@d cf.nj.gov](mailto:iicprovider.communications@d cf.nj.gov). Our team will assist you in resolving any registration issues and provide further guidance as needed.

### Create Account at PASS-Port

\*First Name  
Test

\*Last Name  
User

\*Select Agency (If you cannot find your agency, select "Other" and enter your agency name.)  
Q Other

\*Agency Name

\*Email

\*SSN

Security Question 1  
Select an Option

\*Answer 1

**Create Account**

- Upon clicking on 'Other,' the provider user should be able to see a new field appear called 'Agency Name,' where they can enter their Agency name.
- If they enter the name of an agency that already exists, the system will prevent the creation of a duplicate Agency and display an error message stating that the Agency with that Agency Name already exists.

**NEW JERSEY DEPARTMENT OF CHILDREN & FAMILIES**

**CHILDREN'S SYSTEM OF CARE**

If you encounter any problems or have questions related to your registration, please feel free to contact our support team at [licprovider.communications@dcf.nj.gov](mailto:licprovider.communications@dcf.nj.gov). Our team will assist you in resolving any registration issues and provide further guidance as needed.

### Create Account at PASS-Port

\*First Name  
John

\*Last Name  
Doe

\*Select Agency (If you cannot find your agency, select "Other" and enter your agency name.)

Other

\*Agency Name  
Rose Childcare

No account found with the provided unique code.

\*Email  
rose@childcare.com

\*SSN  
\*\*\*\*\*

Security Question 1  
In what city were you born?

\*Answer 1  
Berlin

Agency name already exists. Please select the Agency from the list.

- Moreso, If the email address has already been used to create an account, the provider user should get an error message from the system preventing them from creating a new account and stating that an account with that email address already exists.
- Same is the case for a duplicate SSN, if an account with the given SSN has already been created, the system should prevent the creation of a new account and display an error stating that an account with this SSN already exists.



**NEW JERSEY DEPARTMENT OF CHILDREN & FAMILIES**

**DIVISION OF CHILDREN'S SYSTEM OF CARE**

An account with this SSN already exists. Please contact support.

\*First Name  
Test

\*Last Name  
User

\*Select Agency (If you cannot find your agency, select "Other" and enter your agency name.)  
Other

\*Agency Name  
Test Test

\*Email  
anya.testus@gmail.com

\*SSN  
\*\*\*\*\*

Security Question 1  
What is the name of your favorite pet?

\*Answer 1  
test

**Create Account**

If you encounter any problems or have questions related to your registration, please feel free to contact our support team at [iicprovider.communications@dcf.nj.gov](mailto:iicprovider.communications@dcf.nj.gov). Our team will assist you in resolving any registration issues and provide further guidance as needed.

[Already have an account?](#)

- Proceed to fill in all the other details accurately and click on 'Create Account.'
- Once the System validates all the fields, the user registration successful message should pop up and the system should redirect the provider user to the [myNewJersey.gov](https://myNewJersey.gov) signup page.

**myNJ**

**Link DCF IIC External User to myNewJersey**

Do you have a myNewJersey Logon ID?

☐ Yes

☐ No

**Forgot Your ID or Password?**

If you already have a myNewJersey logon ID, more information is available when you answer "Yes, I have a myNewJersey Logon ID" on this page.

**Why Do I Need a myNewJersey Logon ID?**

Here are [answers](#) to common questions.

- On the myNewJersey.gov signup page, the provider user is prompted with a question asking if they already have an existing myNewJersey Login ID.
- If clicked on yes, the provider user is asked for their myNewJersey Login ID and Password to continue linking their IIC External User to myNewJersey.

The screenshot shows the myNewJersey.gov website interface. At the top, there is a header with the state seal and 'OFFICIAL SITE OF THE STATE OF NEW JERSEY' on the left, and 'Governor Phil Murphy • Lt. Governor Tahesha Way' and 'NJ.gov • Services • Agencies • FAQs' on the right. Below the header is the myNJ logo. The main content area is divided into two columns. The left column is titled 'Link DCF IIC External User to myNewJersey' and contains a form with the following elements: a question 'Do you have a myNewJersey Logon ID?' with radio buttons for 'Yes' (selected) and 'No'; a section titled 'Information about your existing myNewJersey account:' with input fields for 'myNewJersey Logon ID:' and 'Password:'. A red rectangular box highlights the 'Yes' radio button and the two input fields. Below the input fields is a blue 'Continue' button. The right column contains two links: 'Forgot Your Logon ID?' and 'Forgot Your Password?'. The 'Forgot Your Logon ID?' link includes a paragraph: 'If you created a myNewJersey Logon ID before but forgot what it is, we can send it to you: tap or click [here](#). Please don't create another logon ID.' The 'Forgot Your Password?' link includes a paragraph: 'If you have a myNewJersey Logon ID but forgot your password, we can reset it and send it to you: tap or click [here](#).' Below these links is a section titled 'Why Do I Need a myNewJersey Logon ID?' with the text 'Here are [answers](#) to common questions.'

- If the provider user is an existing user on the myNewJersey portal and forgets their Login ID or Password, they can reset it from the right section, where they can also find answers to common questions, section related to myNewJersey registration.

OFFICIAL SITE OF THE STATE OF NEW JERSEY

Governor Phil Murphy • Lt. Governor Tahesha Way  
NJ.gov • Services • Agencies • FAQs

### Link DCF IIC External User to myNewJersey

Do you have a myNewJersey Logon ID?

☒ Yes  
☐ No

Information about your existing myNewJersey account:

myNewJersey Logon ID:

Password:

Continue

### Forgot Your Logon ID?

If you created a myNewJersey Logon ID before but forgot what it is, we can send it to you: tap or click [here](#). Please don't create another logon ID.

### Forgot Your Password?

If you have a myNewJersey Logon ID but forgot your password, we can reset it and send it to you: tap or click [here](#).

### Why Do I Need a myNewJersey Logon ID?

Here are [answers](#) to common questions.

- If the provider user does not have an existing myNewJersey login, click on 'No.'

### Link DCF IIC External User to myNewJersey

Do you have a myNewJersey Logon ID?

☐ Yes  
☒ No

Information to create your new myNewJersey account:

Choose a myNewJersey Logon ID:

Choose a password:

Retype your password:

First name:

Barbara

Last name:

Simon

If you forget your ID or password later, we'll ask you the following question. If you answer it correctly, we'll send your ID or a new password to your email address.

Question you want us to ask:

Your answer:

Email address:

anya.test@execs.com

Retype your Email address:

anya.test@execs.com

### Forgot Your ID or Password?

If you already have a myNewJersey logon ID, more information is available when you answer "Yes, I have a myNewJersey Logon ID" on this page.

### Why Do I Need a myNewJersey Logon ID?

Here are [answers](#) to common questions.

- This should display the following fields to register for a new myNewJersey account:
  - “Choose a myNewJersey Logon ID” field.
  - “Choose a password” and “Retype your password” fields.
  - First Name and Last Name (These fields are automatically populated from previous input)
  - Security Question
  - Answer to the Security Question
  - Email Address and confirmation (These fields are automatically populated from previous input)
- Select a unique Login ID and fill in all the fields with correct information. Once completed, click on Continue.
- The provider user should be redirected to the initial Sign-in Page.
- To sign in using their existing myNewJersey Login credentials, click on ‘myNewJersey Login’ button as shown below.



### C. Forgot Password:

- If the Provider User cannot remember their password, they should click on the 'Forgot Password?' button to reset it.



- Once clicked on Forgot Password, the Provider User should be redirected to the Password Reset Page.



- Enter registered email and click on 'Verify Email' button to check if the email is linked to a security question.



The screenshot shows a 'PASSWORD RESET' page with a dark blue background. On the left is the logo for the New Jersey Department of Children & Families, featuring a stylized sun and family figures. To the right of the logo is a vertical blue bar with the text 'DIVISION OF CHILDREN'S SYSTEM OF CARE'. The main content area is a white box with the title 'PASSWORD RESET' in orange. Below the title, it says: 'To reset your password, we'll need your username. We'll send password reset instructions to the email address associated with your account.' There is a text input field labeled '\*Email' containing 'test@test.com'. Below this field is a 'Verify Email' button. At the bottom of the white box is a large 'Submit' button.

- If no security question is found for the entered email address, then the system will give the following error message:  
“Email not found. Please enter your correct email address to reset your password.”

Email not found. Please enter you correct email address to reset your password. ✕

## PASSWORD RESET

To reset your password, we'll need your username. We'll send password reset instructions to the email address associated with your account.

\*Email

test1@test.com

Verify Email

Submit

- Upon clicking on 'Verify Email' button, if the email is valid and a security question is available for that email address, the provider user will see a security question which they would have answered during the initial registration process.

## PASSWORD RESET

To reset your password, we'll need your username. We'll send password reset instructions to the email address associated with your account.

\*Email  
test@test.com

\*Security Question 1  
Select an Option

\*Answer 1

Submit

- Enter the related answer and click on 'Submit' button.
- Upon submitting, the provider user will be redirected to 'myNewJersey' Password Reset page. The Provider User needs to enter their 'myNewJersey' Login ID and press Continue.

OFFICIAL SITE OF THE STATE OF NEW JERSEY

Governor Phil Murphy • Lt. Governor Tahesha Way  
NJ.gov • Services • Agencies • FAQs

myNJ

### myNewJersey Password Reset - Step 1

Enter the login ID of the account whose password you can't remember.

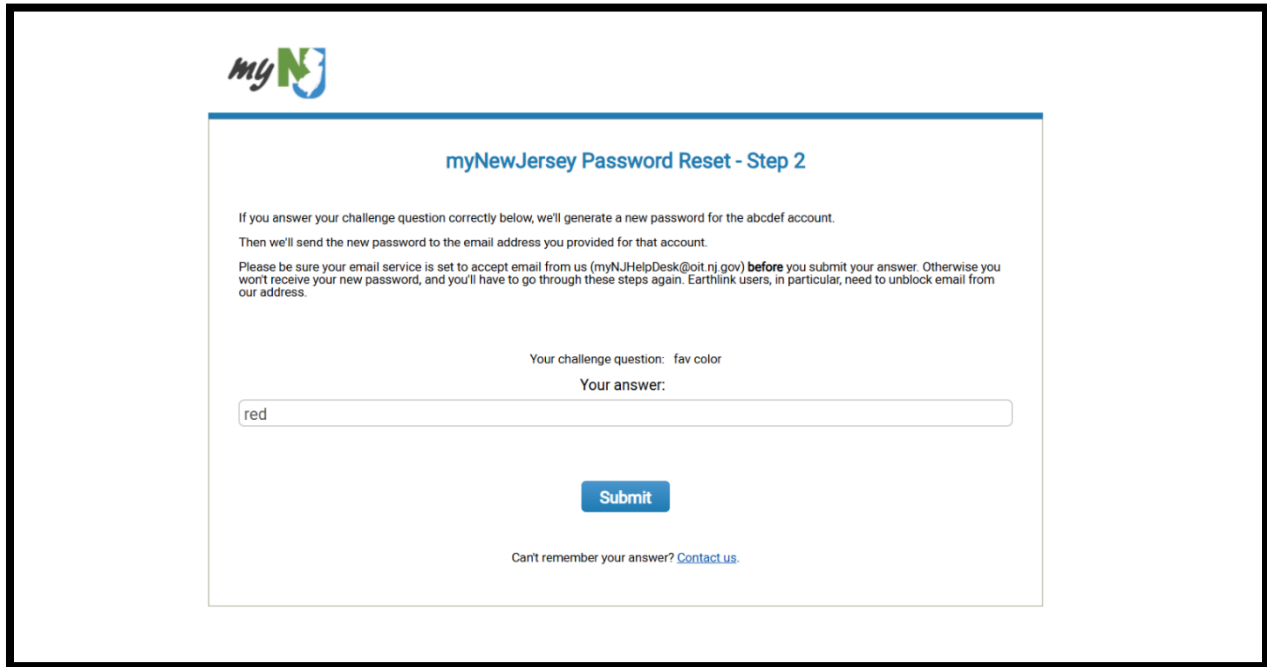
Login ID:

Continue

Statewide



- Answer the security question and click on the 'Submit' button.



**myNewJersey Password Reset - Step 2**

If you answer your challenge question correctly below, we'll generate a new password for the abcdef account.  
Then we'll send the new password to the email address you provided for that account.

Please be sure your email service is set to accept email from us (myNJHelpDesk@oit.nj.gov) **before** you submit your answer. Otherwise you won't receive your new password, and you'll have to go through these steps again. Earthlink users, in particular, need to unblock email from our address.

Your challenge question: fav color  
Your answer:

red

**Submit**

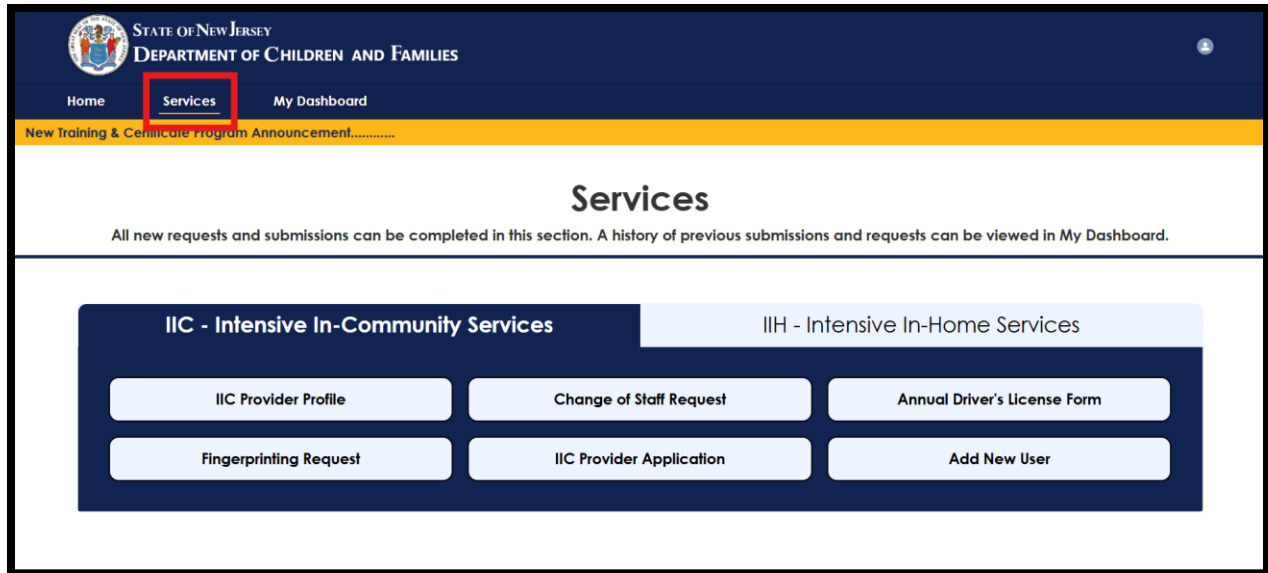
Can't remember your answer? [Contact us.](#)

- After clicking submit, please check the email inbox for further steps.

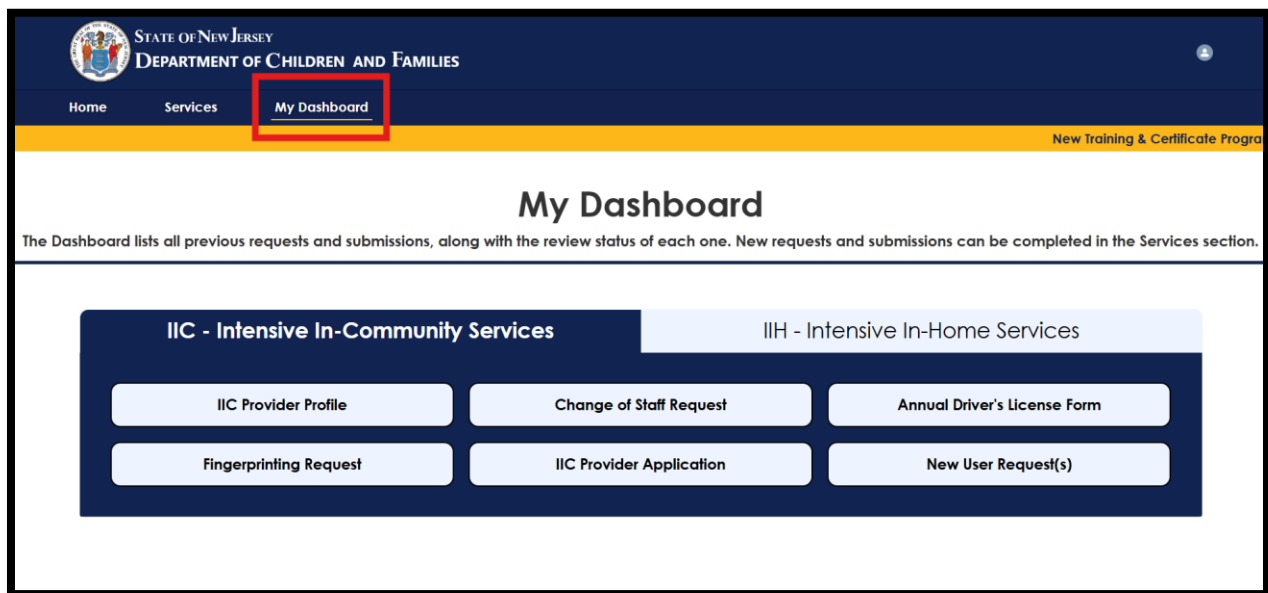
## 4. Post-Login Navigation

After successfully logging into the DCF PASS-Port System, two new tabs appear in the navigation bar in addition to the Home tab:

- Services Tab:** The Services tab is the gateway to accessing all the features and forms available in the PASS-Port system. It is the central hub for accessing forms and features like:
  - **Provider Profile**
  - **Fingerprinting Request**
  - **Add New User**
  - **Change of Staff Request**
  - **IIC Provider Application**
  - **Annual Driver's License Form**



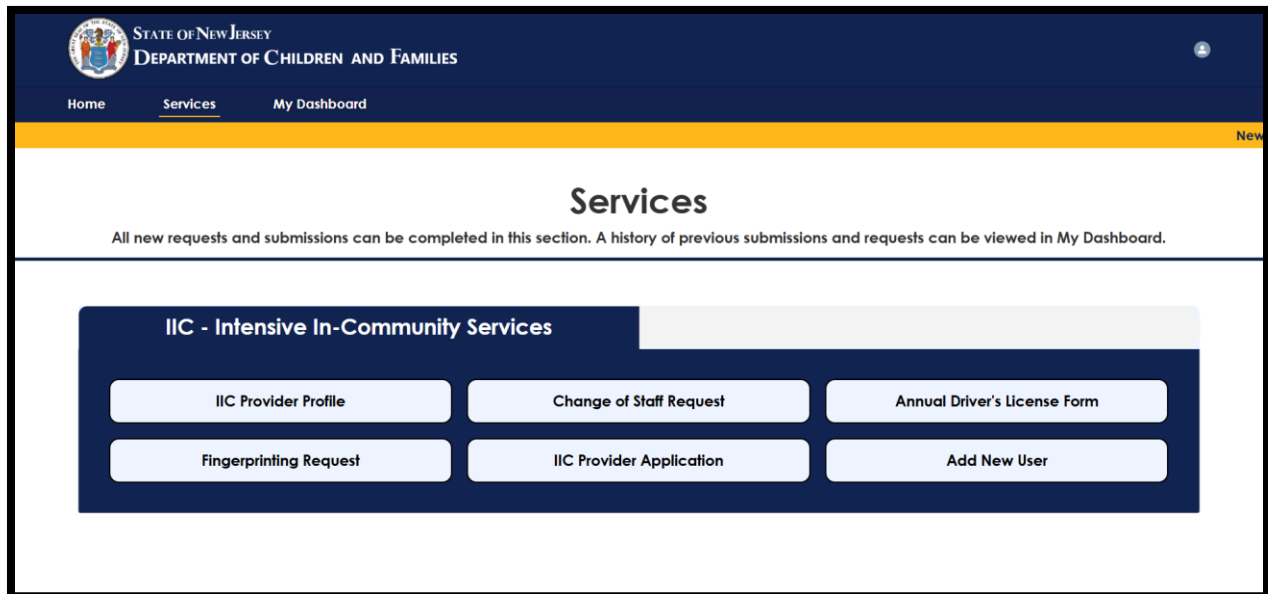
- b. My Dashboard Tab: The **My Dashboard** tab is a personalized page where the logged in provider user can view and manage the statuses of all the requests/forms or applications they have interacted and submitted with through the PASS-Port portal. The dashboard categorizes application/forms based on their statuses:



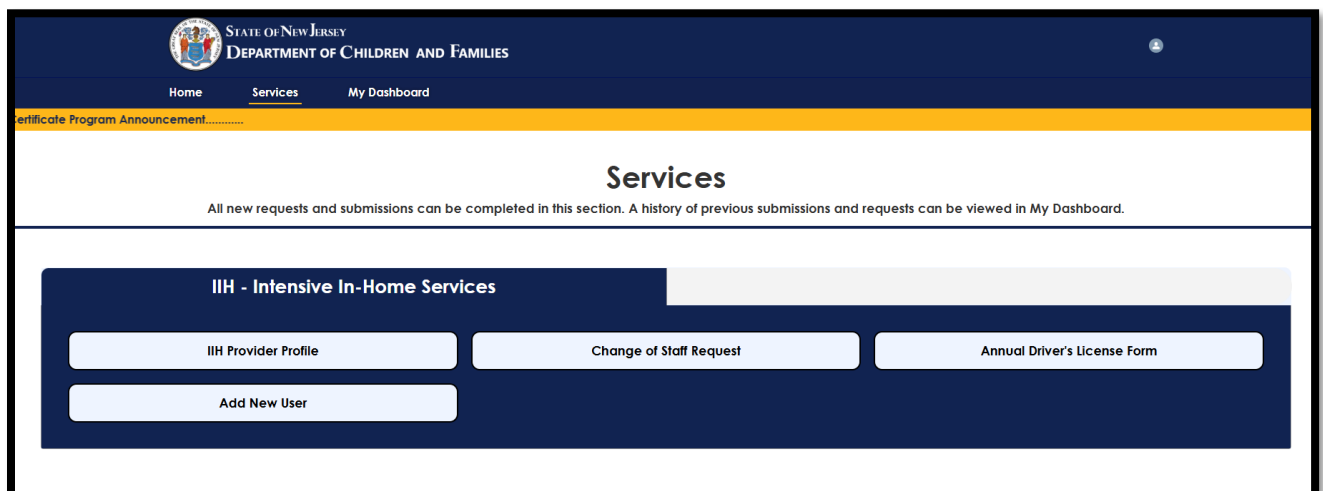
## 5. Services Tab

The **Services Page** dynamically displays tabs based on the type of agency registration:

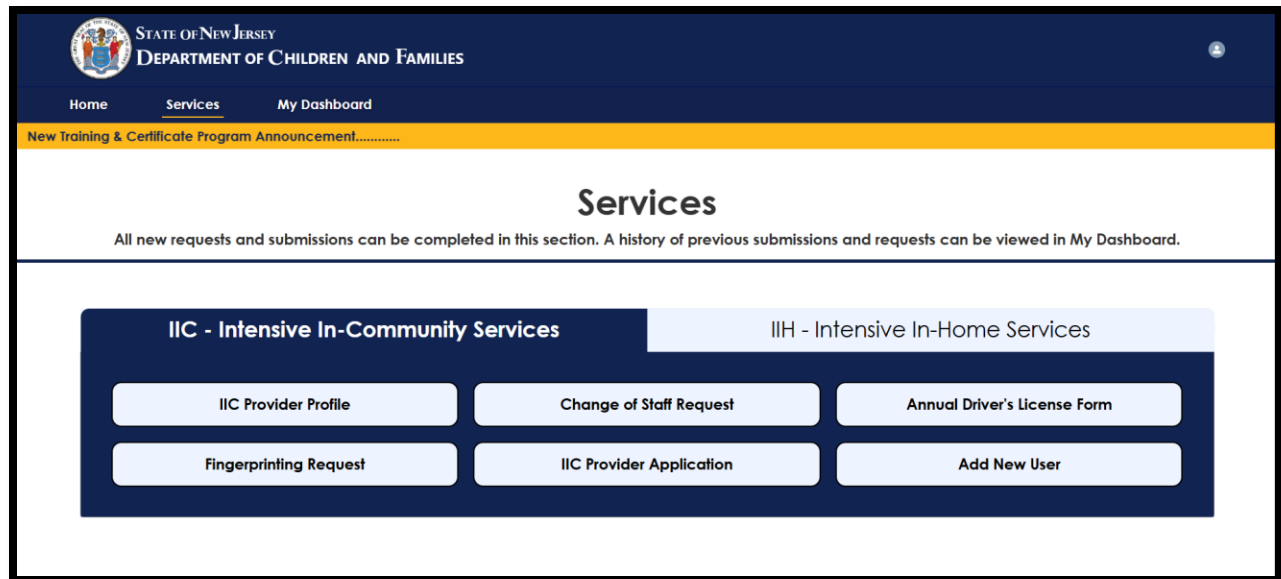
- **IIC Tab (Intensive In-Community Services):** If the agency is registered for **IIC services**, only the **IIC tab** will be visible.



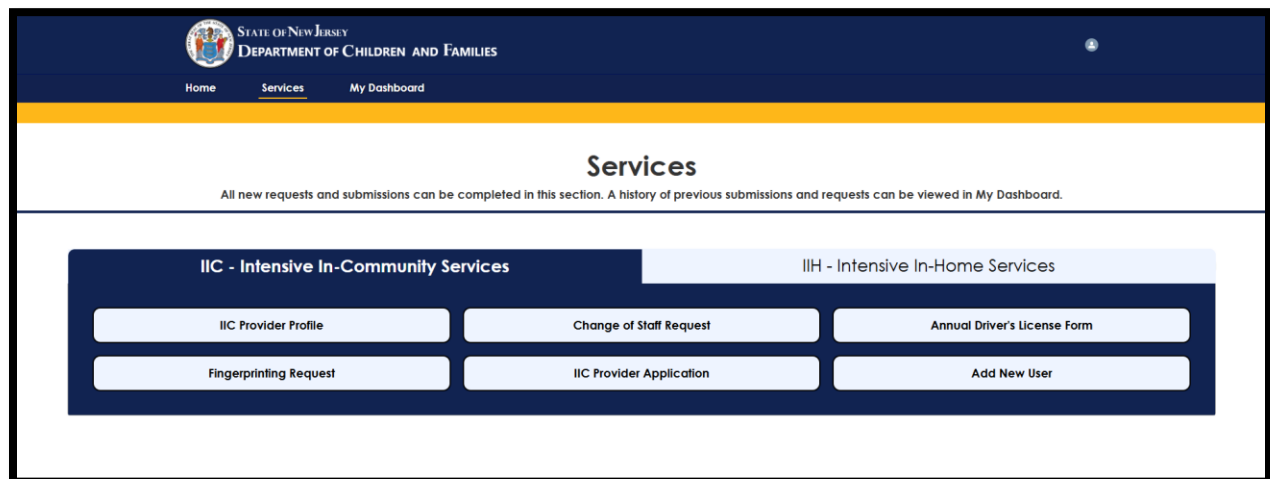
- **IIH Tab (Intensive In-Home Services):** If the agency is registered for **IIH services**, only the **IIH tab** will appear.



- **Both Tabs:** If the agency is registered for both **IIC and IIH services**, both tabs will be displayed, and users can switch between them to access the relevant services.



## 5.1. Services Listed in the IIC Tab

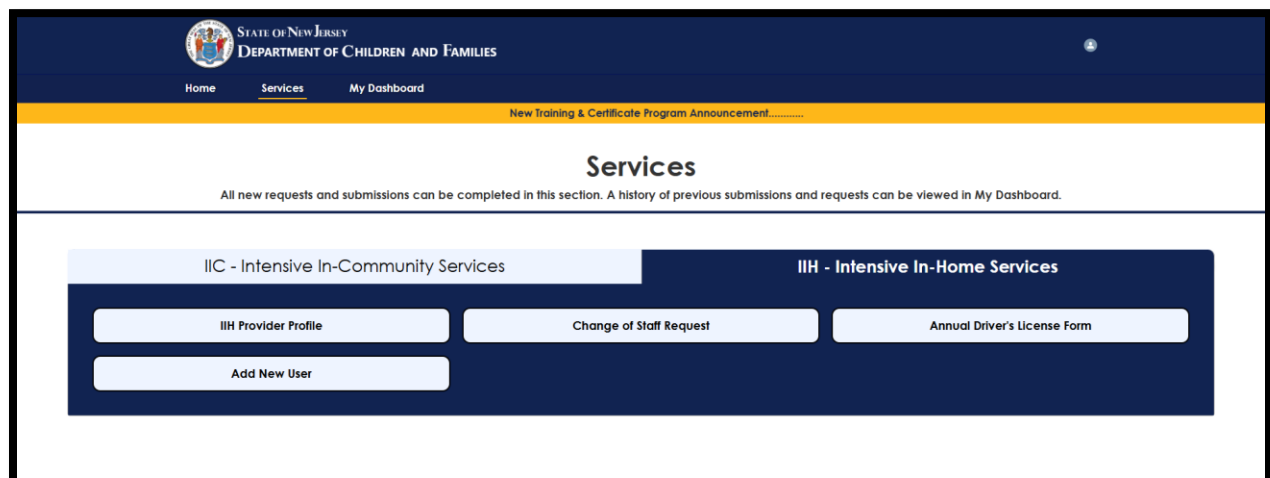


Under the **IIC tab**, the following options are available for the user:

- **IIC Provider Profile:** Access and manage the agency's IIC profile information, including contact details and service offerings. A new agency account must complete their Provider Profile before they can access other forms/applications as listed below.

- **Fingerprinting Request:** This request helps provider user submit fingerprinting request to acquire finger printing code.
- **IIC Provider Application:** This application is used to apply to become an IIC service provider if they are not already registered, or they need to perform any change in business type, owner, address, or name.
- **Change of Staff Request:** This service is used to notify the NJ DCF (CSOC) department of changes in IIC staff, such as adding, deleting, or listing staff details.
- **Annual Driver's Licenses Form:** This form is used to submit or update the annual driver's license information for staff members.
- **Add New User:** Add additional users to the agency's account using this service, providing them with access to the PASS-Port portal and its services.

## 5.2. Services Listed in the IIH Tab



Under the **IIH Tab**, the following options are available for the user:

- **IIH Provider Profile:** Access and manage the agency's IIH profile information, including contact details and service offerings.

- B. **Change of Staff Request:** This service is used to notify the NJ DCF (CSOC) department of changes in IIH staff, such as adding, deleting, or listing staff details.
- C. **Annual Driver Licenses Form:** This form is used to submit or update the annual driver's license information for IIH staff members.
- D. **Add New User:** Add additional users to the agency's account, providing them with access to the PASS-Port portal and its services.

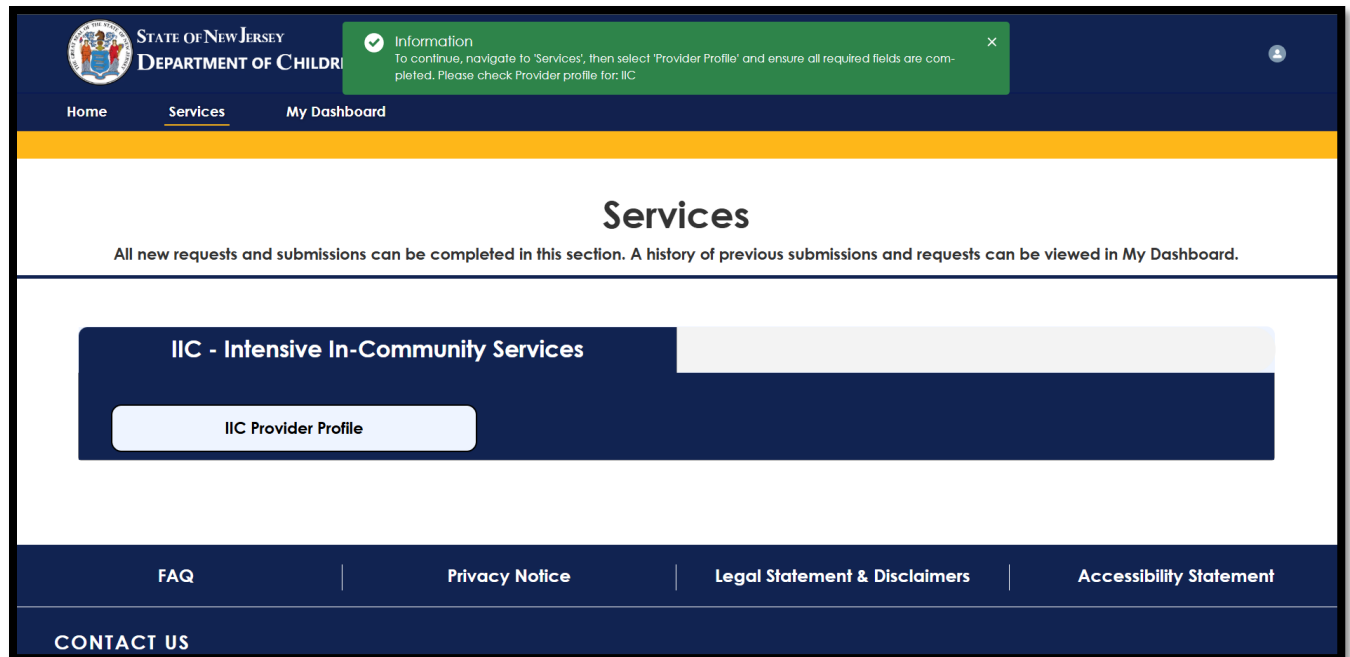
## 6. Intensive In-Community (IIC) Services

### 6.1. IIC Provider Profile

The IIC Provider Profile is the first and most crucial step for any newly registered agency using the PASS-Port System.

Without completing and saving the provider profile:

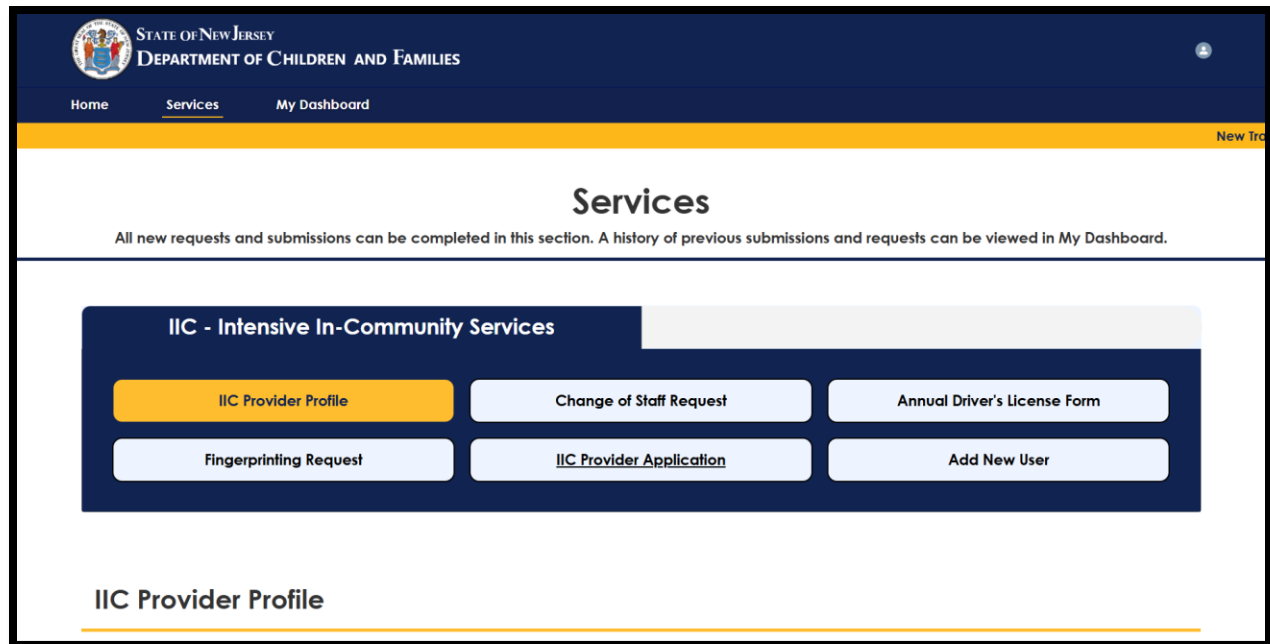
- Agencies will not have access to other services such as Fingerprinting Request, IIC Application or Change of Staff Form, or other functionalities.
- The system will display only the IIC Provider Profile option in the Services tab until the profile is fully completed and submitted. It will continue to display the information as shown below to complete the Provider Profile.



Once the profile is saved, all additional services will be unlocked and displayed under the Services tab for the agency to use.

#### 6.1.1. How to Access IIC Provider Profile

1. Log in to the PASS-Port System with login credentials.
2. Navigate to the Services tab in the main menu bar.
3. Under the IIC - Intensive In-Community Services tab, click the '**IIC Provider Profile**' button.



### 6.1.2. Steps to Complete the IIC Provider Profile

The IIC Provider Profile form consists of multiple sections that must be completed accurately before proceeding with any application or request. Below is a breakdown of each section:

#### 1. **Provider Information:**

- **Agency Name:** Automatically populated based on registration details.
- **Address Details:** Provide the full address of the agency, including Street Address 1 & 2(optional), City, County (select from the dropdown), State and Zip Code.
- **Contact Information:** Phone Number, Fax Number (optional) and Primary Agency Representative Email Address.

**Note:** The email address entered here will be the email address for email communications received from the system. If the email address is updated while an application is in process, the new updated email address will NOT receive email notifications for applications or requests already that have already been submitted.



Notifications for those applications will continue to be sent to the original email address provided at the time of submission.

**\*Primary Agency Representative Email Address**

john.doe@test.com

**Medicaid Provider #** (This field displays the value after the provider receives their Medicaid ID for IIC services and it is entered by CSOC. This field cannot be edited by the provider.)

- **Medicaid Provider #** (This field displays the value after CSOC receives the Medicaid ID and enters the value in this field. This field cannot be edited by the provider.): If applicable, the agency's Medicaid Provider Number will be visible here as mentioned.
2. **Counties Served:** Select the counties where the agency provides services. Multiple counties can be selected.
  3. **Ages Served:** Indicate the age groups the agency caters to. For Examples: 5-9 years and 14-17 years. User is allowed multiple age group selection.
  4. **Agency Capacity and Competencies:** Specify the agency's capacity and areas of expertise, such as: Complex Trauma, Eating Disorders, etc.
  5. **Linguistic Competencies:** List languages spoken by agency staff in addition to English. Examples: Spanish, French, etc. If 'Other' is selected, then the provider user is required to enter the other language as given.

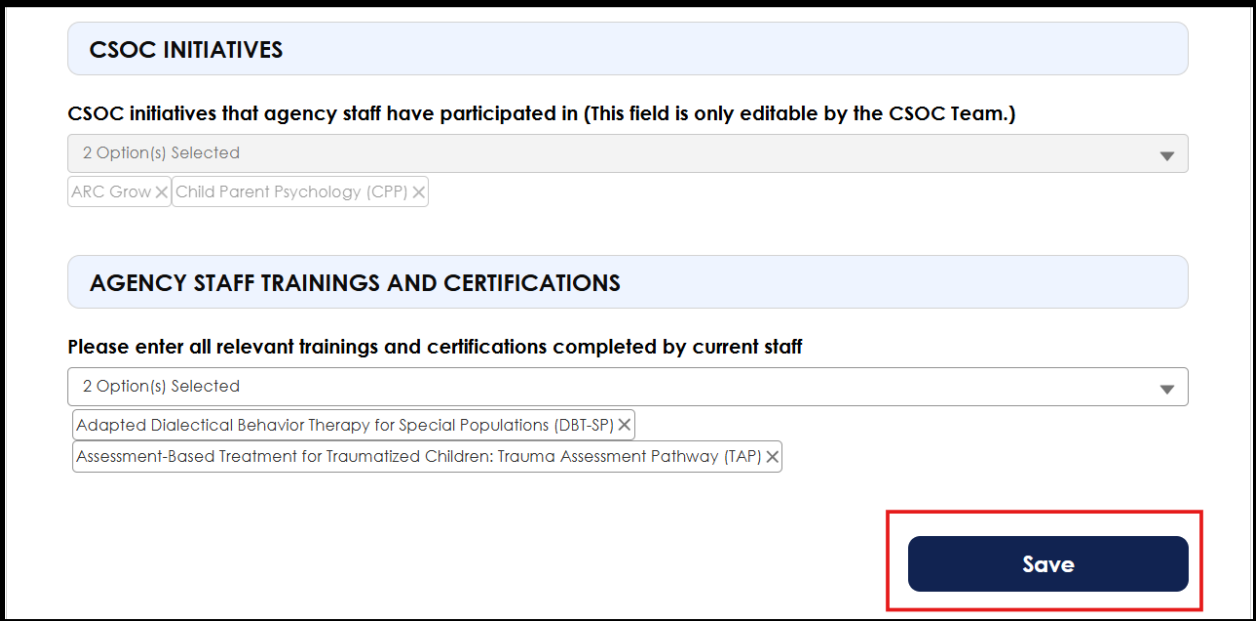
**\*Other Language**

6. **Behavioral Assistance Services Provided:** Indicate whether the agency offers behavioral assistance services. Select "Yes" or "No."

7. **CSOC Initiatives:** This section is pre-filled or editable only by the **CSOC Team** to track agency participation in specific initiatives. All the Initiatives that the agency must have participated in will be displayed here.
8. **Agency Staff Trainings and Certifications:** List relevant trainings or certifications completed by agency staff. For example: Assessment-Based Treatment for Traumatized Children or Trauma Assessment Pathway (TAP), etc.

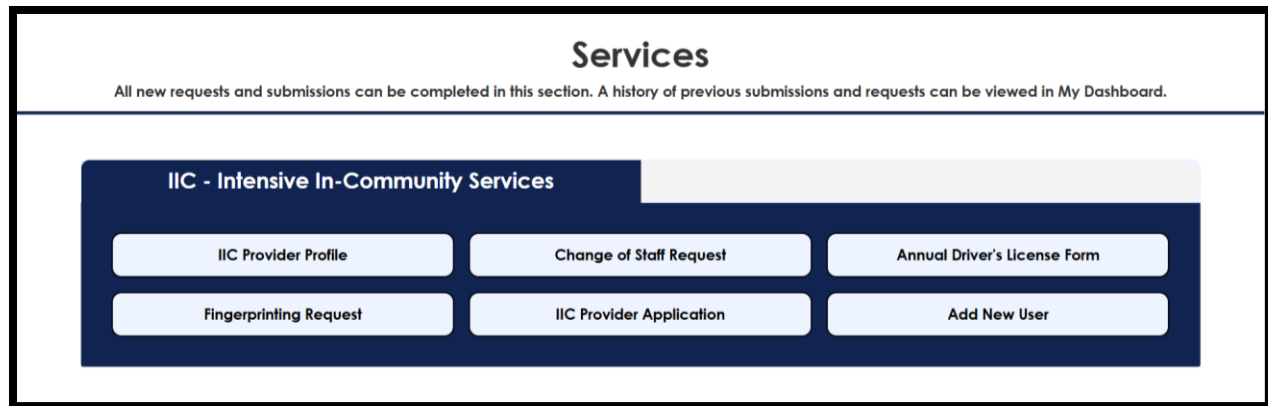
### 6.1.3. Saving the Provider Profile

- After completing all required fields, click the **Save** button at the bottom of the page to submit the provider profile.



The screenshot displays a web form for a provider profile. It features two main sections: 'CSOC INITIATIVES' and 'AGENCY STAFF TRAININGS AND CERTIFICATIONS'. The 'CSOC INITIATIVES' section includes a dropdown menu showing '2 Option(s) Selected' with 'ARC Grow' and 'Child Parent Psychology (CPP)' listed below it. The 'AGENCY STAFF TRAININGS AND CERTIFICATIONS' section includes a dropdown menu showing '2 Option(s) Selected' with 'Adapted Dialectical Behavior Therapy for Special Populations (DBT-SP)' and 'Assessment-Based Treatment for Traumatized Children: Trauma Assessment Pathway (TAP)' listed below it. A red rectangular box highlights the 'Save' button at the bottom right of the form.

- Once the profile is completed and click on Save:
  - a. The system will validate the information. If there is any field that does not meet the required validation criteria, then the system will not allow the Provider Profile to be saved.
  - b. All additional services (e.g., Fingerprinting Requests, Annual Driver License Form) will be **unlocked** and displayed under the **Services tab** once user successfully completes the Provider Profile.



**NOTE:**

- **Mandatory Step:** Completing the provider profile is mandatory for both IIC and IIH agencies. Agencies registered for both services must complete their respective profiles to access the full range of services.
- **Updates:** Ensure the profile is kept up to date, as inaccurate information may affect form submissions or approvals.

## 6.2 IIC Fingerprinting Request

The Fingerprinting Request form allows agencies to submit necessary information to obtain agency-specific service codes for the fingerprinting process. This service simplifies and streamlines the fingerprinting submission process for agency staff, ensuring compliance with the Children's System of Care (CSOC) requirements.

### 6.2.1. How to Access IIC Fingerprinting Request Form

1. Log in to the PASS-Port System with login credentials.
2. Navigate to the Services tab in the main menu bar.
3. Under the IIC - Intensive In-Community Services tab, click the 'Fingerprinting Request' button.

## 6.2.2. Sections of the Fingerprinting Request Form

### Information Panel (Left Sidebar)

Provides general information about the purpose of the fingerprinting process and instructions for completing the form.

### Main Form (Right Panel)

The form is divided into several sections. Below is a detailed breakdown of each section:

## Fingerprinting Request

### Purpose:

Please complete this request to obtain agency-specific fingerprinting service codes. These codes will allow you to schedule state and federal background checks for you and your staff.

### Upon Submission:

You can track the status of the fingerprinting code request from 'My Dashboard'.

### Upon CSOC review:

Once the fingerprinting code request is successfully processed by CSOC, the fingerprinting code file can be downloaded directly from 'My Dashboard', and an email will be sent with instructions on the next steps to follow.

### Agency Information for Fingerprinting Service Codes Requirements

Please provide the following information to obtain agency specific service code forms for your agency to begin the fingerprinting process:

#### PROVIDER DETAILS

##### \* Agency Name

Ashecliffe Care

##### \* Agency Phone Number

(201) 435-7777

##### \* Primary Agency Representative Email Address

#### PROVIDER AGENCY ADDRESS

## Provider Details

### Agency Information for Fingerprinting Service Codes Requirements

Please provide the following information to obtain agency specific service code forms for your agency to begin the fingerprinting process:

#### PROVIDER DETAILS

\* **Agency Name**

Ashecliffe Care

\* **Agency Phone Number**

(201) 435-7777

\* **Primary Agency Representative Email Address**

- **Agency Name:** This field is auto populated from the Provider Profile and read-only based on the agency's name in the system.
- **Agency Phone Number:** This field is auto populated from the Provider Profile and read-only based main phone number for the agency.
- **Agency Email Address:** This field is auto populated from the Provider Profile and read-only based

## Provider Agency Address

**PROVIDER AGENCY ADDRESS**

**\*Street Address 1**  
101 Jamieson Street

**Street Address 2**  
Suite 210

**\*City**  
Jersey City

**\*State**  
New Jersey ▼

**\*ZipCode**  
07306

All the following fields will be auto populated from the Provider Profile Information:

- **Street Address 1 & 2:** This will be auto populated with the agency's primary address , including any additional address details.
- **City:** This field will be auto populated with the city where the agency is located.
- **State:** This field will be auto populated with the state where the agency is located.
- **Zip Code:** This field will be auto populated with the agency's ZIP code.

## Agency Owner Details

Click the checkbox labeled "**Click here to enter Total Number of Agency Owner(s) and their details**" to open a section where the provider user can:

- Specify the number of agency owners.
- Provide details such as names, contact information, including phone and email.

AGENCY OWNER DETAILS

☒ Click here to enter Total Number of Agency Owner(s) and their details.

\*Total number of Agency Owners

2

\*Agency Owner Name 1

\*Agency Owner Phone Number 1

\*Agency Owner Email Address 1

\*Agency Owner Name 2

\*Agency Owner Phone Number 2

\*Agency Owner Email Address 2

Submit Request

### 6.2.3. Submitting the Request

1. After completing all required fields, review the information for accuracy.
2. Click the **Submit Request** button at the bottom of the page to send the form.
3. Upon submission:
  - The system will confirm receipt of the request, and the status of the fingerprinting request will change to 'Request Submitted.'
  - The Provider user can track the status of the fingerprinting request from '[My Dashboard](#)'.



## 6.3 IIC Provider Application

The IIC Provider Application is designed for agencies to either register as a new provider or update their existing provider information with the Children's System of Care (CSOC). This application process ensures that all providers meet the necessary compliance requirements and maintain up-to-date records for Medicaid approval and operational changes.

There are two types of providers who use this application:

- New Providers who are applying for a Medicaid ID for the first time.
- Existing Providers who already have a Medicaid ID but need to update their agency details.

### 6.3.1. Type of Providers

#### *A. New Provider*

For providers who are registering for the first time, the IIC Provider Application is used to initiate their Medicaid approval process. These providers do not have a Medicaid ID yet and must complete the IIC Provider Application to proceed with the Medicaid ID approval process. A new provider application can only be submitted after completing the provider profile in the PASS-Port System. Once the provider profile is completed, users can access the IIC Provider Application under the Services tab.

Once submitted, the application goes through the **review and approval process**, and the provider will receive a **Medicaid ID** along with their Approval letter and other attachments if approved.

**NOTE:** The provider is kept informed about the application's progress through notifications and the status displayed on their dashboard. The provider user must wait until that application is approved. Only after approval, a new Provider can initiate any additional

application requests such as Change of Ownership, Change of Business Type, Change of Agency Name, or Change of Address.

**Services**

All new requests and submissions can be completed in this section. A history of previous submissions and requests can be viewed in My Dashboard.

**IIC - Intensive In-Community Services** | **IIH - Intensive In-Home Services**

IIC Provider Profile | Change of Staff Request | Annual Driver's License Form

Fingerprinting Request | **IIC Provider Application** | Add New User

Please select appropriate option to initiate IIC Application

\*Type of Provider  
New Provider

Your application is currently in progress with status: - Resubmitted by Provider. Check 'My Dashboard' for more information

### *B. Existing Provider*

Existing providers who already have an approved Medicaid ID may use the IIC Provider Application to request changes to their agency. These changes could be due to administrative updates, business restructuring, or compliance updates.

When an existing provider accesses the IIC Provider Application, they must select one or more types of application requests before proceeding. The available options include:

- Change of Ownership
- Change of Business Type
- Change of Agency Name
- Change of Address

Users must select at least **one option** before continuing. If multiple changes are required, users can select more than one application request type.

When a provider selects '**Change of Ownership,**' the system requires an additional field to specify the '**Type of Change of Ownership Request.**'

The screenshot shows the 'IIC - Intensive In-Community Services' application interface. At the top, there are two tabs: 'IIC - Intensive In-Community Services' and 'IIH - Intensive In-Home Services'. Below the tabs are six buttons: 'IIC Provider Profile', 'Change of Staff Request', 'Annual Driver's License Form', 'Fingerprinting Request', 'IIC Provider Application' (which is highlighted in orange), and 'Add New User'. Below these buttons is a dark blue bar with the text 'Please select appropriate option to initiate IIC Application'. Under this bar, there is a section for '\*Type of Provider' with a dropdown menu currently showing 'Existing Provider'. Below that is a section for '\*Type of Application Request' with four checkboxes: 'Change of Ownership' (checked), 'Change of Business Type', 'Change of Agency Name', and 'Change of Address'. Below the checkboxes is a red-bordered section titled 'Please select the type of ownership below'. Inside this section is a dropdown menu for '\*Type of Change of Ownership Request' with three options: 'Select an Option', 'Add Owner', and 'Delete Existing Owner'.

The two options available under **Type of Change of Ownership Request** are:

- **Add Owner** – Used when a new owner is being added to the agency.
- **Delete Existing Owner** – Used when an existing owner is being removed.

The system will not allow the provider to proceed without selecting one of these options. This ensures that the ownership change request is properly categorized for processing.

Once the application request is submitted, it will be reviewed by **CSOC and Medicaid authorities** for approval. The provider will be notified about the **status of their request** and any additional actions if required. They can also view the status of their submitted application via [My Dashboard](#).

When a Provider User begins an IIC Provider Application but does not complete the submission, the system saves it as a draft. If the user attempts to start the same application

request again, the system does not create a new record; instead, it prompts the user to continue editing their draft application. This prevents duplicate submissions and ensures that providers resume their previously saved application instead of starting over with a new record.

### 6.3.2. How to Access the IIC Provider Application

1. **Log in** to the **PASS-Port System**.
2. Navigate the **Services** tab.
3. Click on **the IIC Provider Application** under **IIC - Intensive In-Community Services**.
4. The system will display different options based on the **provider type** as explained above.
  - a. If the type of application is for New Provider, then click **Initiate** to begin filling in the New IIC Provider Application.

The screenshot displays the 'IIC - Intensive In-Community Services' section of the PASS-Port System. At the top, there are two tabs: 'IIC - Intensive In-Community Services' (active) and 'IIH - Intensive In-Home Services'. Below the tabs, there are six buttons arranged in two rows. The first row contains 'IIC Provider Profile', 'Change of Staff Request', and 'Annual Driver's License Form'. The second row contains 'Fingerprinting Request', 'IIC Provider Application' (highlighted in yellow), and 'Add New User'. Below these buttons, there is a dark blue bar with the text 'Please select appropriate option to initiate IIC Application'. Under this bar, there is a dropdown menu labeled '\*Type of Provider' with 'New Provider' selected. A red box highlights the 'Initiate Application' button located below the dropdown menu.

- b. If the type of application is for Existing Provider, then select the type of application requests and click **Continue** to initiate the IIC Provider Application.

### *Key Notes About the IIC Provider Application Process*

1. New providers must first complete their provider profile before submitting an application for Medicaid ID approval.
2. Existing providers can only request changes after they have been approved as Medicaid providers. i.e., New IIC Application should have been Approved.
3. For Change of Ownership requests, providers must specify whether they are adding or removing an owner before they can proceed.
4. Users must complete and submit their draft application before starting a new request for the same change.
5. Once an application is submitted, it follows a review and approval process, and the provider user will receive further instructions or approval notifications via Email or they can track the status via [My Dashboard](#).

### 6.3.3. IIC Provider Application Packet

#### 1. Application Cover Letter

The **Application Cover Letter** is the **first step** in the **IIC Provider Application Packet**. This letter provides an overview of the enrollment packet and lists all the required forms that the provider must complete as part of the application process.

**Services**

**IIC - Intensive In-Community Services** | **IIH - Intensive In-Home Services**

IIC Provider Profile | Change of Staff Request | Annual Driver's License Form

Fingerprinting Request | **IIC Provider Application** | Add New User

**IIC Provider Application**

Application Cover Letter
Notice to Enrollee(s)
Request for National Provider Identifier (NPI)
Signature Authorization Form
Provider Application
Provider Agreement
Disclosure of Ownership and Control Interest Statement
W-9 Tax Form
Affirmative Action Survey (optional) - FD-450
Authorization Agreement For Automatic Payments/Deposits
Agreement of Understanding
Federal Regulations and NJSA Co

**Application Cover Letter**

THE GREAT SEAL OF THE STATE OF NEW JERSEY

STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES  
Department of Children and Families Children's System of Care (CSOC)

The Enrollment Packet consists of:

1. This Application Cover Letter
2. Notice to Enrollee(s) - FD-462
3. Request for National Provider Identifier (NPI) - FD-453
4. Signature Authorization Form - PPE-39
5. Provider Start Date Form - FD-454A
6. Provider Application - FD-20
7. Provider Agreement - FD-62
8. Disclosure of Ownership and Control Interest Statement - FD-452
9. W-9 Tax Form
10. Affirmative Action Survey (optional) - FD-450
11. Authorization for Automatic Payments & Deposits - FD-434
12. Agreement of Understanding - FD-435

Next

- This document is **informational only** and does not require any action from the provider.
- After reviewing the Application Cover Letter, the user must click "Next" to proceed.

- This action will take them to the next form in the application packet: Notice to Enrollee(s) (FD-462).

## *2. Notice to Enrollee(s) (FD-462)*

The **Notice to Enrollee(s)** is the second step in the **IIC Provider Application Packet**. This form informs applicants about the **identity verification requirements** necessary to complete the enrollment process as a **New Jersey Medicaid provider**.


The system provides a **document upload section** where at least **one Document** is required to be uploaded. Every applicant/entity must upload one of the following document to proceed:

- **147C Letter from the IRS**
- **IRS CP-575 Form**
- **Social Security Card**

## IIC Provider Application

- Application Cover Letter
- Notice to Enrollee(s)**
- Request for National Provider Identifier (NPI)
- Signature Authorization Form
- Provider Application
- Provider Agreement
- Disclosure of Ownership and Control Interest Statement
- W-9 Tax Form
- Affirmative Action Survey (optional) - FD-450
- Authorization Agreement For Automatic Payments/Deposits
- Agreement of Understanding
- Federal Regulations and NJSA Co

Notice to Enrollee(s)



**State of New Jersey**  
**DEPARTMENT OF HUMAN SERVICES**  
 Division of Medical Assistance and Health Services  
 P.O. Box 712  
 Trenton, NJ 08625-0712

**PHILIP D. MURPHY**  
 Governor

**TAHESHA L. WAY**  
 Lt. Governor

**SARAH ADELMAN**  
 Commissioner

**JENNIFER LANGER JACOBS**  
 Assistant Commissioner

Notice to Enrollee(s)

In an effort to properly set-up the identity of an individual or an entity as a NJ Medicaid provider the Division requires that when a social security number is the primary means of identity you may be requested to submit a copy of your social card.

If you are an entity, you are required to submit a copy of your 147C letter from the IRS or copy of the IRS CP-575 form.

**PLEASE BE ADVISED THAT YOUR APPLICATION TO BECOME A NJ MEDICAID PROVIDER CANNOT BE COMPLETED UNTIL WE HAVE RECEIVED A COPY OF THESE DOCUMENTS.**

Document Type (Please select a Document Type before uploading each document. You cannot delete previously uploaded documents of a submitted application or form.)

Select Document Type

Upload Files

Or drag files

Previous

Next

### Steps to Upload Documents (If required)

1. **Read the Notice to Enrollee(s)** to determine which document submission is necessary.
2. **Select the appropriate document type** from the dropdown menu.

**\* Document Type (Please select a Document Type before uploading each document. You cannot delete previously uploaded documents of a submitted application or form.)**

Select Document Type

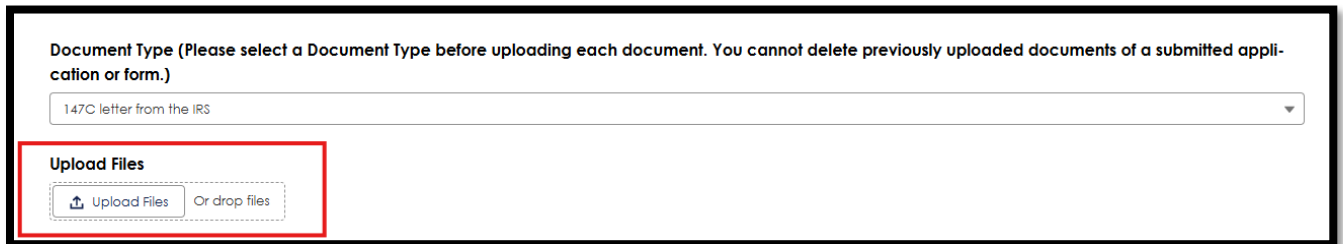
147C letter from the IRS

IRS CP-575 form

Social Security Card



3. As soon as a document type is selected, the upload files area gets enabled. Click **Upload Files** or drag and drop the document into the designated section.



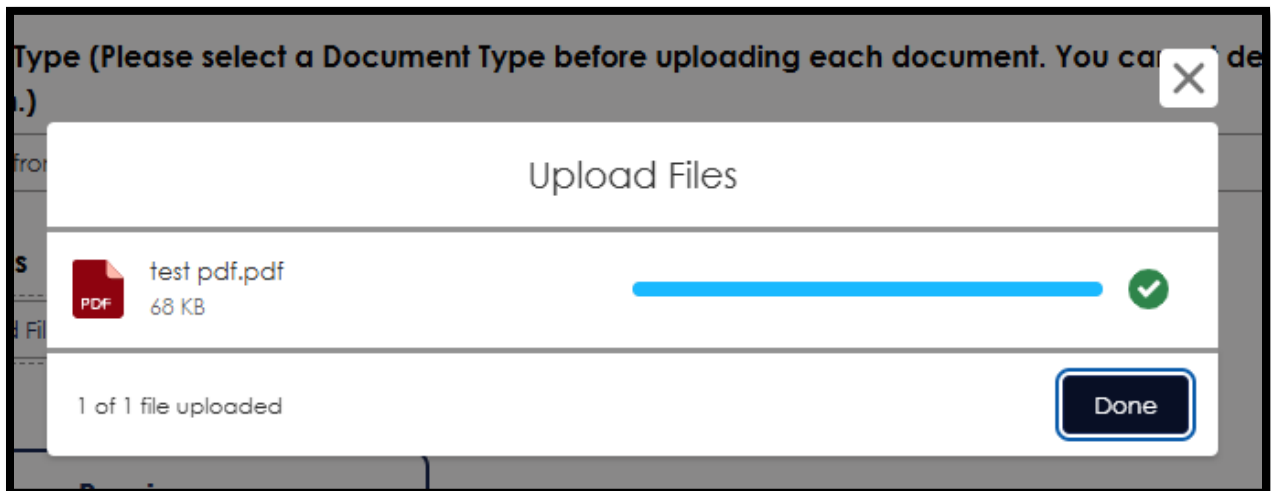
Document Type (Please select a Document Type before uploading each document. You cannot delete previously uploaded documents of a submitted application or form.)

147C letter from the IRS

**Upload Files**

Upload Files Or drop files

4. Once uploaded, click Done and the document will be stored and linked to the application.



Type (Please select a Document Type before uploading each document. You can delete

.)

from

s

File

Upload Files

test pdf.pdf  
68 KB

1 of 1 file uploaded

Done

5. If the provider user wants to delete the uploaded document to replace a new document, they can click the “Delete” button.

**Document Type** (Please select a Document Type before uploading each document. You cannot delete previously uploaded documents of a submitted application or form.)

147C letter from the IRS

**Upload Files**

Upload files Or drop files

File Name	Document Type	Upload Date	
test.pdf	147C letter from the IRS	02/25/2025, 02:37:28 PM	Delete

Previous Next

6. Click **Next** to proceed to the next form in the **IIC Provider Application Packet**.

Note: If the provider user attempts to move to the next form without uploading any one of the required documents as listed above, then the system will not allow the provider user to move to the next form and will display an error to upload the required document.

In an effort to properly set up the identity of an individual or an entity as a NJ Medicaid provider, your NJ Medicaid ID number is the primary means of identification. If you are an entity, you may be requested to submit a copy of your social card.

**Please upload the required document.**

If you are an entity, you are required to submit a copy of your 147C letter from the IRS or copy of the IRS CP-575 form.

**PLEASE BE ADVISED THAT YOUR APPLICATION TO BECOME A NJ MEDICAID PROVIDER CANNOT BE COMPLETED UNTIL WE HAVE RECEIVED A COPY OF THESE DOCUMENTS.**

\* Document Type (Please select a Document Type before uploading each document. You cannot delete previously uploaded documents of a submitted application or form.)

Select Document Type

Complete this field.

**Upload Files**

Upload files Or drop files

Previous Next

### *3. Request for National Provider Identifier (NPI) Number (FD-453)*

The **Request for National Provider Identifier (NPI)** form is a **mandatory requirement** for providers to complete their Medicaid enrollment application. An NPI is a **unique, 10-digit identification number** assigned to healthcare providers by the Centers for Medicare & Medicaid Services (CMS).

#### *Filling Out the NPI Request Form in the IIC Provider Application*

Once an NPI has been obtained, the provider must complete the **NPI Request Form** within the IIC Provider Application by entering the following details:

- **Agency Name** – Auto-populated with the provider agency's registered name.
- **Street Address 1** – Enter the agency's primary address.
- **Street Address 2** (Optional) – Additional address information.
- **City** – Enter the city where the agency is located.
- **State** – Default Value is set as '**New Jersey.**'
- **Zip Code** – Enter the agency's ZIP code.
- **NPI Number** – Enter the **10-digit** NPI number assigned to the provider.

IIC Provider Application

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Affirmative Action Survey (optional) - FD-450

Authorization Agreement For Automatic Payments/Deposits

Agreement of Understanding

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Request for National Provider Identifier (NPI)

Provider Enrollment Application Insert

YOU MUST HAVE AN NPI NUMBER TO BILL ELECTRONICALLY. TO OBTAIN AN NPI NUMBER, PLEASE PROVIDE US WITH THE INFORMATION REQUESTED IN THE BOXES BELOW AND RETURN THIS FORM ALONG WITH YOUR COMPLETED ENROLLMENT APPLICATION. FAILURE TO DO SO WILL SLOW THE ENROLLMENT PROCESS.

The Center for Medicare & Medicaid Services (CMS) established a May 23, 2007 deadline for implementing NPI provisions. On April 2, 2007, CMS extended the deadline to May 23, 2008. However, it is the intention of the State of New Jersey to establish a Statewide Deadline for requiring compliance with all NPI provisions before May 23, 2008. The Division of Medical Assistance & Health Services (DMAHS), in cooperation with other State agencies, will notify providers regarding the Statewide Deadline for compliance with NPI provisions when transmitting a health care claim for payment as a standard electronic HIPAA transaction or paper claim.

The NPI shall replace the billing and servicing provider number previously used to bill Medicare, New Jersey FamilyCare (NJFC)/Medicaid, and other health care payers.

All health care providers can apply for an NPI: <https://nppes.cms.hhs.gov>; Or

- Sending a paper application to the Center for Medicare & Medicaid Services' (CMS') NPI Enumerator, Fox Systems. A copy of the application can be downloaded at <https://nppes.cms.hhs.gov> A health care provider can also contact the Enumerator at 1-800-465-3203 or TTY 1-800-692- 2326.

Request for National Provider Identifier (NPI)

\*Agency Name

Ashecliffe Care

\*Street Address 1

101 Mercer Street

Street Address 2

Suite 201

\*City

Jersey City

\*State

New Jersey

\*ZipCode

07306

\*NPI Number

1234567890

Previous

Next

After entering the required information, **click ‘Next’** to proceed to the next form in the IIC Provider Application Packet and **save this form**.

#### 4. *Signature Authorization Form (PPE-39)*

The Signature Authorization Form is a mandatory step in the IIC Provider Application Packet. This form authorizes specific individuals to sign and certify Medicaid claims and support documents on behalf of the provider.

If someone other than the practitioner/owner is authorized to sign NJ Family Care (NJFC) Medicaid claims, their signature must appear on this form.

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**SIGNATURE AUTHORIZATION FORM**

If anyone other than the practitioner is authorized to sign and certify NJFC Medicaid claims and supporting documents, the signature of that person must appear on the claim form as indicated below (NOT THE PRACTITIONER'S NAME). If the authorized individual is the NJFC Medicaid Provider, he/she must sign the Authorization Form.

In addition to the above, an authorized representative(s) who is an employee of your office should only complete this form. Should your office utilize a billing firm or agency, a letter signed by yourself must be submitted indicating the name(s) of those individuals you have authorized to sign. The name(s) should be printed and then the actual signature affixed by that individual. The letter should contain the name of the billing firm or agency which has been approved to provide your billing.

If your application is for the group please provide the GROUP NAME in the Provider Name field. If the application is for an individual please provide the Individual Provider name in the Provider name field.

**SIGNATURE AUTHORIZATION FORM**

\*Date  
Apr 7, 2025

\*Agency Name  
Ashecliffe Care

\*NPI Number  
1234567890

\*Street Address 1  
101 Mercer Street

Street Address 2  
Suite 201

\*City  
Jersey City

\*State  
New Jersey

\*ZipCode  
07306

\*Number of Owners  
1

\*Full Name 1  
John Doe

\*Email  
john.doe@ashecliffecare.com

Previous Next

To streamline the process and reduce errors, certain fields in the **Signature Authorization Form** are **auto populated** based on previous entries in the **IIC Provider Application Packet**.

The following fields are **pre-filled and cannot be modified**:

- **Agency Name** – Automatically populated from the provider profile.
- **Date** – Automatically set to the current date when the form is accessed.

The following fields are **pre-filled but can be edited by the user**:

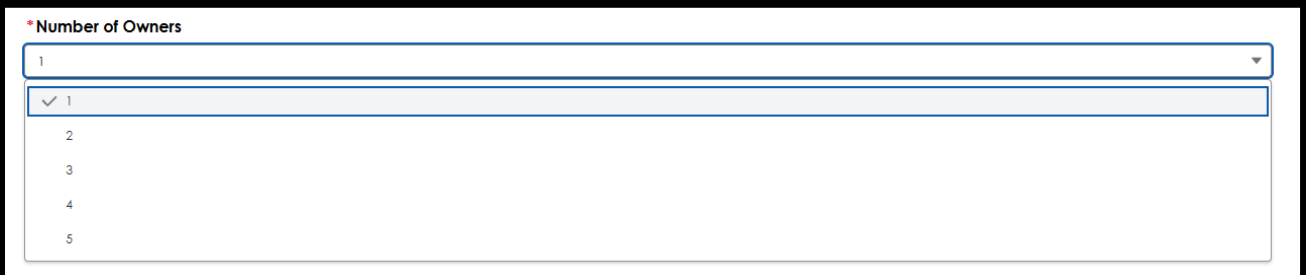
- **NPI Number**
- **Street Address**
- **City**
- **State**
- **Zip Code**

This ensures that agency-specific information remains **consistent across all forms** while allowing corrections if needed.

#### Selecting the Number of Owners

One key aspect of this form is the **Number of Owners** field. Users must **select the total number of owners associated with the provider**.

- The dropdown menu allows selection of **1 to 5 owners** (see Image 2).
- The number selected determines the number of **owner information fields** displayed.

A screenshot of a web form titled "Number of Owners" with a red asterisk indicating a required field. The dropdown menu is open, showing a list of options: 1, 2, 3, 4, and 5. The option "1" is currently selected, indicated by a checkmark and the number "1" in the dropdown's header area.

If the user selects three owners, three separate fields will appear for Owner Name and Owner Email. Each owner must provide their full name and email address.

\*Number of Owners  
3

\*Full Name 1  
John Doe

\*Email  
john.doe@ashecliffecare.com

\*Full Name 2

\*Email

\*Full Name 3

\*Email

Each owner listed must sign and certify using Simplisign to delegate signature authority accordingly.

Click 'Next' to proceed to the next form or 'Previous' in the IIC Provider Application Packet.

### 5. *Provider Application (FD-20)*

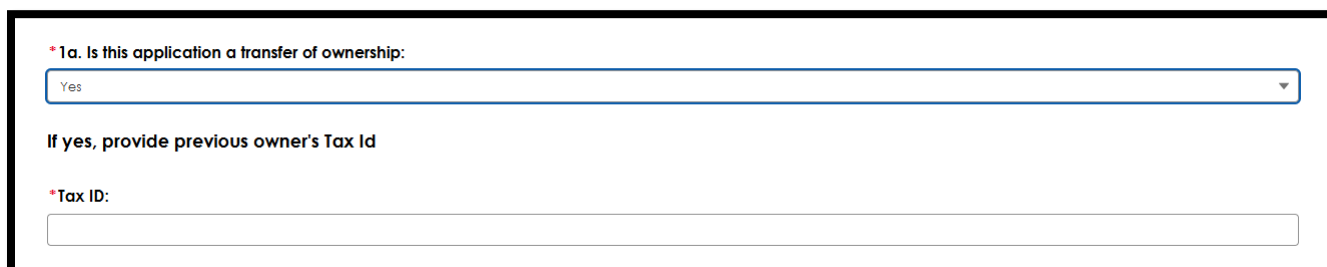
The FD-20 Provider Application Form is a key component of the IIC Provider Application Packet, designed to collect detailed provider information required for Medicaid enrollment. It ensures that the provider meets all necessary requirements and compliance standards to operate under New Jersey's Children's System of Care (CSOC).

This form captures business details, contact information, service locations, Medicaid participation history, licensing, and compliance acknowledgments.

#### Business Rules for the IIC Provider Application - FD-20 Form

The **FD-20 Provider Application Form** includes various **conditional fields, validation rules, modals, and document upload requirements** that providers must follow to ensure a complete and accurate submission. Below are the business rules applied to this form.

## Conditional Field Visibility & Required Fields



\*1a. Is this application a transfer of ownership:

Yes

If yes, provide previous owner's Tax Id

\*Tax ID:

### Field 1a. Transfer of Ownership

- **Rule:** If the provider selects **"Yes"** for the field **"Is this application a transfer of ownership?"**, then the **Tax ID field becomes visible and mandatory**.
- If **"No"** is selected, the **Tax ID field remains hidden** and does not need to be filled.



\*4. Employer/Tax ID Number/Social Security Number

Select option

Tax ID Number

Social Security Number

### Field 4. Employer/Tax ID Number/Social Security Number

- **Rule:** The provider must **select either "Tax ID Number" or "Social Security Number"** from the dropdown.
- If **"Tax ID Number"** is selected, a **Tax ID input field appears** and becomes required.
- If **"Social Security Number"** is selected, an **SSN input field appears** and becomes required.

### Field 13: NJ Charity Care Provider Selection (Images 4 & 5)

- If **"No"** is selected, fields **14 to 17 (Charity Care Address, Phone, Fax, Email)** are **hidden**.



Charity Care Information

**\* 13. Indicate NJ Charity Care Provider**

No
▼

- If "Yes" is selected, then fields 14 to 17 become visible and required.

**14. Charity Care Pay To Address (Remittance Advice)**

**\* Street**

**\* City**

**\* State**

Select Option
▼

**\* County**

Select Option
▼

**\* Zip**

**15. Charity Care Telephone Number/Extension**

**\* Charity Care Telephone Number**

Charity Care Telephone Extension

**16. Charity Care Fax #**

**\* 17. Charity Care E-mail Address**

### Required Fields & Validation Rules

- **All required fields must be filled** before the user can proceed to the next step.
- If any mandatory field is left blank, the system **prevents moving to the next form** and highlights the missing required fields as shown below.

\* 2. Provider Type

Please fill out all required fields.

Children's System of Care

\* 2A. Type of Business or Facility

Select option

Complete this field.

## Modal Popups for Adding Multiple Records

In certain sections, providers need to **add multiple records**, such as administrators, agents, and employees. This is done through modal popups.

### Fields with Modal Entry

- Field 7: Name, Birth Date, SSN for Administrators, Agents, Employees

\* 7. Name, Birth Date, Social Security #s of any administrators, agents and employees in managing positions:

Add Multiple Records

	Name	Date of Birth	Managing Positions	Social Security Number	
1	John Doe	Feb 20, 1991	Owner(s)	234122345	

- Field 20: If provider operates form more than one location, then list name, service address and Medicaid Provider Number or Tax ID

\* 20. Do you operate from more than one location?

Yes

If yes, list name, service address and Medicaid Provider Number or Tax Id if applicable.

Add Multiple Records

- Field 28: To list the names, SSA Number and other Details for all professional staff in the organization.

\* 28. List the names, SSA Number, Date of Birth, License/Permit Number and Degree(s) for all professional staff in the organization, including but not limited to physicians, dentists, psychologists, pharmacists, registered nurses, licensed practical nurses, registered physical therapists, optometrists, lab directors, lab techs, etc. Also include those employees and agents directly involved with the delivery of Medicaid services and/or the processing of claims. If a hospital, you only need to provide senior management (example: CEO, CFO, administrators). If more space is needed, attach additional sheets

Add Multiple Records

### Business Rule:

- If a user clicks **'Add Multiple Records,'** a **modal popup opens** allowing them to enter details for example in field 7:
  - **Name**
  - **Date of Birth**
  - **Managing Position**
  - **Social Security Number (SSN)**

The screenshot shows a modal popup titled "Enter Details" with a close button (X) in the top right corner. The form contains four required fields, each with a red asterisk:

- \* Name**: A text input field.
- \* Date of Birth**: A date picker input field with a calendar icon.
- \* Managing Positions**: A dropdown menu with the text "Select an Option" and a downward arrow.
- \* Social Security Number**: A text input field.

At the bottom right of the modal, there are two buttons: "Cancel" and "Save".

- Once the modal is filled out, click 'Save' and the records appear in a **table format** under the corresponding field.

## Document Upload

### Field 22: Certificate of Need

- Rule:** If the provider **answers "Yes"** to **"Are you required to receive a Certificate of Need?"**, the document upload field appears and becomes required.

\*22. Are you required from the New Jersey Department of Health to receive a Certificate of Need under the Health Facilities Planning Act?

Yes

If yes, attach a copy of the Certificate of Need.

Document Type (Please select a Document Type before uploading each document. You cannot delete previously uploaded documents of a submitted application or form.)

Certificate of Need

\*Upload Files

Upload Files Or drop files

- If **"No"** is selected, this section remains hidden.

### Field 24: Certification, Accreditation, or Approval Upload

24. CERTIFICATION, ACCREDITATION OR APPROVAL: Specify type and attach copy, for example, JCAHO (hospitals); New Jersey Department of Human Services (clinics); Division of Mental Health Services (mental health clinics); State Board of Dentistry (dental clinics); State Board of Pharmacy (providers offering pharmaceutical services); American Board for Certification in Prosthetics and Orthotics (Prosthetist and/or Orthotist)

\* Document Type (Please upload all documents as a single PDF. Before uploading each document, ensure you select a Document Type.)

3 Option(s) Selected

JCAHO (hospitals) X Division of Mental Health Services (mental health clinics) X State Board of Pharmacy (providers offering pharmaceutical services) X

\*Upload Files

Upload Files Or drop files

- The **user must select at least one document type** before uploading a file.
- All documents must be uploaded as a single PDF** before submission.

## Field 31 - Hours of Operation

**\* 31. List days and hours of operation.**

☒ Monday

**\* Hours of Operation for Monday**

☒ Tuesday

**\* Hours of Operation for Tuesday**

☐ Wednesday

☐ Thursday

☐ Friday

☐ Saturday

☐ Sunday

### Business Rules:

- The provider must **select at least one day** of operation.
- Once a **checkbox is selected**, the corresponding **"Hours of Operation"** field becomes **visible and mandatory**.
- If a day is **unchecked**, its corresponding field remains **hidden**.
- The system **does not allow submission** if no days are selected.

Once all the required fields for FD-20 are completed, click **"Next"** to proceed with the Provider Agreement (FD-62).

## 6. Provider Agreement (FD-62)

The Provider Agreement is a legally binding document that outlines the terms, conditions, and obligations of the provider when participating in the New Jersey Division of Medical Assistance and Health Services (DMAHS) Medicaid Program. By signing this agreement, the provider commits to complying with state and federal regulations related to Medicaid service provision.

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Authorization Agreement For Automatic Payments/Deposits

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Provider Agreement

  
**STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES**  
**PROVIDER AGREEMENT  
BETWEEN  
NEW JERSEY DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES**  

---

UHC Health

PROVIDER NAME

**PROVIDER AGREES:**

1. To comply with all applicable State and Federal laws, policies, rules and regulations promulgated pursuant thereto;

2. To keep such records as are necessary to fully disclose the extent of services provided to individuals receiving assistance under the programs administered in whole or in part by the Division of Medical Assistance and Health Services (DMAHS), and to provide any authorized DMAHS employee or agent with copies of requested records free of all copy fees and related duplication charges;

3. To furnish the DMAHS, the Secretary of the U.S. Department of Health and Human Services and the Medicaid Fraud Sections of both the Division of Criminal Justice and the State's Comptroller Office with such information as may be requested from time to time, regarding any payments claimed for providing services under the programs administered in whole or in part by DMAHS;

4. To comply with the requirements of Title VI of the Civil Rights Acts of 1964 and Section 504 of the Rehabilitation Act of 1973 and any amendments thereto; and Section 1909 of P.L. 92-403, Section 2428 which makes it a crime and sets the punishment for persons who have been found guilty of making any false statement or representation of a material fact in order to receive any benefit or payment under the Medical Assistance Program. (The Department of Human Services is required by Federal regulation to make this law known and to warn against false statements in an application/agreement or in a fact used in determining the right to a benefit, or converting a benefit to the use of any person other than one for whom it was intended).

5. To comply with the disclosure requirements specified in 42 CFR 455.100 through 42 CFR 455.107.

6. To accept Title XIX payments as payment in full, and not institute collection activities, including but limited to, billing, balance billing and litigation, against Title XIX beneficiaries for the payment of claims that have been denied in whole or in part by DMAHS or its fiscal agent, except as permitted by NJSA 30:4D-6.c., or otherwise permitted or required by State or Federal Law.

The provider or DMAHS may, on 60 days written notice to the other party, terminate this Agreement without cause.

**\*Print Name and Title**

Example User, CEO

PreviousNext

Review the Provider Agreement carefully. At the Top of the agreement make sure that the Agency Name is populated correctly. At the end of the agreement, enter the Name and Title in the "Print Name and Title" field.

Click "Next" to proceed to the Disclosure of Ownership and Control Interest Statement (FD-452)

## *7. Disclosure of Ownership (FD-452)*

The Disclosure of Ownership and Control Interest Statement (FD-452) is a mandatory form that collects detailed ownership, controlling interest, and managing personnel information for Medicaid enrollment. This form ensures transparency and regulatory compliance by identifying individuals and entities with ownership or management control over the provider organization.

### [Business Rules for FD-452](#)

#### **1. Required Fields & Validation**

- **All required fields must be completed** before submission.
- If any mandatory field is left blank, the system **prevents progressing next and highlights missing fields.**

#### **2. Conditional Field Visibility**

- **Ownership Information:** If an owner **holds 5% or more interest**, additional details must be provided.
- **Business Interest Disclosure:** If the provider selects **"Yes"** for having business interests in another Medicaid entity, additional fields appear to enter:
  - Business Name
  - Type of Ownership
  - Relationship Details
- **Criminal & Legal History Disclosures:**

- If the provider selects "**Yes**" for any legal history question, a text field appears requiring them to **explain the situation in detail**.
- If "**No**" is selected, explanation fields remain hidden.

### 3. Modal Popups for Adding Multiple Records

- Some sections require **adding multiple records**, such as:
  - **Owners with a controlling interest**
  - **Managing employees**
  - **Business relationships**
- Clicking "**Add Multiple Records**" opens a **modal popup**, allowing users to enter details one at a time. Similar to what we have in FD-20.
- After saving, entries appear in a **table format** for review.

### 4. Geographic Management Fields

- If the provider operates in **multiple locations**, they must list:
  - **Location Name**
  - **Address & County**
  - **Number of Employees per Location**
- Users must enter **at least one service location** before proceeding.

### 5. Certification & Final Submission

- The **authorized representative must enter their name and title** to certify the information.
- Once the form is submitted, **no changes can be made unless requested by regulatory authorities**.



Once all required fields are completed, click "Next" to proceed to the W-9 Tax Form section.

## 8. W-9 Tax Form

The **W-9 Tax Form** is required for tax identification and reporting purposes. All providers must complete this form accurately to comply with federal tax regulations. The information provided will be used for IRS reporting, including tax withholding wherever applicable.

The screenshot displays the 'IIC Provider Application' interface. On the left is a sidebar menu with the following items: Application Cover Letter, Notice to Enrollee(s), Request for National Provider Identifier (NPI), Signature Authorization Form, Provider Application, Provider Agreement, Disclosure of Ownership and Control Interest Statement, **W-9 Tax Form** (highlighted), Affirmative Action Survey (optional) - FD-450, Authorization Agreement For Automatic Payments/Deposits, Agreement of Understanding, and Federal Regulations and NJSA Co. The main content area is titled 'W-9 Tax Form' and contains the following fields and instructions:

- Name** (See Specific Instructions on page 2.) Please click "W-9 form and its Specific Instructions" button below for instructions. Input: Solar Healthcare
- Business name, if different from above.** (See Specific Instructions on page 2.) Please click "W-9 form and its Specific Instructions" button below for instructions. Input: N/A
- Check appropriate box:** Input: Corporation
- Address (number, street, and apt. or suite no.)** Input: 41 Cornell St
- City, State, and ZIP code** Input: Metuchen, NJ, 02888
- Requester's name and address (optional)** Input: (empty)
- List account number(s) here (optional)** Input: (empty)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 2.

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

**Social Security Number (SSN) / Employer Identification Number (EIN)**

Select an Option

- SSN
- EIN
- Updated

W-9 form and its Specific Instructions

### Business Rules for W-9 Submission

- All required fields must be filled in before proceeding.
- The user needs to input either their SSN or EIN as shown in the image.

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 2.

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

**\*Social Security Number (SSN) / Employer Identification Number (EIN)**

Select an Option ▼

SSN

EIN

- If an incorrect SSN format is entered, the system will flag an error and request correction.

**\*Social Security Number (SSN) / Employer Identification Number (EIN)**

SSN ▼

**\*Social Security Number (SSN)**

489093d

The input must be exactly 9 characters long.

- The system prevents submission if any mandatory field is left blank.

## Accessing the Official W-9 Form & IRS Instructions

To ensure compliance and accuracy, providers can review **IRS instructions for Form W-9**:

- Click the "W-9 Form and Specific Instructions" button at the end of the W-9 Form.

## IIC Provider Application

- Application Cover Letter
- Notice to Enrollee(s)
- Request for National Provider Identifier (NPI)
- Signature Authorization Form
- Provider Application
- Provider Agreement
- Disclosure of Ownership and Control Interest Statement
- W-9 Tax Form**
- Affirmative Action Survey (optional) - FD-450
- Authorization Agreement For Automatic Payments/Deposits
- Agreement of Understanding
- Federal Regulations and NJSA Co

W-9 Tax Form

**\*Name (See Specific Instructions on page 2.) Please click "W-9 form and its Specific Instructions" button below for instructions.**

Jack

**Business name, if different from above. (See Specific Instructions on page 2.) Please click "W-9 form and its Specific Instructions" button below for instructions.**

Doe

**\*Check appropriate box:**

Corporation

**\*Address (number, street, and apt. or suite no.)**

45 George St

**\*City, State, and ZIP code**

Iselin, NJ, 08540

**Requester's name and address (optional)**

**List account number(s) here (optional)**

01294833

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 2.

**\*Social Security Number (SSN)**

999333777

**Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.**

**\*Employer Identification Number**

666666662

**For U.S. Payees Exempt from Backup Withholding (See the Instructions on page 2.) Please click "W-9 form and its Specific Instructions" button below for instructions.**

Updated

W-9 form and its Specific Instructions

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- This will open a new tab with the official IRS W-9 PDF for reference.

All tools Edit Convert E-Sign

W-9

W-9

(Rev. September 2009)

Department of the Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Name (See Specific Instructions on Page 2.)

Business Name, if different from above. (See Specific Instructions on Page 2.)

Check appropriate box: Individual/Sole proprietor Corporation Partnership Other

Address (number, street, and apt. or suite no.)

City, state, and ZIP code

Requester's name and address (optional)

List Account Number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 2.

**Note:** If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

**Part II For U.S. Payees Exempt from Backup Withholding**  
(See the Instructions on page 2.)

**Part III Certification**

Under the penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

**Use Form W-9 only if you are a U.S. person** (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify the TIN you are giving is correct (or you are waiting for a number to be issued).

**Signature of U.S. person**  
(If "signer1:signature")

**Signature Here**

**Date** (If "signer1::datetime")

**Purpose of Form**

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**What is backup withholding?** Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. **Payments you receive will**

**Penalties**

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Chief penalty for false information with**

NJ DCF (CSOC) Pass-Port Training Manual

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- Providers should review the document to verify the correct TIN format, exemptions, and tax classification guidelines.

After completing all fields, click "Next" to proceed to the Affirmative Action Survey Form. The system will validate the form to ensure all mandatory fields are correctly filled before moving to the next form.

#### *9. Affirmative Action Survey (Optional) – FD-450*

The Affirmative Action Survey is entirely optional and is conducted to gather statistical data on the diversity of the provider network. Users can proceed by clicking “Next” without completing any information.

However, if any option is selected, additional conditionally required fields will become visible and required for accurate data collection.

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AFFIRMATIVE ACTION SURVEY (OPTIONAL)

Dear Provider:

The Department of Human Services, Division of Medical Assistance and Health Services, which administers the New Jersey Medicaid Program, is conducting an Affirmative Action Survey of its participating providers.

This survey is being used as a tool to better understand the diversity of our provider network and the needs of our clients. The completion of this survey is voluntary. The statistical data from this survey will be used for Affirmative Action purposes only and will be maintained separately from all other types of information.

Please refer to definitions below and check or fill in appropriate responses in space indicated (From N.J.A.C. 4A:27-1.1(D)):

White Not of Hispanic Origin	Means persons having origins in any of the original Peoples of Europe, North Africa or the Middle East
Black, not of Hispanic Origin, Groups of Africa	Means persons having origins in any of the Black Racial Groups of Africa
Hispanic	Means persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish Culture or origin, regardless of race.
American Indian or Alaskan Native	Means persons having origins in any of the original Peoples of North America, and who Maintain cultural identification through Tribal Affiliation Community Recognition.
Asian or Pacific Islander	Means persons having origins in any of the original Peoples of the Far East, Southeast Asia, the Indian Subcontinent, or Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

1. How many direct service providers are of the following racial or ethnic background?

☐ White  
☐ Black  
☐ Hispanic  
☐ American Indian  
☐ Asian

2. How many of your support staff are of the following racial or ethnic background?

☐ White  
☐ Black  
☐ Hispanic  
☐ American Indian  
☐ Asian

3. How many of service provider(s) speak the following languages?

☐ English  
☐ Spanish  
☐ Other Language

4. How many of the support staff speak the following languages?

☐ English  
☐ Spanish  
☐ Other Language

Previous

Next

## Business Rules for the Affirmative Action Survey

### 1. Conditional Number Fields for Race/Ethnicity

- If a **checkbox is selected** for any race/ethnic category (e.g., White, Black, Hispanic, etc.), a new **number input field** appears next to it.
- The user must **enter a numerical value** representing the count of individuals in that category before proceeding.

1. How many direct service providers are of the following racial or ethnic background?

☒ White  
 \*Number (White)

☒ Black  
 \*Number (Black)

☐ Hispanic  
☐ American Indian  
☒ Asian  
 \*Number (Asian)

- If the checkbox is **deselected**, the number input field disappears is not required.

## 2. Language Selection - Conditional Modals (Image 2)

- In **Fields 3 & 4**, when the user selects "**Other Language**", a **button appears** allowing them to add details.

3. How many of service provider(s) speak the following languages?

☐ English  
☐ Spanish  
☒ Other Language

- Clicking the 'Other Languages of service providers' button opens a **modal popup**, where the user must:
  - Enter the name of the language spoken.

- Enter the number of service providers or support staff who speak that language.

The screenshot shows a modal window titled "Enter Details" with a close button (X) in the top right corner. The modal contains two required fields, each marked with a red asterisk (\*):

- \* Please list other language**: A text input field.
- \* Number of service provider**: A text input field.

At the bottom right of the modal are two buttons: "Cancel" and "Save".

- Users can add multiple entries using this modal.

The screenshot shows a form section titled "3. How many of service provider(s) speak the following languages?". It includes checkboxes for "English", "Spanish", and "Other Language", with "Other Language" selected. Below the checkboxes is a button labeled "Other languages of service providers".

Below the button is a table with two columns: "Please list other language" and "Number of service provider". The table contains three entries:

	Please list other language	Number of service provider
1	French	10
2	German	6
3	Hindi	7

- If the provider user has entered information, ensure all mandatory conditional fields are completed.

Click "Next" to proceed to the Authorization Agreement for Automatic Payments/Deposits section.

### 10. Authorization Agreement for Automatic Payments/Deposits – FD-434

The Authorization Agreement for Automatic Payments/Deposits allows providers to set up electronic deposits (ACH payments) for Medicaid reimbursements. All required fields must be completed, and a voided check must be uploaded to validate banking details.

The screenshot shows the 'IIC Provider Application' form. On the left is a sidebar with a list of application steps: Application Cover Letter, Notice to Enrollee(s), Request for National Provider Identifier (NPI), Signature Authorization Form, Provider Application, Provider Agreement, Disclosure of Ownership and Control Interest Statement, W-9 Tax Form, Affirmative Action Survey (optional) - FD-450, **Authorization Agreement For Automatic Payments/Deposits** (highlighted), Agreement of Understanding, and Federal Regulations and NJSA Co. The main content area is titled 'AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS/DEPOSITS'. It contains a paragraph of authorization text, followed by several required fields: \*DEPOSITORY NAME (filled with 'Solar HCB'), \*BRANCH (filled with 'Metuchen'), \*City (filled with 'Metuchen'), \*State (filled with 'New Jersey'), \*Zip (filled with '93039'), \*BANK TRANSIT/ABA NO. (filled with 'SHCB930393039'), \*ACCOUNT NO. (filled with 'CB830393039303'), \*BANK ACCOUNT NAME (filled with 'SHCB'), and \*PROVIDER AGENCY NAME (filled with 'Solar Healthcare'). Below these fields is a 'PROVIDER NO.' field filled with '9309303'. A disclaimer text is also present: 'This authority is to remain in effect until the Fiscal Agent has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Fiscal Agent a reasonable opportunity to act on it.'

## Steps to Complete the Authorization Agreement

### 1. Enter Bank Information (Required)

- **Depository Name:** Enter the official name of the bank where funds will be deposited.
- **Branch:** Specify the branch location of the bank.



- **City, State, ZIP Code:** Provide the full address of the bank's branch.
- **Bank Transit/ABA Number (Routing Number):** Enter the nine-digit routing number found on checks.
- **Account Number:** Enter the checking account number where deposits will be received.

## 2. Enter Provider Information (Required)

- **Bank Account Name:** Enter the name associated with the account as it appears on bank records.
- **Provider Agency Name:** This will be pre-filled and cannot be edited.
- **Telephone Number:** Provide a valid contact number for the provider.
- **NPI Number:** This field will be pre-filled based on previous forms.
- **Provider Address:** The system will auto-populate the address details from the provider profile.

## 3. Enter Signatory Details (Required for Joint Accounts)

- **Owner's Printed Name:** The authorized signer must enter their full name.
- **Co-Owner's Printed Name (if applicable):** If the account is a joint account, both owners must sign the form.

### Uploading a Voided Check

To confirm the banking details, providers must upload a blank, voided check by:

1. Checking that the document type dropdown is auto populated with **"Voided Bank Check."**

Document Type (Please select a Document Type before uploading each document. You cannot delete previously uploaded documents of a submitted application or form.)

Voided/blank Cheque

2. Clicking **“Upload Files”** to attach the voided check.

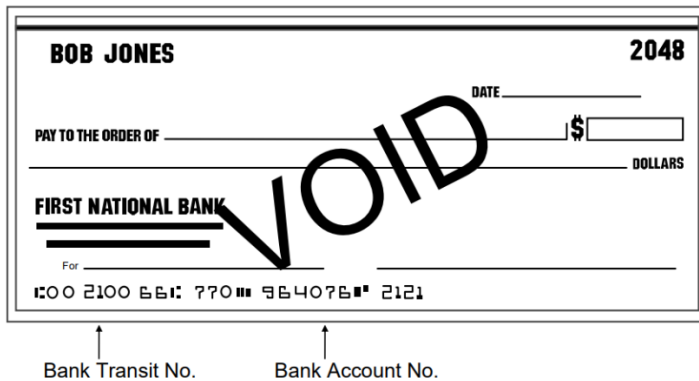
Document Type (Please select a Document Type before uploading each document. You cannot delete previously uploaded documents of a submitted application or form.)

Voided/blank Cheque

\*Upload Files

Upload Files Or drop files

NOTE: Attach blank, voided check per below sample.



3. Ensuring the check clearly displays **Bank Transit/ABA Number** and **Account Number** as shown in the sample image.

Verify all details before submission and Click **"Next"** to proceed to the **Agreement of Understanding** section.

### *11. Agreement of Understanding – FD-435*

The Agreement of Understanding serves as a declaration that the provider acknowledges the submission of their IIC Provider Application Packet and understands its implications.

#### **Steps to Complete the Agreement of Understanding**

1. **Review the entire document** carefully before proceeding.

2. Enter full name in the “Print (Name)” field.

Application Cover Letter

Notice to Enrollee(s)

Request for National Provider Identifier (NPI)

Signature Authorization Form

Provider Application

Provider Agreement

Disclosure of Ownership and Control Interest Statement

W-9 Tax Form


Affirmative Action Survey (optional) - FD-450

Authorization Agreement For Automatic Payments/Deposits

Agreement of Understanding

Federal Regulations and NJSA Co

Agreement of Understanding



**State of New Jersey**  
**DEPARTMENT OF HUMAN SERVICES**  
Division of Medical Assistance and Health Services  
P.O. Box 712  
Trenton, NJ 08625-0712

**PHILIP D. MURPHY**  
Governor

**TAHESHA L. WAY**  
Lt. Governor

**SARAH ADELMAN**  
Commissioner

**JENNIFER LANGER JACOBS**  
Assistant Commissioner

Agreement of Understanding

To the Person Submitting this Enrollment Packet:

I understand that upon receipt of this enrollment packet to Gainwell Technologies, it becomes property of the State of New Jersey. The enrollment packet and any documents that are generated as result of the submission of this application, such as but not limited to, an enrollment letter or a denial letter are subjected to the Open Public Records Act (OPRA see NJSA Section 47:1A).

Before any documents are sent to someone requesting this information, all personal information such as tax Id and social security numbers would be redacted.

It is the responsibility of the person signing this Agreement of Understanding to convey this information to all of individuals who are named in this application to become a New Jersey Medicaid provider. Although the request for enrollment information is uncommon, it does fall under the Open Public Records Act.

I have read this Agreement of Understanding and acknowledge that once I submit these documents for processing that they will become property of the State of New Jersey.

\* Print (Name)

Jack Doe

Previous

Next

3. Click "Next" to proceed.

12. Federal Regulations and NJSA Code

Review and acknowledge federal and state regulations quoted in the provider agreement.

IIC Provider Application	
Application Cover Letter	<div style="background-color: #002060; color: white; text-align: center; padding: 5px; margin-bottom: 10px;">Federal Regulations and NJSA Code Quoted in Provider Agreement</div> <p><b>§ 455.100 Purpose.</b></p> <p>This subpart implements sections 1124, 1126, 1902(a)(38), 1903(i)(2), and 1903(n) of the Social Security Act. It sets forth State plan requirements regarding--</p> <p>(a) Disclosure by providers and fiscal agents of ownership and control information; and</p> <p>(b) Disclosure of information on a provider's owners and other persons convicted of criminal offenses against Medicare, Medicaid, or the title XX services program.</p> <p>The subpart also specifies conditions under which the Administrator will deny Federal financial participation for services furnished by providers or fiscal agents who fail to comply with the disclosure requirements.</p> <p style="text-align: center;"><b>42 CFR 455.101</b></p> <p><b>§ 455.101 Definitions.</b></p> <p>Affiliation means, for purposes of applying § 455.107, any of the following:</p> <p>(1) A 5 percent or greater direct or indirect ownership interest that an individual or entity has in another organization.</p> <p>(2) A general or limited partnership interest (regardless of the percentage) that an individual or entity has in another organization.</p> <p>(3) An interest in which an individual or entity exercises operational or managerial control over, or directly or indirectly conducts, the day-to-day operations of another organization (including, for purposes of this paragraph (3), sole proprietorships), either under contract or through some other arrangement, regardless of whether or not the managing individual or entity is a W-2 employee of the organization.</p> <p>(4) An interest in which an individual is acting as an officer or director of a corporation.</p> <p>(5) Any payment assignment relationship under § 447.10(g) of this chapter.</p>
Notice to Enrollee(s)	
Request for National Provider Identifier (NPI)	
Signature Authorization Form	
Provider Application	
Provider Agreement	
Disclosure of Ownership and Control Interest Statement	
W-9 Tax Form	
Affirmative Action Survey (optional) - FD-450	
Authorization Agreement for Automatic Payments/Deposits	
Agreement of Understanding	
Federal Regulations and NJSA Co	

- Click 'Submit' to submit the IIC application for review and processing.

**N.J. Stat. § 30:4D-6.c.**

c. Payments for the foregoing services, goods and supplies furnished pursuant to this act shall be made to the extent authorized by this act, the rules and regulations promulgated pursuant thereto and, where applicable, subject to the agreement of insurance provided for under this act. Said payments shall constitute payment in full to the provider on behalf of the recipient. Every provider making a claim for payment pursuant to this act shall certify in writing on the claim submitted that no additional amount will be charged to the recipient, his family, his representative or others on his behalf for the services, goods and supplies furnished pursuant to this act.

No provider whose claim for payment pursuant to this act has been denied because the services, goods or supplies were determined to be medically unnecessary shall seek reimbursement from the recipient, his family, his representative or others on his behalf for such services, goods and supplies provided pursuant to this act; provided, however, a provider may seek reimbursement from a recipient for services, goods or supplies not authorized by this act, if the recipient elected to receive the services, goods or supplies with the knowledge that they were not authorized.

Previous

Submit

- Users will receive a confirmation email upon successful submission.

After submission, the Provider Users can track their application via [My Dashboard](#).

The Provider User will receive Email Alerts for the following statuses once they submit the IIC Provider Application:

- Submitted

- Additional Info Requested
- Application Sent for Approval
- Approved

## 6.4 IIC Change of Staff

The **Change of Staff Request** form allows agencies to **Add, Delete, or List** staff members associated with their organization. This form helps agencies maintain an up-to-date record of their workforce, ensuring compliance with CSOC (Children's System of Care) regulations.

For agencies submitting an **Add Staff Request**, the system requires **mandatory document uploads** to validate the new staff member's credentials and eligibility.

### 6.4.1. How to Access the Change of Staff Request Form

1. Log in to the **PASS-Port System** with login credentials.
2. Navigate to the **Services** tab in the main menu bar.
3. Under the **IIC - Intensive In-Community Services** tab, click the **Change of Staff Request** button.
4. This will open a new **Change of Staff Request** form where the provider user can proceed with adding, deleting, or listing staff.

STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES

Home Services My Dashboard

New Training & Certificate Program Announcement.....

## Services

All new requests and submissions can be completed in this section. A history of previous submissions and requests can be viewed in My Dashboard.

IIC - Intensive In-Community Services

IIH - Intensive In-Home Services

IIC Provider Profile

Change of Staff Request

Annual Driver's License Form

Fingerprinting Request

IIC Provider Application

Add New User

Change of Staff Request

### 6.4.2. Completing the Change of Staff Request Form

The form is divided into different sections to capture the necessary details about the staff member. Please ensure to read the Information on the left of the form to understand the different types of documents required as given in the image below.

## **Documentation**

### **Requirements to 'Add Staff':**

When adding a new staff member, the following documents are required:

### **Mandatory for All New IIC/BA Staff:**

1. Current Resume
2. Driver's License
3. Clearance Letter from Background Check

### **Mandatory for All IIH Staff Additions:**

1. Current Resume
2. Driver's License

### **Additional Requirements Based on Staff Type:**

#### **For IIC Staff:**

1. Professional License(s)

#### **For BA Staff:**

1. Proof of Highest Education Level Completed

### **Signature Requirement:**

Once CSOC completes its review and updates the request status to 'Signature Awaited', an email will be sent to you with a signature request from SimpliSign. Follow the instructions in the email to complete the signature process.

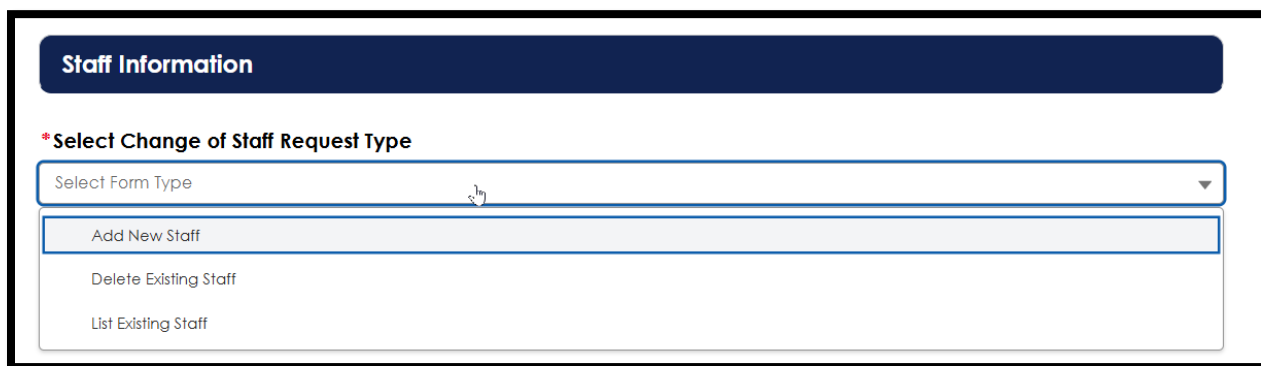
### **After Approval:**

Once CSOC approves the staff addition request, the agency must log in to the portal, navigate to 'My Dashboard', and select the 'Add Certificates & Trainings' option from the Action column to select any certificates or trainings that the newly approved staff member has completed.

## 1. Staff Information Section

This section collects essential details about the staff members. The first field requires selecting the type of change being requested:

- **Select Change of Staff Request Type:**
  - **Add Staff** – Use this option when adding a new staff member to the agency.
  - **Delete Staff** – Use this option when removing a staff member from the agency.
  - **List Staff** – Use this option to view a list of current staff members.



The screenshot shows a form titled "Staff Information" with a dark blue header. Below the header is a red asterisk followed by the text "Select Change of Staff Request Type". Underneath is a dropdown menu with the placeholder text "Select Form Type". The dropdown is open, showing three options: "Add New Staff" (highlighted in light blue), "Delete Existing Staff", and "List Existing Staff".

For **any Staff Requests**, the following details must be entered:

- **Provider/Agency Name:** This field is automatically populated based on agency name and cannot be edited/modified.
- **Existing Medicaid #:** This field is automatically populated based on an agency's Medicaid ID if available. This field will always be read only and will be blank if there is no Existing Medicaid # for the new agency in Provider Profile.



The screenshot shows a form with two fields. The first field is labeled with a red asterisk and "Provider/Agency Name". It contains the text "Ashecliffe Care". The second field is labeled "Existing Medicaid #" and is currently blank.

- **Staff Name:** Enter the full legal name of the staff member.



- **Requested Effective Date:** Use the calendar tool to select the date when the change requested should take effect from.
- **Staff Member Email:** Enter a valid email address for the new staff member.
- **Date of Birth:** Select the date of birth of the Staff from the calendar tool. The Staff must be 21 years or older from the current date.
- **Social Security Number (SSN):** Enter the SSN for verification purposes.
- **If Bilingual, Specify the Language(s):** Select from a dropdown list if the staff member speaks additional languages. If the language is not available in the dropdown list, then the user can select 'Other' and enter the Language .

**If Bilingual, specify the Language(s)**

1 Option(s) Selected ▼

Other X

\*Other Language

- **Service Type:** Select the type of service the staff member will provide (IIC or BA).
- **License Type:** Choose the appropriate license type required for the role if applicable. This field is optional.

**License Type**

Select an Option ▼

LSW

LCSW

LPC

LAC

LAMFT

LMFT

APN

LCMHC

\*Staff Role

- **NJ Clinical License #:** This is a required field. Enter the NJ Clinical License Number in this field.

**\* NJ Clinical License #**

- **Certification:** This field is optional. Select the required certification from the dropdown list.

**Certification**

BA Certification ▼

**Certificate #**

- **Certificate #:** This field is optional and conditionally visible once a Certification is selected. Enter the Certificate Number for the type of certification selected in the Certification Field.
- **Staff Role:** Choose the staff members' role within the agency.

**\* Staff Role**

Select an Option ▼

IIC Staff

BA Staff

Clinical Director

- 

## *2. Provider Agency Representative Information*

**Provider Agency Representative Information:**

**\*Provider/Agency Name**  
Ashecliffe Care

**\*Email**  
ayushg@uciny.com

**Agency Representative Phone**

This section collects details of the agency representative submitting the request:

- **Provider/Agency Name:** This field is automatically populated from Provider Profile.
- **Email:** The email is automatically populated from Provider Profile ‘**Primary Agency Representative Email Address**’ field.
- **Agency Representative Phone:** Enter the phone number of the representative submitting the request.

### 6.4.3. Saving and Submitting the Form

#### **Save as Draft:**

- The provider user can save the form as a draft by clicking the **Save as Draft** button after completing the required fields.
- This allows the provider user to return later to complete the form.

**Provider Agency Representative Information:**

**\* Provider/Agency Name**

**\* Email**

**Agency Representative Phone**

Save as Draft

#### 6.4.4. Document Upload Section

By signing and submitting this form to CSOC, the provider attests that the information provided is accurate and authentic. The hiring and ongoing employment of this individual is based on the assurance that they meet all requirements for the position. The provider will comply with all program participation requirements outlined in the original Provider Agreement with the New Jersey Division of Medical Assistance and Health Services (DMAHS) (reference FD-62). The provider will comply with all Children's System of Care (CSOC) policies, procedures, and regulations.

THE CHILDREN'S SYSTEM OF CARE, PROVIDER/AGENCY OR DMAHS MAY, ON 60 DAYS WRITTEN NOTICE TO THE OTHER PARTY, TERMINATE THIS AGREEMENT.

Document Type (Please select a Document Type before uploading each document. You cannot delete previously uploaded documents of a submitted application or form.)

Select Document Type

Submit Form

- The upload button is only displayed after a document type is selected.
- Users cannot proceed with the upload unless a document type is chosen.
- The uploaded documents will be displayed in a tabular format as given in the image below.

File Name	Document Type	Upload Date	
test pdf	Professional License(s)	03/27/2025, 12:06:58 PM	Delete
test pdf	Staff Current Resume	03/27/2025, 12:06:19 PM	Delete
test pdf	Driver's License	03/27/2025, 12:05:44 PM	Delete
test pdf	Clearance Letter	03/27/2025, 12:05:35 PM	Delete

Submit Form

### ***Business Rules for Document Upload Based on either IIC or BA***

#### **1. Adding Staff for IIC (Intensive In-Community Services)**

If the user selects **"Add Staff"** in the **"Please check one"** field and **"IIC"** in the **"Service Type"** field, the following documents are **mandatory**:

- Professional License(s) (IIC)
- Staff Current Resume
- Driver's License
- Clearance Letter

#### **2. Adding Staff for BA (Behavioral Assistance)**

If the user selects **"Add Staff"** in the **"Please check one"** field and **"BA"** in the **"Service Type"** field, the following documents are **mandatory**:

- Proof of Highest Education Level Completed (BA)
- Staff Current Resume
- Driver's License
- Clearance Letter

#### **3. Listing Existing Staff**

If the user selects **"List Existing Staff"** in the **"Please check one"** field, document uploads are **optional**.

#### 4. Important Notes:

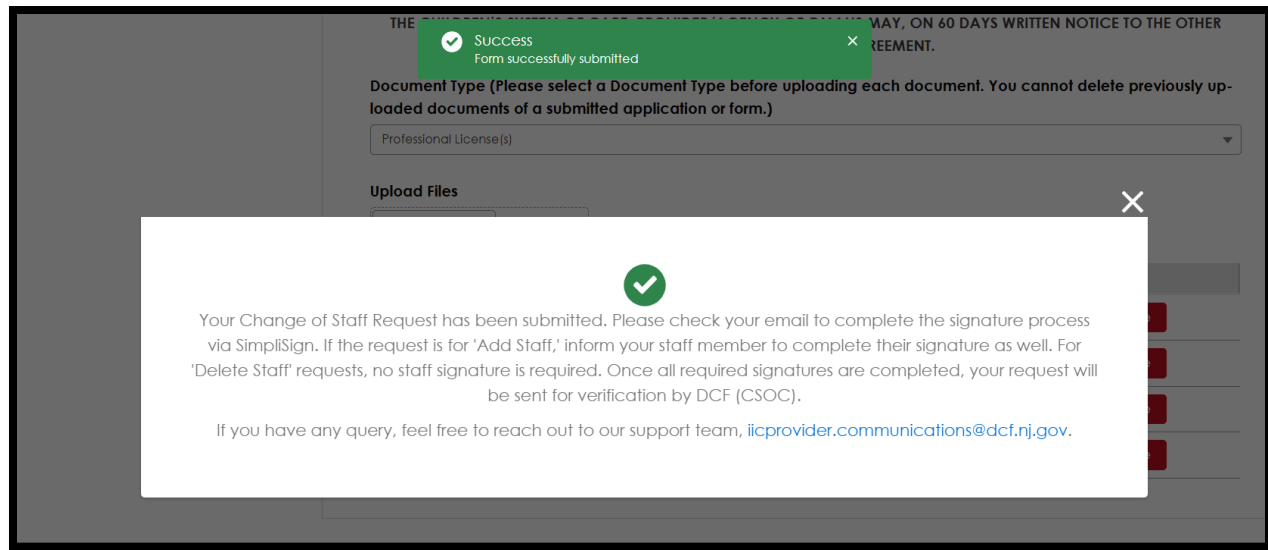
- The system will prevent submission of the form unless all mandatory documents for the selected Service Type are uploaded.
- The system will display an error message specifying the missing required documents on the top of the page as given below:



- Users attempting to submit without required documents will receive an error message specifying the missing files based on the conditions as explained above.
- The following file types are allowed for uploading a file:
  - .xls
  - .xlsx
  - .pdf
  - .jpg

#### 6.4.5. Final Submission

- Once all required fields and document uploads are completed, the form can be submitted for processing.



- The agency will receive confirmation upon submission and the status of the request can be tracked through the [Change of Staff Section in My Dashboard](#).

## 6.5 Annual Driver's License Form

Agencies use the Annual IIC/BA Driver's License Verification Attestation form to comply with the State of New Jersey's requirements for verifying that all applicable staff members, whose job responsibilities include transporting Medicaid/NJ Family Care members, hold valid driver's licenses. The form allows agencies to attest that licenses have been reviewed, verified, and are current as required by law. This ensures the safety and compliance of transportation-related services under the Children's System of Care (CSOC).

### 6.5.1. How to Access the Annual Driver's License Form

1. Log in to the **PASS-Port System** with login credentials.
2. Navigate to the **Services** tab in the main menu bar.
3. Under the **IIC - Intensive In-Community Services** tab, click the **Annual Driver Licenses Form** button.
4. This action will take the provider user to the **Annual IIC/BA Driver's License Verification Attestation** form.

## 6.5.2. Annual IIC/BA Driver’s License Attestation Section

### *Attestation Section*

The attestation section must be completed by a designated agency representative who is authorized to verify staff licenses.

- **Name of Signatory:** Enter the full legal name of the person completing the attestation.
- **Title of Signatory:** Enter the job title of the signatory (e.g., Agency Manager, Supervisor).
- **Agency Name:** This field is automatically populated based on the agency’s registration details.



## Annual Driver's License Form

**Purpose:**  
All agencies are required to submit an annual driver's license attestation and tracking form for all employees whose duties may include transporting children and families.

**Upon Submission:**  
Upon submitting the Annual Driver's License Form, you can track the status of the CSOC approval process through 'My Dashboard'.

**Signature Requirement:**  
Once CSOC completes their review, the request status of the form will be updated to 'Signature Awaited' on your dashboard. An email will then be sent from SimpliSign with a signature request. Follow the instructions in the email to complete the signature process.



State of New Jersey  
DEPARTMENT OF CHILDREN AND FAMILIES

PHILIP MURPHY  
*Governor*

TAHESHA L. WAY, ESQ.  
*Lt. Governor*

CHRISTINE NORBUT BEYER, MSW  
*Commissioner*

### Annual Driver's License Verification Attestation

\*Name of Signatory

\*Title of Signatory

\*Agency

I,  attest that I have verified the driver's licenses for all active IIC/BA employees whose job responsibilities may

## Annual Driver's License Tracking Form

This section is used to track the submission date of the driver's license verification form.

- **Agency Name:** This field is automatically populated based on the agency's registration.
- **DL Form Submitted Date:** The system will auto-populate the current date to indicate when the form was submitted.

### Click 'Save as Draft'

- After entering the attestation details in the Annual Driver's License Verification Attestation form, click the Save as Draft button. This option will save the entered information, allowing the user to return and complete the **Add Record** process later if they choose to.
- This action enables an 'Add Record' button under Annual Driver's License Tracking Form section.

- The "Add Record" button allows the provider to add individual staff members' driver's license details.

The screenshot shows a web form titled "Annual Driver's License Tracking Form". It contains two input fields: one for "Agency Name" with the value "DKM" and another for "DL Form Submitted Date" with the value "03/29/2025". Below these fields is a text instruction: "Click the 'Add Record' button to add staff Driver License information." There are two buttons: a small "Add Record" button on the left and a larger "Submit for Signature" button on the right.

Annual Driver's License Tracking Form

\* Agency Name  
DKM

\* DL Form Submitted Date  
03/29/2025

Click the 'Add Record' button to add staff Driver License information.

Add Record

Submit for Signature

### *Enter Staff Details*

Clicking the "Add Record" button will open a modal pop-up window where the provider user can enter detailed information about each staff member.

**Enter Details**

\*Title of Employee

\*Name of Employee

\*License Expiration Date

\*Driver License Verification Date

Cancel Save

In the modal window, enter the following required details for each staff member:

- **Title of Employee:** Enter the job title of the employee .
- **Name of Employee:** Enter the full legal name of the staff member.
- **License Expiration Date:** Select the **expiration date** of the employee’s driver’s license using the calendar tool.
- **Driver License Verification Date:** From the calendar tool, enter the date when the agency last **physically reviewed and verified** the driver’s license.

#### *Save the Record*

- After entering all required details, click the Save button.
- The entered record will now be added to the Annual Driver’s License Tracking Form section.
- Repeat this process to add multiple records for different staff members.

Click the 'Add Record' button to add staff Driver License information.

**Add Record**

	Title of Employee	Name of Employee	License Expiration Date	Driver's License Verification...
1	Supervisor	John Allen	Mar 31, 2026	Mar 31, 2025

**Submit for Signature**

- User has the option to delete the record from the action dropdown next to the record.

Click the 'Add Record' button to add staff Driver License information.

**Add Record**

	Title of Employee	Name of Employee	License Expiration Date	Driver's License Verification...
1	Supervisor	John Alan	Mar 31, 2026	Mar 31, 2025
2	Transport Supervisor	Jim Smith	Feb 25, 2026	Mar 19, 2025

**Submit for Signature**

### *Submit the Form*

- Once all staff records have been added, review the details carefully.
- Click the Submit for Signature button to finalize the entry and submit the form successfully to receive the signature request.

The screenshot shows a web application interface. At the top, there is a header with the text "Agency Name" and a dropdown menu showing "DKM". Below this, a white confirmation message box is displayed, featuring a green checkmark icon and the text: "Thank you for Submitting the Driver's License form for Signature. Please check your email to complete the signature process at SimpliSign. Once the signature process is complete, your form will be submitted for verification by DCF (CSOC). [itcprovider.communications@dcf.nj.gov](mailto:itcprovider.communications@dcf.nj.gov)." Below the message box, there is a table with the following columns: "Title of Employee", "Name of Employee", "License Expiration Date", and "Driver's License Verification". The table contains one row with the data: "Supervisor", "John Allen", "Mar 31, 2026", and "Mar 31, 2025". At the bottom right of the table, there is a button labeled "Submit for Signature".

- If all required information is provided, the form will be successfully submitted, and a confirmation message will pop up on the screen as shown above.
- If mandatory details are missing, the system will display an error message, preventing submission until the required information is entered and at least one record is added.

#### Note:

- The "Add Record" button is only available after clicking "Save as Draft."
- Each staff member must have a valid driver's license with an expiration date recorded.
- Records cannot be deleted after submission. Ensure all details are correct before submitting the form.

## 6.6 Add New User Requests

The Add New User request form allows agencies to add additional users to their agency account in the PASS-Port System. This feature is essential for expanding access to agency staff members who need to perform administrative tasks or manage services through the portal. It ensures secure and authenticated account creation through a

unique verification process, enabling staff members to access portal services while maintaining data integrity and security.

The screenshot displays the NJ DCF Department of Children and Families Services portal. The header includes the state logo and navigation links: Home, Services, and My Dashboard. A yellow banner at the top reads "New Training & Certificate Program Announcement.....". The main section is titled "Services" and contains a grid of buttons for various services. The grid is divided into two columns: "IIC - Intensive In-Community Services" and "IIH - Intensive In-Home Services". The buttons include "IIC Provider Profile", "Change of Staff Request", "Annual Driver's License Form", "Fingerprinting Request", "IIC Provider Application", and "Add New User". Below the grid, a "New User Request" form is shown, which includes fields for "First Name", "Last Name", and "Email", and a "Submit" button.

The form consists of three fields that need to be completed for each new user that the provider user wants to add:

1. **First Name:** Enter the first name of the user.
2. **Last Name:** Enter the last name of the user.
3. **Email:** Provide a valid email address for the new user. This email will be used for login and communication purposes.
4. Once all fields are filled out, click on the **Submit** button to process the request.

### 6.6.1. Business Rules for Adding Users

The **Add New User Request** feature operates under the following rules:

### 1. Auto-Approval for Up to 3 Users:

- If the agency has only **one active user**, additional user requests (up to a total of **three users**) will be **auto approved**.
- The system will automatically generate a **Unique Code** corresponding to the Agency and email it to the new user email address provided during the request.

### 2. Approval Process for the 4th User and Beyond:

- For the **fourth user and onward**, the request will be forwarded to the **CSOC team** for review and manual approval.
- Upon approval by CSOC users, the new user will receive the **Unique Code** and a link to the registration page via email.

#### 6.6.2. Email Details for New Users

Once the request is processed (either auto-approved or CSOC-approved), the new user will receive an email with the following details:

- A **Unique Code** generated by the system.
- A link to the **PASS-Port System Registration Page**.

#### 6.6.3. Steps for New Users to Register

1. Click on the registration link provided in the email.
2. Select the agency from the **Agency List** on the registration page.
3. Enter the **Unique Code** sent to the inbox of the 'New User Requests' email address in the designated field.

4. Fill out other personal information as required (name, email, etc.).
5. Submit the registration form.

#### 6.6.4. Authentication and Login Credentials

1. **Verification:** The system will verify the Unique Code entered and match it against the email and agency details provided. If the information matches, the user is authenticated successfully.
2. **Redirect to MyNewJersey Portal:** Once authenticated, the system will redirect the user to the **MyNewJersey Portal**, where they can create their login credentials (username and password). Please refer to [Login/Register Section](#) of this Manual.
3. **Access to PASS-Port System:** After setting up their credentials, the user can log in to the **PASS-Port System** and begin accessing its services.

#### 6.6.5. After Registration

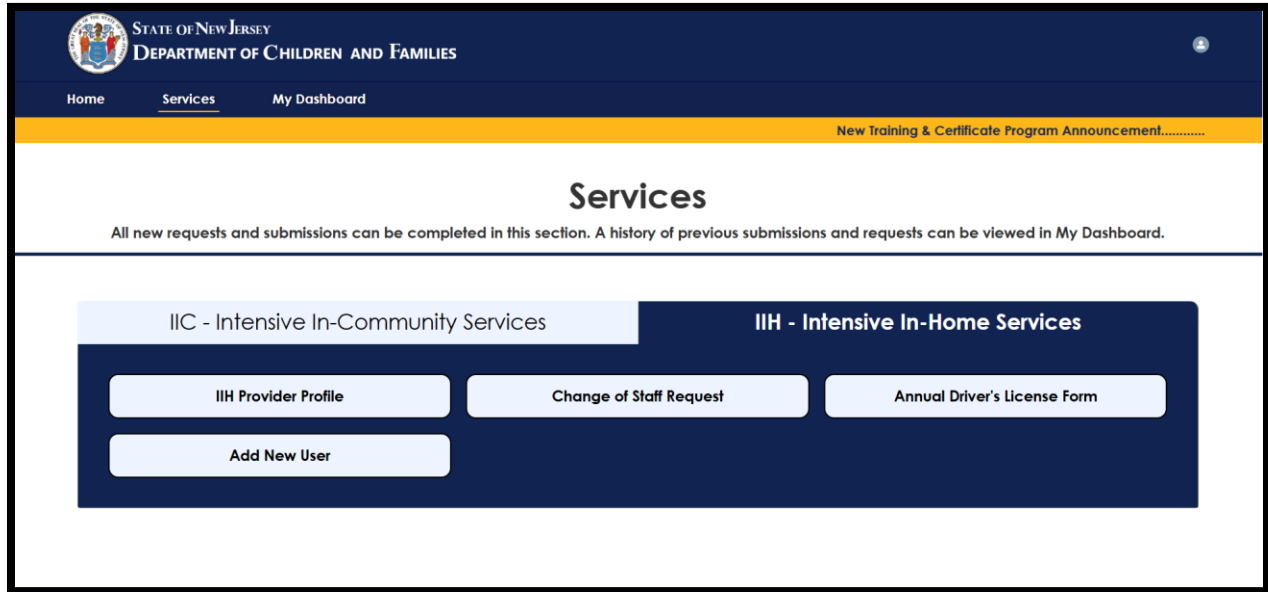
Once the new user is registered and authenticated, they will:

- Be able to log in using the **MyNewJersey Portal credentials** they created.



- Access all services and forms available to the agency via the **PASS-Port System**.

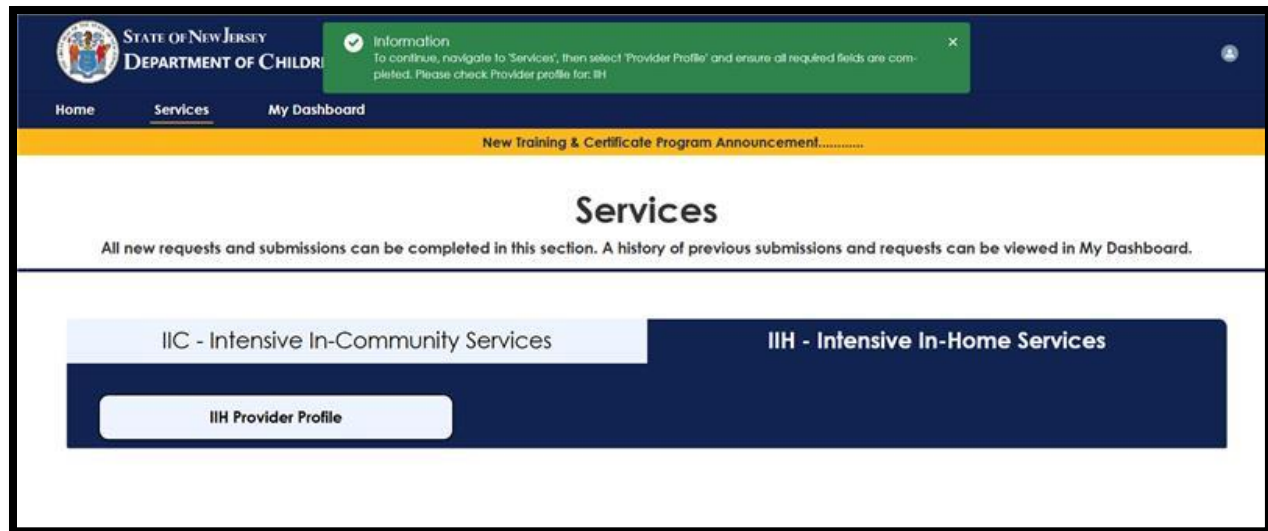
## 7. Intensive In-Home (IIH) Services



### 7.1. IIH Provider Profile

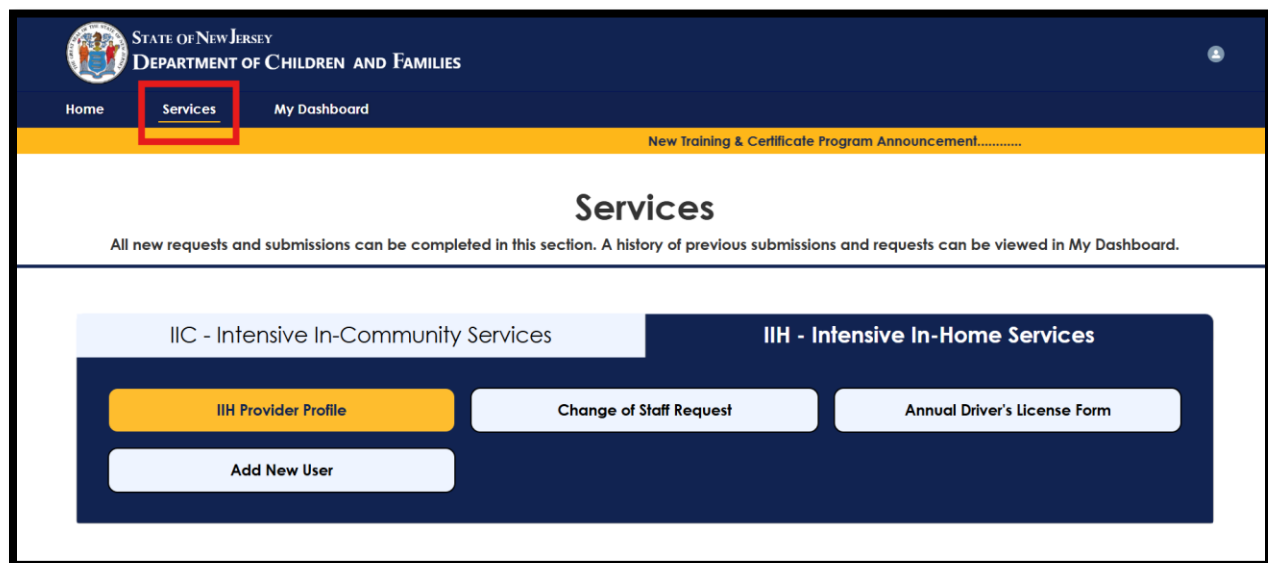
The IIH Provider Profile serves as the foundational setup for agencies registered under Intensive In-Home (IIH) Services. It captures essential details about the agency, including contact information, services provided, competencies, and certifications.

Before provider users can access or submit any other forms (such as the Change of Staff Request or Annual Driver Licenses Form), they must complete and save their IIH Provider Profile. The system enforces this requirement to ensure accurate records for all registered providers.



### 7.1.1. How to Access the IIH Provider Profile

1. Log in to the **PASS-Port System** using the login credentials.
2. Navigate to the **Services** tab in the main menu bar.



3. Under the '**IIH - Intensive In-Home Services**' tab, click the **IIH Provider Profile** button.

STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES

Home Services My Dashboard

New Training & Certificate Program Announcement.....

## Services

All new requests and submissions can be completed in this section. A history of previous submissions and requests can be viewed in My Dashboard.

IIC - Intensive In-Community Services IIH - Intensive In-Home Services

IIH Provider Profile Change of Staff Request Annual Driver's License Form

Add New User

4. The system will display the **IIH Provider Profile Form**, where agency users must input and verify their information.
5. If the Information is already filled, to update any information, navigate to the end of the page and click on 'Edit' button.

\* Intensive In-Home (IIH) Services Provider

2 Option(s) Selected

IIH Clinical X Therapeutic IIH Behavioral X

### CSOC INITIATIVES

CSOC initiatives that agency staff have participated in (This field is only editable by the CSOC Team.)

0 Option(s) Selected

### AGENCY STAFF TRAININGS AND CERTIFICATIONS

\* Please enter all relevant trainings and certifications completed by current staff

3 Option(s) Selected

Assessment-Based Treatment for Traumatized Children: Trauma Assessment Pathway (TAP) X Attachment and Biobehavioral Catch-up (ABC) X  
Attachment, Self-Regulation, and Competence (ARC) X

Edit

## 7.1.2. Completing the IIH Provider Profile

The form consists of multiple sections that must be completed accurately. Below is a breakdown of each section:

### 1. Provider Information

- **Agency Name:** This field is automatically populated based on the agency's registration details.
- **Street Address 1 & 2:** Enter the agency's address location.
- **City:** Specify the city where the agency operates.
- **State:** Select the appropriate state from the dropdown menu.
- **Zip Code:** Enter the postal code for the agency's primary address.
- **Phone Number:** Provide the agency's contact number.
- **Fax Number** (if applicable): Enter the fax number, if available (optionally).
- **Email Address:** Provide the official email address for agency-related communications.

- **Medicaid Provider #:** This field displays the value entered by CSOC after the provider receives their Medicaid ID for IIH services. This field cannot be edited by the provider.

## 2. Counties Served

- Select the **counties** in which the agency provides **Intensive In-Home (IIH) services**.
- Multiple counties can be selected based on the service coverage area.

## 3. Ages Served

- Specify the **age groups** that the agency serves under IIH services.
- Multiple options can be selected based on the agency's service offerings.

## 4. Agency Capacity and Competencies

- Select relevant **competencies and specialties** that the agency staff possess.

## 5. Linguistic Competencies

- Indicate any **languages spoken** by the agency's staff apart from English.
- This is crucial for ensuring accessibility to diverse communities.
- The user can enter a language, not part of the list, by selecting other fields and entering the other language value.

**LINGUISTIC COMPETENCIES**

Please indicate any language(s) (other than English) spoken by your staff


1 Option(s) Selected ▼

Other ✕

**\* Other Language**

## 6. Intensive In-Home (IIH) Services Provider

- Agencies must confirm their designation as an **IIH Services Provider** by selecting (multi-select) the appropriate options from the following:
  - IIH Clinical
  - Therapeutic IIH Behavioral
  - ISS

A screenshot of a web form titled "\* Intensive In-Home (IIH) Services Provider". Below the title is a text box containing "3 Option(s) Selected". Underneath the text box are three buttons: "IIH Clinical X", "Therapeutic IIH Behavioral X", and "ISS X". The buttons have a light blue background and a dark blue border. The "X" indicates that each option is selected.

## 7. CSOC Initiatives

- This section tracks all the CSOC **initiatives** that the agency staff have participated in.
- **This field is only editable by the CSOC Team** and cannot be modified by provider users.

## 8. Agency Staff Trainings and Certifications

- Agencies must **list relevant staff training and certifications** completed by their current employees.
- This ensures that the agency meets the necessary compliance and qualification requirements for IIH services.

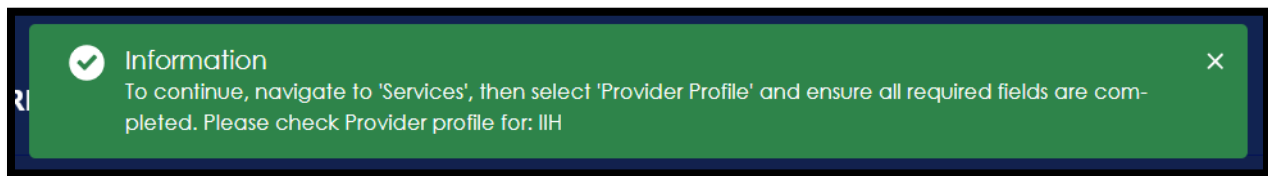
### 7.1.3. Saving the IIH Provider Profile

- Once all required fields are completed, click the **Save** button at the bottom of the page.

- The system will validate the entered information and save the profile.

*Note:*

- The provider profile **must be completed before accessing other IIH-related services** in the portal.
- If the profile is incomplete, the system will **restrict access** to forms such as **Change of Staff Request** or **Annual Driver Licenses Form** or **Add New User** and will display the message as follows:



## 7.2. IIH Change of Staff

The IIH Change of Staff Request form allows agencies registered under Intensive In-Home (IIH) Services to manage staff-related changes. Agencies can use this form to Add, Delete, or List Staff members, ensuring that staff records are updated and compliant with regulatory requirements.

### 7.2.1. How to Access the IIH Change of Staff Request Form

1. Log in to the **PASS-Port System** using the login credentials.
2. Navigate to the **Services** tab in the main menu bar.
3. Under the **IIH - Intensive In-Home Services** tab, click the **Change of Staff Request** button.
4. The system will display the **IIH Change of Staff Request Form**, where agency users must enter the necessary details for staff updates.

STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES

Home Services My Dashboard

New Training & Certificate Program Announcement.....

## Services

All new requests and submissions can be completed in this section. A history of previous submissions and requests can be viewed in My Dashboard.

IIC - Intensive In-Community Services IIH - Intensive In-Home Services

IIH Provider Profile Change of Staff Request Annual Driver's License Form

Add New User

Change of Staff Request

## 7.2.2. Completing the IIH Change of Staff Request Form

### 1. Staff Information Section

This section collects key details about the staff members being added, removed, or listed.

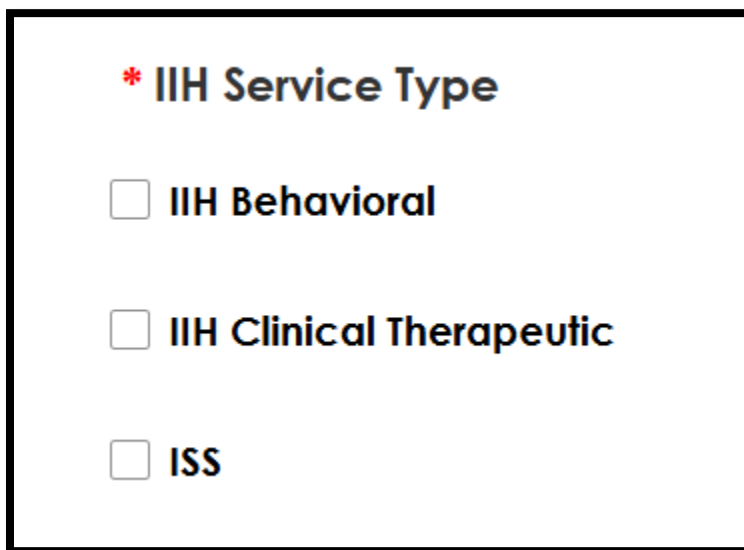
- **Select Change of Staff Request Type:**
  - **Add Staff** – Use this option when adding a new IIH staff member.
  - **Delete Staff** – Use this option when removing an existing staff member.
  - **List Staff** – Use this option to view a list of current IIH staff members.
- **Provider/Agency Name:** This field is automatically populated.
- **Existing Medicaid #:** This field is automatically populated based on an agency's IIH Medicaid ID if available. This field will always be read only and will be blank if there is no Existing Medicaid # for the new agency in Provider Profile.
- **Staff Name:** Enter the full legal name of the staff member.
- **Requested Effective Date:** Select the date when the change should take effect.



- **Staff Member Email:** Provide a valid email address for the staff member.
- **Date of Birth:** Use the calendar tool to enter the staff member's birth date.
- **Social Security Number (SSN):** Enter the staff member's SSN for verification purposes.
- **If Bilingual, Specify the Language(s):** Select from a dropdown list if the staff member speaks additional languages.
- **Service Type:** The default Service Type selected here is 'IIH.' Based on the service type, we have other Sub Services as explained below
- **IIH Service Type Section:**

The Provider User can multi-select from the options of **IIH Service Type(s)** as given below:

- **IIH Behavioral**
- **IIH Clinical Therapeutic**
- **ISS (Intensive Support Services)**



\* IIH Service Type

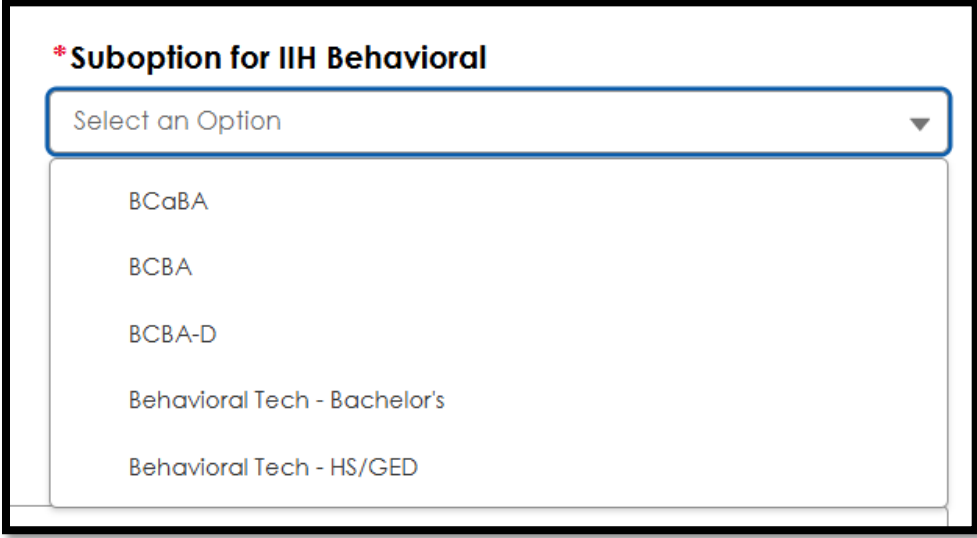
☐ IIH Behavioral

☐ IIH Clinical Therapeutic

☐ ISS

At least one IIH Service Type is required. Each service type has an additional sub-option field to determine the level of the staff member.

a. Suboptions for **'IIH Behavioral'** are as shown in the image below:




\*Suboption for IIH Behavioral

Select an Option ▼

- BCaBA
- BCBA
- BCBA-D
- Behavioral Tech - Bachelor's
- Behavioral Tech - HS/GED

b. Suboptions for **'IIH Clinical Therapeutic'** are as shown in image below:

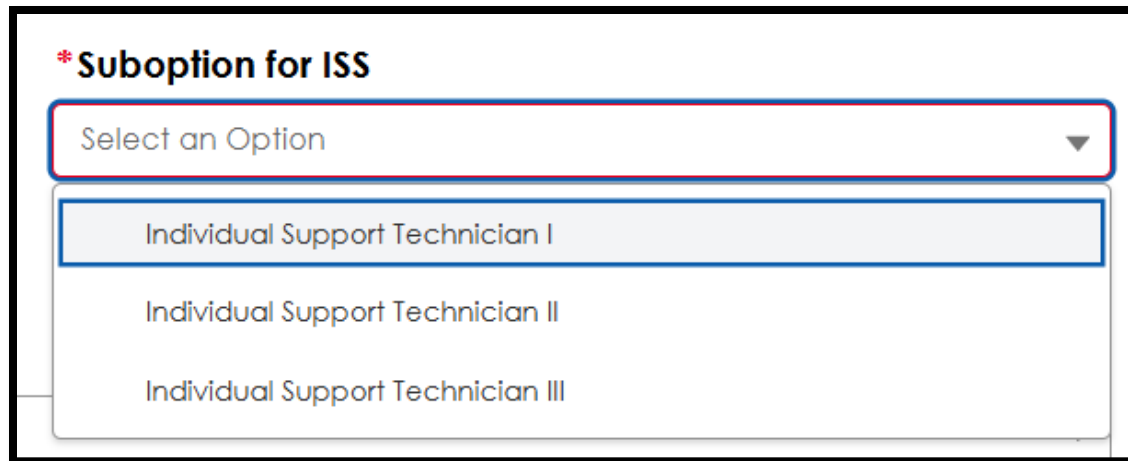


\*Suboption for IIH Clinical Therapeutic

Select an Option ▼

- Clinician-independent clinical license
- Clinician-journeyperson license (LSW, LAC)

c. Suboptions for **'ISS'** are as shown in image below:



\* Suboption for ISS

Select an Option ▼

- Individual Support Technician I
- Individual Support Technician II
- Individual Support Technician III

- **License Type:**
  - Select the appropriate **License Type** from the dropdown menu.
  - If the staff member does not require a license, this field can be left blank.
- **IIH Staff Role:** This field helps categorize the staff members based on their role in the agency. 'IIH Staff Role' field contains the following options:
  - **IIH Staff**
  - **IIH Agency Head**
  - **IIH Clinical Director**

## 2. Provider Agency Representative Information

The final section of the form requires information about the individual submitting the request:

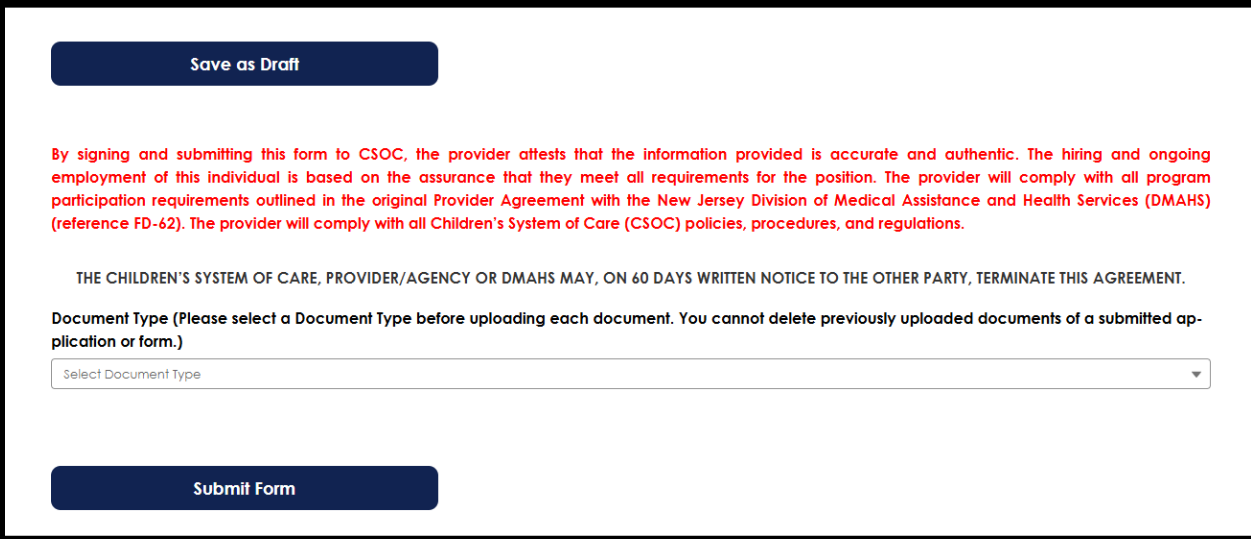
- **Provider/Agency Name:** This field is automatically populated.
- **Email:** Displays the email of the agency representative email.
- **Agency Representative Phone:** Enter the phone number of the representative submitting the request.

Upon clicking **Save as Draft**, the system enables the document upload section, allowing the provider to attach the required files for 'Add New Staff Request.' It Prevents form submission until all mandatory documents have been uploaded.

### 7.2.3. Steps to Upload Required Documents

#### 1. Click "Save as Draft"

- Clicking the **Save as Draft** button triggers document upload section.
- The **document upload section**, previously hidden, will now become visible for the provider to upload files.



The screenshot shows a form interface with a dark blue header bar containing a 'Save as Draft' button. Below the button, there is a red warning text block. Underneath the warning, a line of text states: 'THE CHILDREN'S SYSTEM OF CARE, PROVIDER/AGENCY OR DMAHS MAY, ON 60 DAYS WRITTEN NOTICE TO THE OTHER PARTY, TERMINATE THIS AGREEMENT.' This is followed by a label 'Document Type (Please select a Document Type before uploading each document. You cannot delete previously uploaded documents of a submitted application or form.)' and a dropdown menu with the placeholder text 'Select Document Type'. At the bottom of the form is a dark blue 'Submit Form' button.

Save as Draft

By signing and submitting this form to CSOC, the provider attests that the information provided is accurate and authentic. The hiring and ongoing employment of this individual is based on the assurance that they meet all requirements for the position. The provider will comply with all program participation requirements outlined in the original Provider Agreement with the New Jersey Division of Medical Assistance and Health Services (DMAHS) (reference FD-62). The provider will comply with all Children's System of Care (CSOC) policies, procedures, and regulations.

THE CHILDREN'S SYSTEM OF CARE, PROVIDER/AGENCY OR DMAHS MAY, ON 60 DAYS WRITTEN NOTICE TO THE OTHER PARTY, TERMINATE THIS AGREEMENT.

Document Type (Please select a Document Type before uploading each document. You cannot delete previously uploaded documents of a submitted application or form.)

Select Document Type

Submit Form

#### 2. Upload the Required Documents

- **Select the Document Type:** From the **Document Type dropdown**, choose the correct category:
  - **Professional License(s)**
  - **Proof of Highest Education Level Completed**
  - **Staff Current Resume**

- **Driver's License**
- **Clearance Letter**

By signing and submitting this form to CSOC, the provider attests that the information provided is accurate and authentic. The hiring and ongoing employment of this individual is based on the assurance that they meet all requirements for the position. The provider will comply with all program participation requirements outlined in the original Provider Agreement with the New Jersey Division of Medical Assistance and Health Services (DMAHS) (reference FD-62). The provider will comply with all Children's System of Care (CSOC) policies, procedures, and regulations.

THE CHILDREN'S SYSTEM OF CARE, PROVIDER/AGENCY OR DMAHS MAY, ON 60 DAYS WRITTEN NOTICE TO THE OTHER PARTY, TERMINATE THIS AGREEMENT.

**Document Type** (Please select a Document Type before uploading each document. You cannot delete previously uploaded documents of a submitted application or form.)

Select Document Type

Professional License(s)  
Proof of Highest Education Level Completed  
Staff Current Resume  
Driver's License  
Clearance Letter

- **Upload the File:** Once a document type is selected, only then the “Upload Files” Section/Button becomes visible to the provider user. Click **“Upload Files”** or drag and drop the required documents into the designated section.

THE CHILDREN'S SYSTEM OF CARE, PROVIDER/AGENCY OR DMAHS MAY, ON 60 DAYS WRITTEN NOTICE TO THE OTHER PARTY, TERMINATE THIS AGREEMENT.

**Document Type** (Please select a Document Type before uploading each document. You cannot delete previously uploaded documents of a submitted application or form.)

Driver's License

#### Upload Files

Upload Files
Or drop files

- **Repeat for Each Required Document (explained below in Business Rules Section):** Ensure all necessary files are uploaded **before proceeding**.

### 3. Business Rules for Document Upload for IIH Service Type

When adding staff for IIH (Intensive In-Home) Service Type, the required document type for upload depends on the selected IIH Service Type. Below are the conditions that trigger mandatory document uploads:

#### a. Professional License Required

If the selected Service type is **IIH Clinical Therapeutic** and under it any sub-option is selected:

- Clinician - Independent Clinical License
- Clinician - Journeyperson License (LSW, LAC)

Then the user must upload '**Professional License**' document.

#### b. Proof of Highest Level of Education Required

If the selected Service type is:

##### IIH Behavioral:

- BCBA-D
- BCBA
- BCaBA
- Behavioral Tech - Bachelor's
- Behavioral Tech - HS/GED

##### ISS:

- Individual Support Technician I
- Individual Support Technician II
- Individual Support Technician III

Then the user must upload a document of type: **Proof of the Highest Level of Education**.

#### 4. Verify Uploaded Documents

- Once files are uploaded, confirm that they are correctly displayed in the document section.

THE CHILDREN'S SYSTEM OF CARE, PROVIDER/AGENCY OR DMAHS MAY, ON 60 DAYS WRITTEN NOTICE TO THE OTHER PARTY, TERMINATE THIS AGREEMENT.

Document Type (Please select a Document Type before uploading each document. You cannot delete previously uploaded documents of a submitted application or form.)

Professional License(s) ▼

Upload Files

Upload Files Or drop files

File Name	Document Type	Upload Date	
test pdf	Professional License(s)	03/27/2025, 01:26:34 PM	Delete
test pdf	Staff Current Resume	03/27/2025, 01:26:22 PM	Delete
test pdf	Driver's License	03/27/2025, 01:26:10 PM	Delete

Submit Form

- Users cannot delete previously uploaded documents **after form submission**, so double-check before proceeding.

#### 5. Submit the Form

- Once all required files are uploaded, click **Submit Form**.

THE CHILDREN'S SYSTEM OF CARE, PROVIDER/AGENCY OR DMAHS MAY, ON 60 DAYS WRITTEN NOTICE TO THE OTHER PARTY, TERMINATE THIS AGREEMENT.

Document Type (Please select a Document Type before uploading each document. You cannot delete previously uploaded documents of a submitted application or form.)

Professional License(s)

Upload Files

Upload Files Or drop files

File Name	Document Type	Upload Date	
test pdf	Professional License(s)	03/27/2025, 01:26:34 PM	Delete
test pdf	Staff Current Resume	03/27/2025, 01:26:22 PM	Delete
test pdf	Driver's License	03/27/2025, 01:26:10 PM	Delete

Submit Form

- The system will validate the document uploads and, if all requirements are met, successfully submit the request.
- If any files are still missing, the system will **block submission** and display an error message stating the missing required files and until all necessary documents are uploaded.

Error

Error: Required documents are missing: Staff Current Resume, Driver's License, Professional License(s), Proof of Highest Education Level Completed

Note:

- The file upload section is not visible by default. It only appears after clicking "Save as Draft."
- The following file types are allowed for uploading a file:
  - .xls



- .xlsx
- .pdf
- .jpg

Once the Change of Staff form has been completed and submitted, the provider user can see a confirmation dialog box, and on closing it, they can view the status of different requests made from [My Dashboard](#).

### 7.3. IIH Annual Driver's License Form

The **Annual Driver's License Verification Attestation** form is a required submission for **Intensive In-Home (IIH) service providers** to verify that their staff members who transport Medicaid/NJ Family Care members possess **valid and up-to-date driver's licenses**. This attestation ensures compliance with **CSOC (Children's System of Care) policies and state regulations**.

The form requires the agency to confirm that staff licenses have been reviewed and remain valid, helping to maintain safety and accountability for agencies that provide transportation-related services.

#### 7.3.1. How to Access the IIH Annual Driver's License Form

1. Log in to the **PASS-Port System** using the login credentials.
2. Navigate to the **Services** tab in the main menu bar.
3. Under the **IIH - Intensive In-Home Services** tab, click the **Annual Driver's License Form** button.
4. This will open the **Annual Driver's License Verification Attestation** form, where agency users must input the necessary information.

STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES

Home Services My Dashboard

New Training & Certificate Program Announcement.....

## Services

All new requests and submissions can be completed in this section. A history of previous submissions and requests can be viewed in My Dashboard.

IIC - Intensive In-Community Services IIH - Intensive In-Home Services

IIH Provider Profile Change of Staff Request Annual Driver's License Form

Add New User

### Annual Driver's License Form

### 7.3.2. Completing the IIH Annual Driver's License Form

#### Attestation Section

The attestation section must be completed by a designated agency representative who is authorized to verify staff licenses.


- **Name of Signatory:** Enter the full legal name of the person completing the attestation.
- **Title of Signatory:** Enter the job title of the signatory (e.g., Agency Manager, Supervisor).
- **Agency Name:** This field is automatically populated based on the agency's registration details.

## Annual Driver's License Form

**Purpose:**  
All agencies are required to submit an annual driver's license attestation and tracking form for all employees whose duties may include transporting children and families.

**Upon Submission:**  
Upon submitting the Annual Driver's License Form, you can track the status of the CSOC approval process through 'My Dashboard'.

**Signature Requirement:**  
Once CSOC completes their review, the request status of the form will be updated to 'Signature Awaited' on your dashboard. An email will then be sent from SimpleSign with a signature request. Follow the instructions in the email to complete the signature process.



State of New Jersey  
DEPARTMENT OF CHILDREN AND FAMILIES

PHILIP MURPHY  
*Governor*

TAHESHA L. WAY, ESQ.  
*Lt. Governor*

CHRISTINE NORBUT BEYER, MSW  
*Commissioner*

### Annual Driver's License Verification Attestation

\*Name of Signatory

\*Title of Signatory

\*Agency

I,  attest that I have verified the driver's licenses for all active IIC/BA employees whose job responsibilities may

## Annual Driver's License Tracking Form

This section is used to track the submission date of the driver's license verification form.

- **Agency Name:** This field is automatically populated based on the agency's registration.
- **DL Form Submitted Date:** The system will auto-populate the current date to indicate when the form was submitted.

### Click 'Save as Draft'

- After entering the attestation details in the Annual Driver's License Verification Attestation form, click the Save as Draft button. This option will save the entered information, allowing the user to return and complete the **Add Record** process later if they choose to. This action enables an 'Add Record' button under Annual Driver's License Tracking Form section.
- The "Add Record" button allows the provider to add individual staff members' driver's license details.

Annual Driver's License Tracking Form

\* Agency Name

\* DL Form Submitted Date

Click the 'Add Record' button to add staff Driver License Information.

## Enter Staff Details

Clicking the "Add Record" button will open a modal pop-up window where the provider user can enter detailed information about each staff member.

th  
Re

**Enter Details**

\* Title of Employee

\* Name of Employee

\* License Expiration Date

\* Driver License Verification Date

In the modal window, enter the following required details for each staff member:

- **Title of Employee:** Enter the job title of the employee.
- **Name of Employee:** Enter the full legal name of the staff member.
- **License Expiration Date:** Select the **expiration date** of the employee's driver's license using the calendar tool .
- **Driver License Verification Date:** From the calendar tool, enter the date when the agency last **physically reviewed and verified** the driver's license.

### Save the Record

- After entering all required details, click the Save button.
- The entered record will now be added to the Annual Driver's License Tracking Form section.
- Repeat this process to add multiple records for different staff members.

Click the 'Add Record' button to add staff Driver License information.

Add Record

	Title of Employee	Name of Employee	License Expiration Date	Driver's License Verification...
1	Supervisor	John Allen	Mar 31, 2026	Mar 31, 2025

Submit for Signature

- User has the option to delete the record from the action dropdown next to the record.

Click the 'Add Record' button to add staff Driver License information.

Add Record

	Title of Employee	Name of Employee	License Expiration Date	Driver's License Verification...
1	Supervisor	John Alan	Mar 31, 2026	Mar 31, 2025
2	Transport Supervisor	Jim Smith	Feb 25, 2026	Mar 19, 2025

Submit for Signature

## Submit the Form

- Once all staff records have been added, review the details carefully.
- Click the “Submit for Signature” button to finalize the entry and submit the form. successfully to receive the signature request.
- If mandatory details are missing, the system will display an error message, preventing submission until the required information is entered.
- If all required information is provided, the form will be successfully submitted.

Title of Employee	Name of Employee	License Expiration Date	Driver's License Verification
1 Supervisor	John Allen	Mar 31, 2026	Mar 31, 2025

Submit for Signature

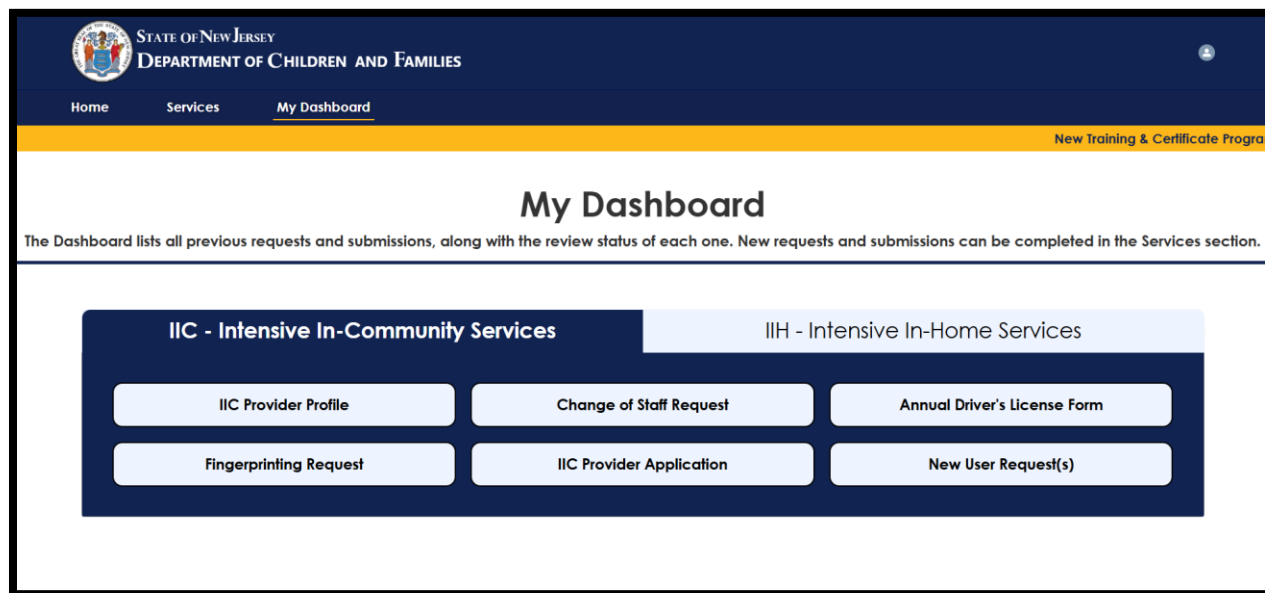
### Note:

- The "Add Record" button is only available after clicking "Save as Draft."
- Each staff member must have a valid driver's license with an expiration date recorded.
- Records cannot be deleted after submission. Ensure all details are correct before submitting the form.

## 8. My Dashboard

The **My Dashboard** section provides a centralized view for **providers** to manage and track their submitted requests, applications, and profile-related actions. It helps **users quickly access their pending tasks, monitor the status of their forms, and navigate between IIC and IIH services.**

Each provider's dashboard is personalized based on their agency type—**Intensive In-Community (IIC) Services, Intensive In-Home (IIH) Services, or both.**



### Accessing My Dashboard

1. **Log in** to the **PASS-Port System** using the myNewJersey login credentials.
2. Click on the **"My Dashboard"** tab in the top navigation bar.
3. The system will display **two service categories**:
  - **IIC - Intensive In-Community Services**
  - **IIH - Intensive In-Home Services**

Please Note: The tabs displayed depend on the **agency type** assigned to the provider.

- If the agency is **only IIC**, then only IIC-related services will be displayed.
- If the agency is **only IIH**, then only IIH-related services will be available.
- If the agency is registered for **IIC & IIH Services**, both sections will appear.

## Tracking the Status of Forms

- Each button on the respective dashboard tabs leads to forms/requests where providers can **view or edit** their requests based on specific statuses or business rules.
- Each type of Request or Form will have its own set of statuses that could be used to track the progress of the application/request.
- **Some Common Statuses include:**
  - **Draft** – The request has been saved but not submitted.
  - **Submitted** – The request has been sent for review.
  - **Review in Progress** – CSOC is currently reviewing the request.**Approved** – The request has been processed successfully.

Now let us look at each type of Application/Request/Form Available on My Dashboard

## 8.1. IIC – Intensive In-Community Services

### 8.1.1. Provider Profile

The IIC Provider Profile section in My Dashboard allows providers to view, update, and manage their agency profile. This ensures that the agency's details, such as contact information and services provided, remain accurate and up to date.

If any modifications are required, users can edit the profile directly from this screen.

#### *How to Access the IIC Provider Profile from My Dashboard*

1. **Log in** to the **PASS-Port System**.
2. Click on **My Dashboard** from the top navigation menu.
3. Under **IIC - Intensive In-Community Services**, click the **IIC Provider Profile** button.
4. The system will display the **IIC Provider Profile Table**, showing:
  - **Provider Profile ID**
  - **Agency Name**
  - **Email Address**



[Home](#)
[Services](#)
[My Dashboard](#)

New Training & Certificate Program Announcement.....

## My Dashboard

The Dashboard lists all previous requests and submissions, along with the review status of each one. New requests and submissions can be completed in the Services section.

IIC - Intensive In-Community Services

IIH - Intensive In-Home Services

IIC Provider Profile

Change of Staff Request

Annual Driver's License Form

Fingerprinting Request

IIC Provider Application

New User Request(s)

### IIC Provider Profile

If the status of your application or request form is 'Signature Awaited,' please check your email for a signature request from SimpliSign. Follow the instructions in the email to complete the required signature formalities.

	Provider Profile ID	Agency Name	Email address	
1	PP-0050	Ashecliffe Care	ayushg@uciny.com	

### Editing the IIC Provider Profile

If users need to **update or modify** their profile, follow these steps:

1. Locate the **right downward arrow** on the right side of the **IIC Provider Profile Table**.

Home Services My Dashboard

New Training & Certificate Program Announcement.....

## My Dashboard

The Dashboard lists all previous requests and submissions, along with the review status of each one. New requests and submissions can be completed in the Services section.

IIC - Intensive In-Community Services

IIH - Intensive In-Home Services

IIC Provider Profile

Change of Staff Request

Annual Driver's License Form

Fingerprinting Request

IIC Provider Application

New User Request(s)

### IIC Provider Profile

If the status of your application or request form is 'Signature Awaited,' please check your email for a signature request from SimpliSign. Follow the instructions in the email to complete the required signature formalities.

Provider Profile ID	Agency Name	Email address
1 PP-0050	Ashecliffe Care	ayushg@uciny.com

- Click on the downward arrow to expand the available options.

IIC - Intensive In-Community Services

IIH - Intensive In-Home Services

IIC Provider Profile

Change of Staff Request

Annual Driver's License Form

Fingerprinting Request

IIC Provider Application

New User Request(s)

### IIC Provider Profile

If the status of your application or request form is 'Signature Awaited,' please check your email for a signature request from SimpliSign. Follow the instructions in the email to complete the required signature formalities.

Provider Profile ID	Agency Name	Email address
1 PP-0021	Blue Health	vishu@uciny.com

- Select **"Edit"** to open the profile form in **edit mode**.
- The Provider user will then be redirected to the Provider Profile where they can edit the Profile and Save Changes.

### 8.1.2. Fingerprinting Request

Once a **Fingerprinting Request** has been submitted, **Portal Users (Provider Users)** can track their progress through **My Dashboard**. However, they **cannot edit the request after submission**; they can only **view** the details as the request moves through different statuses.

#### *How to Access Fingerprinting Requests*

1. **Log in** to the **PASS-Port System**.
2. Navigate to **My Dashboard** from the top navigation menu.
3. Click on **Fingerprinting Request** under **IIC - Intensive In-Community Services**.

4. The system displays a list of **submitted Fingerprinting Requests**, showing:

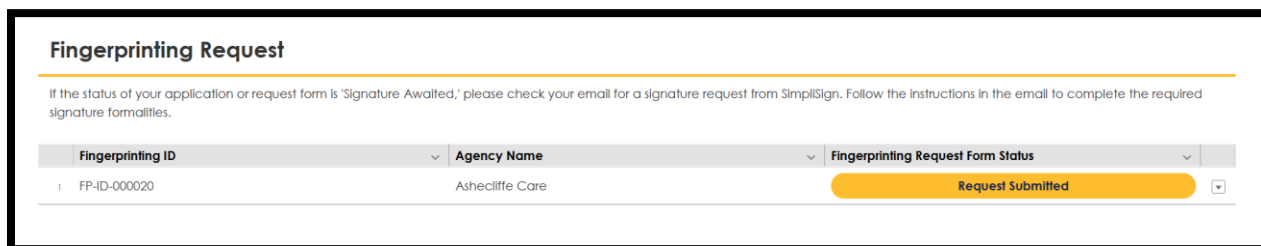
- **Fingerprinting ID**
- **Agency Name**
- **Fingerprinting Request Form Status**

## Understanding the Statuses of Fingerprinting Requests

Each request is assigned a status, indicating the **current stage of processing**. The available statuses are:

### 1. Request Submitted

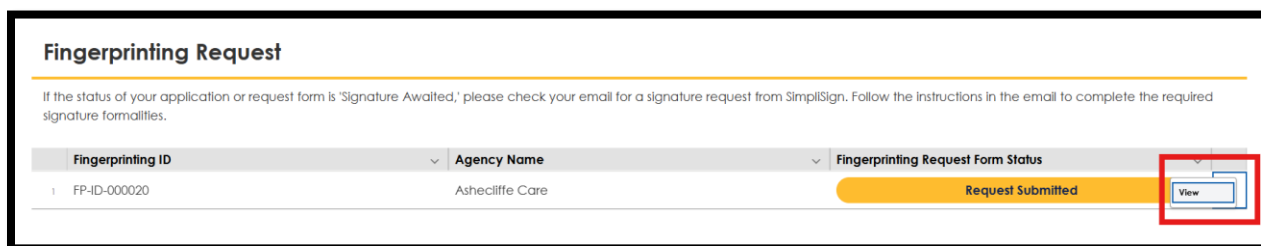
- When a request is first submitted, it appears with the **"Request Submitted"** status in **My Dashboard**.



The screenshot shows a web interface titled "Fingerprinting Request". Below the title is a message: "If the status of your application or request form is 'Signature Awaited,' please check your email for a signature request from SimpliSign. Follow the instructions in the email to complete the required signature formalities." Below this is a table with three columns: "Fingerprinting ID", "Agency Name", and "Fingerprinting Request Form Status". The first row contains the values "FP-ID-000020", "Ashecliffe Care", and a yellow button labeled "Request Submitted". A small downward arrow icon is visible to the right of the button.

Fingerprinting ID	Agency Name	Fingerprinting Request Form Status
1 FP-ID-000020	Ashecliffe Care	Request Submitted

- Users can only view** the submitted request by clicking on the **downward arrow** on the right and selecting **"View."**



This screenshot is identical to the previous one, but with a red rectangular box highlighting the small downward arrow icon to the right of the "Request Submitted" button. A blue box labeled "View" is shown as a tooltip or dropdown option appearing from the arrow.

Fingerprinting ID	Agency Name	Fingerprinting Request Form Status
1 FP-ID-000020	Ashecliffe Care	Request Submitted

- No edits can be made** at this stage.

### 2. Request In Progress

- Once the request is under review, the status updates to **"Request In Progress."**

### Fingerprinting Request

If the status of your application or request form is 'Signature Awaited,' please check your email for a signature request from SimpliSign. Follow the instructions in the email to complete the required signature formalities.

Fingerprinting ID	Agency Name	Fingerprinting Request Form Status
1 FP-ID-000020	Ashecliffe Care	Request In Progress

- **Users can still only view** the request details.

### Fingerprinting Request

If the status of your application or request form is 'Signature Awaited,' please check your email for a signature request from SimpliSign. Follow the instructions in the email to complete the required signature formalities.

Fingerprinting ID	Agency Name	Fingerprinting Request Form Status
1 FP-ID-000020	Ashecliffe Care	Request In Progress

- No modifications are allowed during this phase.

### 3. Fingerprinting File Uploaded

- Once a Fingerprinting Request has been successfully processed and the necessary fingerprinting code file has been generated, the request status changes to "Fingerprinting File Uploaded."

### Fingerprinting Request

If the status of your application or request form is 'Signature Awaited,' please check your email for a signature request from SimpliSign. Follow the instructions in the email to complete the required signature formalities.

Fingerprinting ID	Agency Name	Fingerprinting Request Form Status
1 FP-ID-000020	Ashecliffe Care	Fingerprinting File Uploaded

- At this stage, Provider Users can download the fingerprinting code file directly from My Dashboard.

**Fingerprinting Request**

If the status of your application or request form is 'Signature Awaited,' please check your email for a signature request from SimpliSign. Follow the instructions in the email to complete the required signature formalities.

Fingerprinting ID	Agency Name	Fingerprinting Request Form Status
1 FP-ID-000020	Ashecliffe Care	Fingerprinting File Uploaded

Download

### How to Download the Fingerprinting Code File

1. Log in to the PASS-Port System.
2. Click on My Dashboard from the top navigation menu.
3. Click on Fingerprinting Request under IIC - Intensive In-Community Services.

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Home Services **My Dashboard**

New Training & Certificate Program Announcement...

### My Dashboard

The Dashboard lists all previous requests and submissions, along with the review status of each one. New requests and submissions can be completed in the Services section.

IIC - Intensive In-Community Services

IIH - Intensive In-Home Services

IIC Provider Profile

Change of Staff Request

Annual Driver's License Form

**Fingerprinting Request**

IIC Provider Application

New User Request(s)

**Fingerprinting Request**

If the status of your application or request form is 'Signature Awaited,' please check your email for a signature request from SimpliSign. Follow the instructions in the email to complete the required signature formalities.

4. Locate the Fingerprinting Request Form Status, which should now display "Fingerprinting File Uploaded" (highlighted in green).
5. Click the right downward arrow on the right side of the request entry.

**Fingerprinting Request**

If the status of your application or request form is 'Signature Awaited,' please check your email for a signature request from SimpliSign. Follow the instructions in the email to complete the required signature formalities.

Fingerprinting ID	Agency Name	Fingerprinting Request Form Status
1 FP-ID-000020	Ashecliffe Care	Fingerprinting File Uploaded

6. Select "Download" to retrieve the fingerprinting code file.

**Fingerprinting Request**

If the status of your application or request form is 'Signature Awaited,' please check your email for a signature request from SimpliSign. Follow the instructions in the email to complete the required signature formalities.

Fingerprinting ID	Agency Name	Fingerprinting Request Form Status
1 FP-ID-000020	Ashecliffe Care	Fingerprinting File Uploaded

7. The file will be saved to their device/system for further use.

### 8.1.3. IIC Provider Application

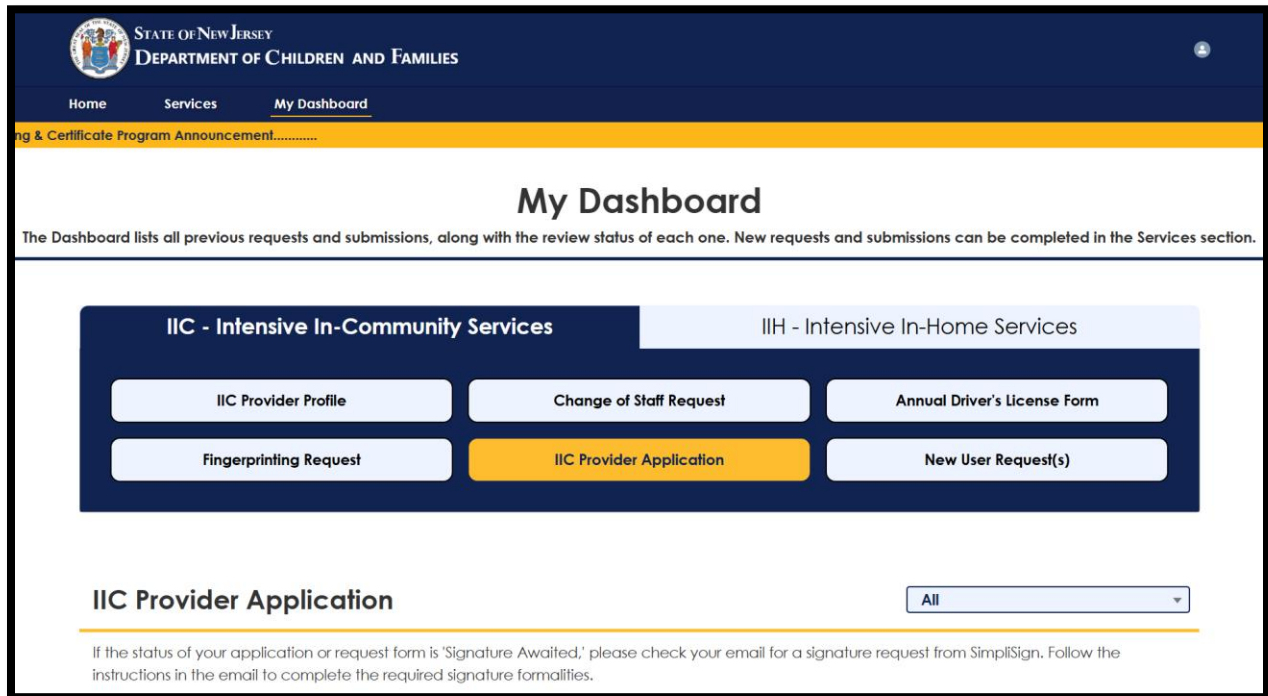
The IIC Provider Application section in My Dashboard allows Provider Users to manage various types of provider applications, such as:

- New Provider Application
- Change of Agency Name
- Change of Address
- Change of Ownership
- Change of Ownership & Business Type

Users can **filter, track, edit, and view applications** based on their statuses.

### Accessing IIC Provider Applications

1. Log in to the PASS-Port System.
2. Click on My Dashboard from the top navigation menu.
3. Click on 'IIC Provider Application' under IIC - Intensive In-Community Services.



4. The system will display a data table containing the following fields:

- **IIC Application Form Name**
- **Type of Application Request**
- **Application Status**
- **Action Items (Edit/View/No Action Available)**

### Filtering Applications by Status

- At the **top-right corner** of the **IIC Provider Application Table**, there is a **status filter dropdown**.



- Users can filter applications based on their current status.
- Available statuses include:
  - **Draft**
  - **Submitted**
  - **Review In Progress**
  - **Additional Info Requested**
  - **Resubmitted by Provider**
  - **Denied**
  - **Signature Awaited**
  - **Application Sent for Approval**
  - **Approved**
  - **Terminated**

### *Understanding Actions Available Based on Status*

The available actions on applications depend on their **current status**:

Status	Available Actions
Draft	Edit (User can modify the application)

Status	Available Actions
Submitted	View Only
Review In Progress	View Only
Additional Info Requested	Edit (User can provide requested information. Users cannot delete files uploaded during the initial submission.)
Resubmitted by Provider	View Only
Signature Awaited	View Only (Check email for SimpliSign request)
Application Sent for Approval	View Only
Approved	View Only
Denied	No Action Available
Terminated	No Action Available

- Users can **edit** only in **Draft** and **Additional Info Requested** Statuses
- Users can only view in all other statuses.
- No action is available for applications in either Denied or Terminated status.

#### *How to Edit an IIC Provider Application*

1. Locate the right downward arrow next to an application entry.
2. Click on the arrow and select "Edit" if the application is in '**Draft**' or '**Additional Info Requested**' status.

	IIC Application Form Name	Type of Application Request	Application Status	
1	IIC-APP-0000000075	Change of Agency Name	Submitted	▼
2	IIC-APP-0000000074	Change of Address	Draft	▼
3	IIC-APP-0000000073	Change of Address	Draft	▼
4	IIC-APP-0000000072	Change of Agency Name	Draft	▼
5	IIC-APP-0000000071	Change of Agency Name	Additional Info Requested	▼

3. Modify the required fields.
4. Click "**Submit**" to update the application.

#### Key Notes

- Applications in "Signature Awaited" status require the user to check their email for a SimpliSign request to complete the signature process.
- Denied and Terminated applications cannot be edited or viewed..
- Filtering options allow users to quickly find applications based on status.

#### 8.1.4. IIC Change of Staff

The Change of Staff Request section on My Dashboard allows providers to track, manage, and update staff changes for Intensive In-Community (IIC) services. This includes adding new staff, deleting existing staff, and listing staff within the agency.

Users can filter requests by type, track their progress through different statuses, and take specific actions based on the current status.

#### Accessing the IIC Change of Staff Request Section

1. Log in to the PASS-Port System.
2. Click on My Dashboard from the top navigation menu.
3. Click on Change of Staff Request under IIC - Intensive In-Community Services.

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ncement.....

## My Dashboard

The Dashboard lists all previous requests and submissions, along with the review status of each one. New requests and submissions can be completed in the Services section.

IIC - Intensive In-Community Services

IIH - Intensive In-Home Services

IIC Provider Profile

Change of Staff Request

Annual Driver's License Form

Fingerprinting Request

IIC Provider Application

New User Request(s)

Change of Staff Request

All

4. The system displays a data table containing:

- **Staff ID**
- **Staff Name**
- **IIC Staff Role**
- **Type of Change Request ("Please Check One" Column)**
- **Request Status**
- **Actions (Edit/View/Add Training & Certificate based on status)**

IIC - Intensive In-Community Services

IIH - Intensive In-Home Services

IIC Provider Profile

Change of Staff Request

Annual Driver's License Form

Fingerprinting Request

IIC Provider Application

New User Request(s)

Change of Staff Request

All

If the status of your application or request form is 'Signature Awaited,' please check your email for a signature request from SimpliSign. Follow the instructions in the email to complete the required signature formalities.

Staff ID	Staff Name	IIC Staff Role	Please check one	Request Status
1 SID-0544	John Legend	IIC Staff	Delete Existing Staff	Additional Info Requested
2 SID-0501	Rose Larkin	IIC Staff	Add New Staff	Addition Approved
3 SID-0479	Dave Orton	BA Staff	Add New Staff	Review In Progress
4 SID-0478	Michael Parfett	Clinical Director	Add New Staff	Review Successful
5 SID-0477	Remo D'Souza	BA Staff	Delete Existing Staff	Review In Progress
6 SID-0475	Terrence Lewis	BA Staff	Add New Staff	Resubmitted by Provider
7 SID-0476	Sonya Tacker	BA Staff	List Existing Staff	Submitted
8 SID-0471	Julie Oskin	IIC Staff	Delete Existing Staff	Draft
9 SID-0470	Max Brenner	Clinical Director	Add New Staff	Addition Approved
10 SID-0468	Phil Foden	Clinical Director	Delete Existing Staff	Deactivated

Load More

## Filtering Change of Staff Requests by Type

- At the top-right corner of the table, there is a type of filter dropdown.

All

✓ All

Add New Staff

Delete Existing Staff

List Existing Staff

Current Staff

- Users can filter requests based on the type of staff change request.
- Available filter options:

- All
- Add New Staff
- Delete Existing Staff
- List Existing Staff
- Current Staff

For requests where the "Please Check One" column will be "List Existing Staff," the final status will always be "Submitted." i.e. There will be no further change in statuses once the form has been submitted.

### *Displaying Staff under “Current Staff” in Change of Staff Request*

In the **Change of Staff Request** section, the **"Current Staff"** filter displays all staff members who are added using either of the following conditions:

1. The “Please check one” field is set to **“List Existing Staff,”** regardless of request status.
2. The “Please check one” field is set to **“Add New Staff”** and the Request Status is **“Addition Approved.”**

These conditions ensure that only currently active and approved staff members are shown in the filtered view.

Change of Staff Request

Current Staff

If the status of your application or request form is 'Signature Awaited,' please check your email for a signature request from SimpliSign. Follow the instructions in the email to complete the required signature formalities.

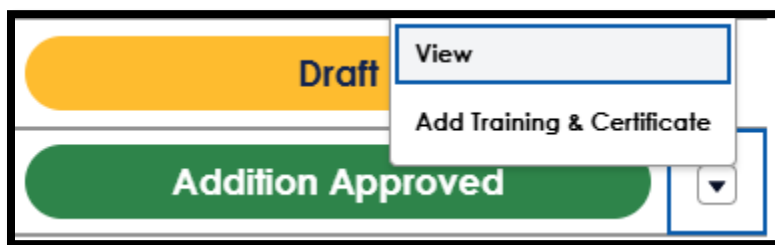
	Staff ID	Staff Name	IIC Staff Role	Please check one	Request Status
1	SID-0501	Rose Larkin	IIC Staff	Add New Staff	Addition Approv...
2	SID-0476	Sonya Tacker	BA Staff	List Existing Staff	Submitted
3	SID-0470	Max Brenner	Clinical Director	Add New Staff	Addition Approv...

### *Understanding Statuses and Actions Available*

Each request has a **status** indicating its progress. Based on this status, specific **actions** are available:

Status	Available Actions
Draft	Edit ( <b>User can modify and submit the request</b> )
Submitted	View Only
Review in Progress	View Only
Additional Info Requested	Edit ( <b>User must provide requested details</b> )
Resubmitted by Provider	View Only
Signature Awaited	View Only ( <b>User must check email for SimpliSign request</b> )
Addition Approved	View + Add Training & Certificate
Deactivated	View Only
Denied	View Only

- Users can edit only in 'Draft' and 'Additional Info Requested' statuses.
- Users can only view in all other statuses.
- For "Addition Approved" requests, users can add training & certification for each staff record.



## Editing a Change of Staff Request

1. Locate the **right downward arrow** next to a request record.
2. Click on the **arrow** and select **"Edit"** if the request is in **Draft** or **Additional Info Requested** status.

**Change of Staff Request** All

If the status of your application or request form is 'Signature Awaited,' please check your email for a signature request from SimpliSign. Follow the instructions in the email to complete the required signature formalities.

	Staff ID	Staff Name	I/H Staff Role	Please check one	Request Status
1	SID-0660	SDF	I/H Staff	Add New Staff	Draft
2	SID-0598	Michael Matthew	I/H Staff	Add New Staff	Submitted

3. Modify the required fields.
4. Click **"Save"** to update the request.

## Viewing a Change of Staff Request

1. Locate the **right downward arrow** next to a request record.
2. Click the **arrow** and select **"View"** if the request is in any status other than **Draft** or **Additional Info Requested**.

**Change of Staff Request** All

If the status of your application or request form is 'Signature Awaited,' please check your email for a signature request from SimpliSign. Follow the instructions in the email to complete the required signature formalities.

	Staff ID	Staff Name	I/C Staff Role	Please check one	Request Status
1	SID-0670	John Doe	I/C Staff	List Existing Staff	Submitted
2	SID-0544	John Legend	I/C Staff	Delete Existing Staff	Denied
3	SID-0501	Rose Larkin	I/C Staff	Add New Staff	Addition Approved
4	SID-0479	Dave Orton	BA Staff	Add New Staff	Review In Progress
5	SID-0478	Michael Parfett	Clinical Director	Add New Staff	Signature Awaited
6	SID-0477	Remo D'Souza	BA Staff	Delete Existing Staff	Review In Progress

3. Review the request details, but **no changes can be made**.



## Adding Training & Certificate to an Approved Staff Member

If a request is in **"Addition Approved"** status, the **"Add Training & Certificate"** button becomes available.

### Steps to Add Training & Certificates

1. Click the **right downward arrow** next to an **Addition Approved** request.

The screenshot shows a table titled "Change of Staff Request" with columns: Staff ID, Staff Name, IIC Staff Role, Please check one, and Request Status. The table contains 8 rows of staff requests. The third row, for Staff ID SID-0501 (Rose Larkin, IIC Staff), has a status of "Addition Approved". A dropdown arrow next to this status is highlighted with a red box, and a menu is open showing two options: "View" and "Add Training & Certificate".

Staff ID	Staff Name	IIC Staff Role	Please check one	Request Status
1 SID-0670	John Doe	IIC Staff	List Existing Staff	Submitted
2 SID-0544	John Legend	IIC Staff	Delete Existing Staff	Denied
3 SID-0501	Rose Larkin	IIC Staff	Add New Staff	Addition Approved
4 SID-0479	Dave Orton	BA Staff	Add New Staff	Review In Progress
5 SID-0478	Michael Parfett	Clinical Director	Add New Staff	Signature Awaited
6 SID-0477	Remo D'Souza	BA Staff	Delete Existing Staff	Review In Progress
7 SID-0476	Sonya Tacker	BA Staff	List Existing Staff	Submitted
8 SID-0475	Terrence Lewis	BA Staff	Add New Staff	Resubmitted by Provider

2. Select **"Add Training & Certificate."**

3. A **modal pop-up** will open.

The screenshot shows a modal pop-up titled "Add Trainings and Certifications". It contains a list of training and certification options, each with a checkbox. The options are: Adapted Dialectical Behavior Therapy for Special Populations (DBT-SP), Alternatives for Families – A Cognitive Behavioral Therapy (AF-CBT), Assessment-Based Treatment for Traumatized Children: Trauma Assessment Pathway (TAP), Attachment and Biobehavioral Catch-up (ABC), Attachment, Self-Regulation, and Competence (ARC), An Elementary School Intervention for Childhood Trauma (Bounce Back), Child Adult Relationship Enhancement (CARE), Child and Family Traumatic Stress Intervention (CFTSI) Child Development Community Policing Program, Child-Parent Psychotherapy (CPP), Cognitive Behavioral Intervention for Trauma in Schools (CBIT), Combined Parent Child Cognitive-Behavioral Approach for Children and Families At-Risk for Child Physical Abuse (CPC-CBT), COPE - Community Outreach Program - Esperanza, Culturally Modified Trauma Focused Treatment (CM-TFT), Early Pathways (EP), and Family Advocate Program. The "An Elementary School Intervention for Childhood Trauma (Bounce Back)" option is selected. At the bottom right, there are "Cancel" and "Save" buttons.

4. Select the relevant **training courses and certifications** from the list.

5. Click **"Save"** to apply the selected certifications.

This ensures that the staff member record has the necessary training and certifications assigned to them.

#### *Key Notes*

- Requests with "List Existing Staff" as the change type will always have "Submitted" as the final status.
- Denied and Deactivated requests have no further actions available.
- Staff Member and Provider Representative must check their email for SimpliSign requests when an 'Add New User' request is in 'Signature Awaited' status.
- For 'Delete Existing User' requests in 'Signature Awaited' status, only the Provider Representative is required to sign on the form.

#### **8.1.5. IIC Annual Driver's License Form**

The **Annual Driver's License Form** section in **My Dashboard** allows **Provider Users to track and manage** driver's license attestation forms required for staff members who drive as part of their job responsibilities. This section enables users to monitor the progress of their submissions based on various statuses.

#### *Accessing the Annual Driver's License Form Section*

1. **Log in** to the **PASS-Port System**.
2. Click on **My Dashboard** from the top navigation menu.

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Home Services My Dashboard

New Training & Certificate Program Announcement.....

## My Dashboard

The Dashboard lists all previous requests and submissions, along with the review status of each one. New requests and submissions can be completed in the Services section.

IIC - Intensive In-Community Services

IIH - Intensive In-Home Services

IIC Provider Profile

Change of Staff Request

Annual Driver's License Form

Fingerprinting Request

IIC Provider Application

New User Request(s)

Annual Driver's License Form All

3. Click on **Annual Driver's License Form** under **IIC - Intensive In-Community Services**.

4. The system displays a **data table** containing:

- **Annual Driver's License ID** (Unique identifier for each form)
- **Agency Name (Attestation)**
- **DL Form Submitted Date** (Date the form was submitted)
- **Annual Driver's License Form Status**
- **Action Items (Edit/View)**

Annual Driver's License Form

All

If the status of your application or request form is 'Signature Awaited,' please check your email for a signature request from SimpliSign. Follow the instructions in the email to complete the required signature formalities.

Annual Driver's License ID	Agency Name (Attestation)	DL Form Submitted Date	Annual Driver's License Form Status
1 ADL-00107	Rose Childcare	Feb 26, 2025	Signature Awaited
2 ADL-00105	Rose Childcare	Feb 26, 2025	Signature Awaited
3 ADL-00071	Rose Childcare	Jan 30, 2025	Draft
4 ADL-00051	Rose Childcare	Jan 23, 2025	Signature Awaited
5 ADL-00023	Rose Childcare	Jan 13, 2025	Signature Completed
6 ADL-00021	Rose Childcare	Jan 10, 2025	Submitted

### Filtering Annual Driver's License Forms by Status

- At the **top-right corner** of the **Annual Driver's License Form Table**, there is a **status filter dropdown**.
- Users can filter applications based on their current status.
- Available statuses include:
  - Draft** → The form is being prepared and has not been submitted. Users can edit only in 'Draft' Status.
  - Signature Awaited** → The form requires an electronic signature from SimpliSign. If the status is "Signature Awaited," the user must check their email for a SimpliSign request to complete the signature process.
  - Signature Completed** → The required signature has been provided, and the submission is finalized.
  - Submitted** → The form has been submitted and is under review.

### How to Edit an Annual Driver's License Form

- Locate the **right downward arrow** next to a form entry.
- Click on the **arrow** and select **"Edit"** if the form is in **Draft** status.

### Annual Driver's License Form

All

If the status of your application or request form is 'Signature Awaited,' please check your email for a signature request from SimpliSign. Follow the instructions in the email to complete the required signature formalities.

Annual Driver's License ID	Agency Name (Attestation)	DL Form Submitted Date	Annual Driver's License Form Status
1 ADL-00107	Rose Childcare	Feb 26, 2025	Signature Awaited
2 ADL-00105	Rose Childcare	Feb 26, 2025	Signature Awaited
3 ADL-00071	Rose Childcare	Jan 30, 2025	Draft
4 ADL-00051	Rose Childcare	Jan 23, 2025	Signature Awaited
5 ADL-00023	Rose Childcare	Jan 13, 2025	Signature Completed
6 ADL-00021	Rose Childcare	Jan 10, 2025	Submitted

- Modify the necessary details.
- Click **"Submit for Signature"** to finalize and submit it.

#### How to View an Annual Driver's License Form

- Locate the **right downward arrow** next to a form entry.
- Click the **arrow** and select **"View"** if the form is in **Signature Awaited, Submitted, or Signature Completed** status.

### Annual Driver's License Form

All

If the status of your application or request form is 'Signature Awaited,' please check your email for a signature request from SimpliSign. Follow the instructions in the email to complete the required signature formalities.

Annual Driver's License ID	Agency Name (Attestation)	DL Form Submitted Date	Annual Driver's License Form Status
1 ADL-00107	Rose Childcare	Feb 26, 2025	Signature Awaited
2 ADL-00105	Rose Childcare	Feb 26, 2025	Signature Awaited
3 ADL-00071	Rose Childcare	Jan 30, 2025	Draft
4 ADL-00051	Rose Childcare	Jan 23, 2025	Signature Awaited
5 ADL-00023	Rose Childcare	Jan 13, 2025	Signature Completed
6 ADL-00021	Rose Childcare	Jan 10, 2025	Submitted

- View the details, but **no changes can be made**.

### 8.1.6. New User Request(s)

The New User Request(s) section in My Dashboard allows provider users of an agency, could be either IIC (Intensive In-Community Services) or IIH (Intensive In-Home Services) or both, to track the progress of requests to add new users to the PASS-Port System for their respective agencies.

Since these requests pertain to adding users to an agency's PASS-Port System, both IIC and IIH providers will see the same type of request data table.

#### *Accessing the New User Request(s) Section*

1. Log in to the PASS-Port System.
2. Click on My Dashboard from the top navigation menu.
3. Click on New User Request(s) under either:
  - IIC - Intensive In-Community Services, or
  - IIH - Intensive In-Home Services.
4. The system displays a data table containing:
  - First Name
  - Last Name
  - Email
  - Status

**IIC - Intensive In-Community Services** | **IIH - Intensive In-Home Services**

IIC Provider Profile | Change of Staff Request | Annual Driver's License Form

Fingerprinting Request | IIC Provider Application | **New User Request(s)**

**New User Request(s)** All

If the status of your application or request form is 'Signature Awaited,' please check your email for a signature request from SimpliSign. Follow the instructions in the email to complete the required signature formalities.

	FirstName	LastName	Email	Status
1	gina	Johnson	dcftest5@mail.com	Approved
2	Nikki	Mina	dcftest4@mail.com	Denied
3	Taylor	Lautner	dcftest3@mail.com	Denied
4	Kristen	Stewart	dcftest2@mail.com	Approved

### Filtering New User Requests by Status

- At the **top-right corner** of the **New User Request(s) Table**, there is a **status filter dropdown**.

**All**

- ✓ All
- Pending
- Request Pending for Approval
- Approved
- Denied

- Users can filter requests based on their current status.
- Available statuses include:
  - Pending** → The request has been submitted and is awaiting processing.
  - Request Pending for Approval** → The request is under review and requires CSOC approval.

- **Approved** → The user has been successfully added to the system.
- **Denied** → The request has been rejected.

### *Key Notes*

- New user requests are processed for both IIC and IIH providers in the same way.
- Once a request is denied, a new request must be submitted if a user still needs access.
- Users cannot edit once submitted.
- Denied requests have no further action available.
- Approved requests mean the user is successfully added to the system and can now register and log in to the PASS-Port System to access their Agency related information, applications, and requests.

## 8.2. IIH – Intensive In-Home Services

### 8.2.1. IIH Provider Profile

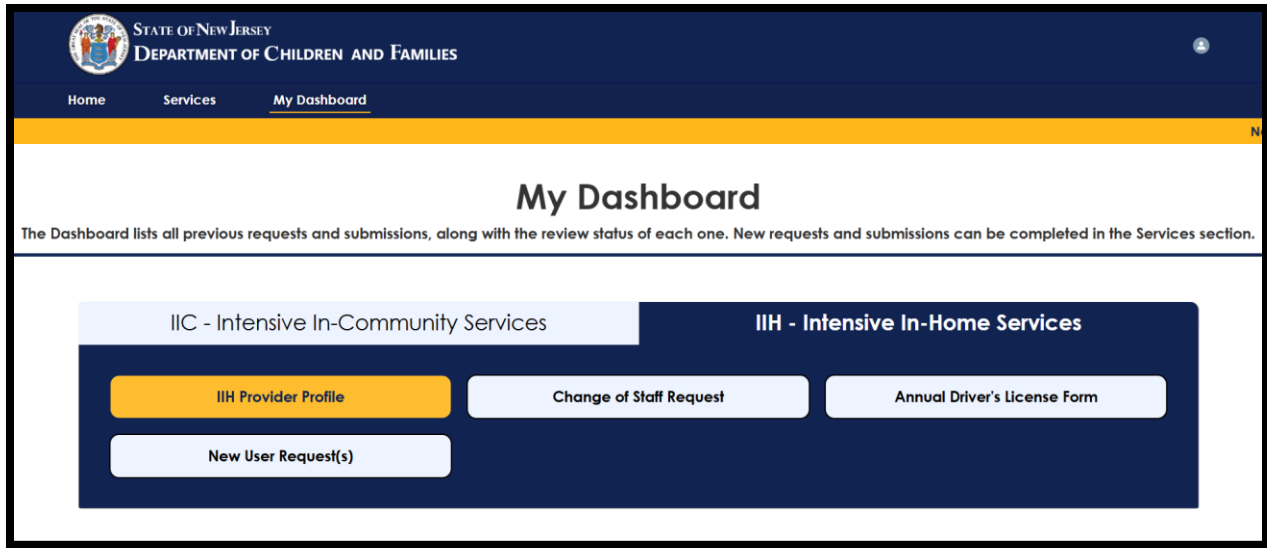
The IIH Provider Profile section in My Dashboard allows providers to view, update, and manage their agency profile. This ensures that the agency's details, such as contact information and services provided, remain accurate and up to date.

If any modifications are required, users can edit the profile directly from this screen.

#### *How to Access the IIH Provider Profile from My Dashboard*

1. **Log in** to the **PASS-Port System**.
2. Click on **My Dashboard** from the top navigation menu.
3. Under **IIH - Intensive In-Home Services**, click the **IIH Provider Profile** button.





4. The system will display the **IIH Provider Profile Table**, showing:

- **Provider Profile ID**
- **Agency Name**
- **Email Address**

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Home
Services
My Dashboard

Program Announcement.....

## My Dashboard

The Dashboard lists all previous requests and submissions, along with the review status of each one. New requests and submissions can be completed in the Services section.

IIC - Intensive In-Community Services

IIH - Intensive In-Home Services

IIH Provider Profile

Change of Staff Request

Annual Driver's License Form

New User Request(s)

### IIH Provider Profile

If the status of your application or request form is 'Signature Awaited,' please check your email for a signature request from SimpliSign. Follow the instructions in the email to complete the required signature formalities.

Provider Profile ID	Agency Name	Email address
1 PP-0051	Ashecliffe Care	test@test.com

FAQ
Privacy Notice
Legal Statement & Disclaimers
Accessibility Statement

#### CONTACT US

Families 50 East State Street, 2nd floor PO Box 729 Trenton, NJ 10001

1-855-INFO-DCF (1-855-463-6323)

iicprovider.applications@dcf.nj.gov

IIC Provider reach out to :- iicprovider.communications@dcf.nj.gov  
IIH Provider reach out to :- iihiprovider.communications@dcf.nj.gov

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### Editing the IIH Provider Profile

If users need to **update or modify** their profile, follow these steps:

1. Locate the **right downward arrow** on the right side of the **IIH Provider Profile Table**.
2. **Click on the downward arrow** to expand the available options.

**My Dashboard**

The Dashboard lists all previous requests and submissions, along with the review status of each one. New requests and submissions can be completed in the Services section.

IIC - Intensive In-Community Services

IIH - Intensive In-Home Services

IIH Provider Profile
Change of Staff Request
Annual Driver's License Form

New User Request(s)

### IIH Provider Profile

If the status of your application or request form is 'Signature Awaited,' please check your email for a signature request from SimpliSign. Follow the instructions in the email to complete the required signature formalities.

Provider Profile ID	Agency Name	Email address	
1 PP-0056	Ashecliffe Care	test123@testling.com	<a href="#">Edit</a>

3. Select **"Edit"** to open the profile form in **edit mode**.
4. The Provider user will then be redirected to the Provider Profile where they can edit the Profile and Save Changes.

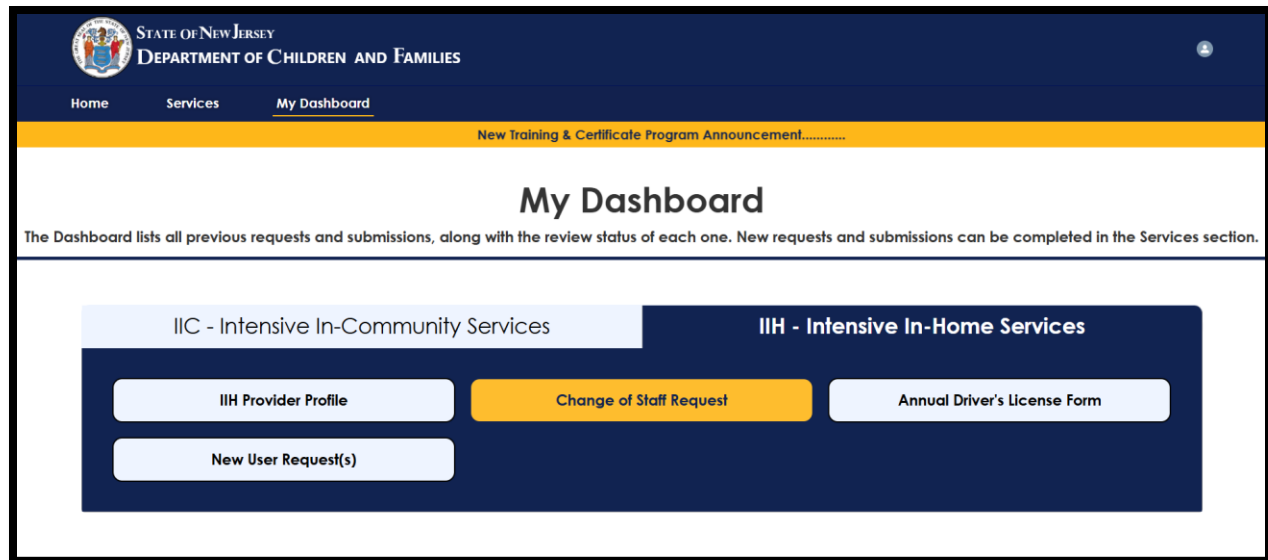
### 8.2.2. IIH Change of Staff

The Change of Staff Request section on My Dashboard allows providers to track, manage, and update staff changes for Intensive In-Home (IIH) services. This includes adding new staff, deleting existing staff, and listing staff within the agency.

Users can filter requests by type, track their progress through different statuses, and take specific actions based on the current status.

#### *Accessing the IIH Change of Staff Request Section*

1. Log in to the PASS-Port System.
2. Click on My Dashboard from the top navigation menu.
3. Click on Change of Staff Request under IIH - Intensive In-Home Services.



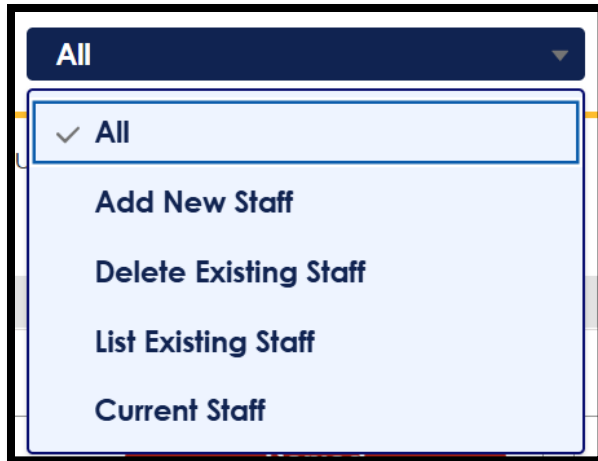
4. The system displays a data table containing:

- **Staff ID**
- **Staff Name**
- **IIH Staff Role**
- **Type of Change Request ("Please Check One" Column)**
- **Request Status**
- **Actions (Edit/View/Add Training & Certificate based on status)**

Change of Staff Request					All
If the status of your application or request form is 'Signature Awaited,' please check your email for a signature request from SimpliSign. Follow the instructions in the email to complete the required signature formalities.					
Staff ID	Staff Name	IIH Staff Role	Please check one	Request Status	
1 SID-0660	SDF	IIH Staff	Add New Staff	Draft	
2 SID-0598	Michael Matthew	IIH Staff	Add New Staff	Submitted	

### Filtering Change of Staff Requests by Type

- At the top-right corner of the table, there is a type of filter dropdown.



- Users can filter requests based on the type of staff change request.
- Available filter options:
  - All
  - Add New Staff
  - Delete Existing Staff
  - List Existing Staff
  - Current Staff

For requests where the "Please Check One" column will be "List Existing Staff," the final status will always be "Submitted." i.e. There will be no further change in statuses once the form has been submitted.

#### *Displaying Staff under “Current Staff” in Change of Staff Request*

In the **Change of Staff Request** section, the **"Current Staff"** filter displays all staff members who are added using either of the following conditions:

3. The “Please check one” field is set to **“List Existing Staff,”** regardless of request status.
4. The “Please check one” field is set to **“Add New Staff”** and the Request Status is **“Addition Approved.”**

These conditions ensure that only currently active and approved staff members are shown in the filtered view.

### Change of Staff Request

Current Staff

If the status of your application or request form is 'Signature Awaited,' please check your email for a signature request from SimpliSign. Follow the instructions in the email to complete the required signature formalities.

	Staff ID	Staff Name	IIC Staff Role	Please check one	Request Status
1	SID-0501	Rose Larkin	IIH Staff	Add New Staff	Addition Approv... <input type="checkbox"/>
2	SID-0476	Sonya Tacker	IIH Staff	List Existing Staff	Submitted <input type="checkbox"/>
3	SID-0470	Max Johnson	IIH Staff	Add New Staff	Addition Approv... <input type="checkbox"/>

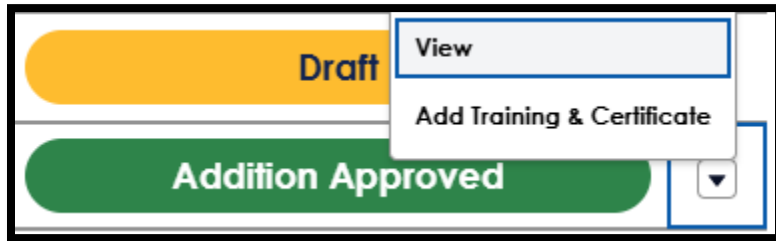
### Understanding Statuses and Actions Available

Each request has a **status** indicating its progress. Based on this status, specific **actions** are available:

Status	Available Actions
<b>Draft</b>	Edit ( <b>User can modify and submit the request</b> )
<b>Submitted</b>	View Only
<b>Review in Progress</b>	View Only
<b>Additional Info Requested</b>	Edit ( <b>User must provide requested details</b> )
<b>Resubmitted by Provider</b>	View Only
<b>Signature Awaited</b>	View Only ( <b>User must check email for SimpliSign request</b> )
<b>Addition Approved</b>	View + Add Training & Certificate
<b>Deactivated</b>	View Only
<b>Denied</b>	View Only

- Users can edit only in 'Draft' and 'Additional Info Requested' statuses.

- Users can only view in all other statuses.
- For "Addition Approved" requests, users can add training & certification for each staff record.



### *Editing a Change of Staff Request*

1. Locate the **right downward arrow** next to a request record.
2. Click on the **arrow** and select "**Edit**" if the request is in **Draft** or **Additional Info Requested** status.

Change of Staff Request					All
If the status of your application or request form is 'Signature Awaited,' please check your email for a signature request from SimpliSign. Follow the instructions in the email to complete the required signature formalities.					
Staff ID	Staff Name	IIH Staff Role	Please check one	Request Status	
1 SID-0660	SDF	IIH Staff	Add New Staff	Draft	▼
2 SID-0598	Michael Matthew	IIH Staff	Add New Staff	Submitted	▼

3. Modify the required fields.
4. Click "**Save**" to update the request.

### *Viewing a Change of Staff Request*

1. Locate the **right downward arrow** next to a request record.

Change of Staff Request

All

If the status of your application or request form is 'Signature Awaited,' please check your email for a signature request from SimpliSign. Follow the instructions in the email to complete the required signature formalities.

	Staff ID	Staff Name	Staff Role	Please check one	Request Status
1	SID-0228	Jamie Miller	IIH Staff	Delete Existing Staff	Signature Awaited
2	SID-0227	Eddie Miller	IIH Staff	Delete Existing Staff	Signature Awaited
3	SID-0223	George Noyce	IIH Staff	Delete Existing Staff	Deactivated
4	SID-0217	Chuck Aule	IIH Staff	Add New Staff	Addition Approved

- Click the **arrow** and select **"View"** if the request is in any status other than **Draft** or **Additional Info Requested**.

Change of Staff Request

All

If the status of your application or request form is 'Signature Awaited,' please check your email for a signature request from SimpliSign. Follow the instructions in the email to complete the required signature formalities.

	Staff ID	Staff Name	Staff Role	Please check one	Request Status
1	SID-0228	Jamie Miller	IIH Staff	Delete Existing Staff	Signature Awaited
2	SID-0227	Eddie Miller	IIH Staff	Delete Existing Staff	Signature Awaited
3	SID-0223	George Noyce	IIH Staff	Delete Existing Staff	Deactivated
4	SID-0217	Chuck Aule	IIH Staff	Add New Staff	Addition Approved

- Review the request details, but **no changes can be made**.

### *Adding Training & Certificate to an Approved Staff Member*

If a request is in **"Addition Approved"** status, the **"Add Training & Certificate"** button becomes available.

### *Steps to Add Training & Certificates*

- Click the **right downward arrow** next to an **Addition Approved** request.



Change of Staff Request

All

If the status of your application or request form is 'Signature Awaited,' please check your email for a signature request from SimpliSign. Follow the instructions in the email to complete the required signature formalities.

	Staff ID	Staff Name	Staff Role	Please check one	Request Status
1	SID-0228	Jamie Miller	IIH Staff	Delete Existing Staff	Signature Awaited
2	SID-0227	Eddie Miller	IIH Staff	Delete Existing Staff	Signature Awaited
3	SID-0223	George Noyce	IIH Staff	Delete Existing Staff	Deactivated
4	SID-0217	Chuck Aule	IIH Staff	Add New Staff	Addition Approved

## 2. Select "Add Training & Certificate."

Change of Staff Request

All

If the status of your application or request form is 'Signature Awaited,' please check your email for a signature request from SimpliSign. Follow the instructions in the email to complete the required signature formalities.

	Staff ID	Staff Name	Staff Role	Please check one	Request Status
1	SID-0228	Jamie Miller	IIH Staff	Delete Existing Staff	Signature Awaited
2	SID-0227	Eddie Miller	IIH Staff	Delete Existing Staff	Signature Awaited
3	SID-0223	George Noyce	IIH Staff	Delete Existing Staff	Deactivated
4	SID-0217	Chuck Aule	IIH Staff	Add New Staff	Addition Approved

## 3. A modal pop-up will open.

Add Trainings and Certifications

☐ Adapted Dialectical Behavior Therapy for Special Populations (DBT-SP)  
☐ Alternatives for Families – A Cognitive Behavioral Therapy (AF-CBT)  
☐ Assessment-Based Treatment for Traumatized Children: Trauma Assessment Pathway (TAP)  
☐ Attachment and Biobehavioral Catch-up (ABC)  
☐ Attachment, Self-Regulation, and Competence (ARC)  
☐ An Elementary School Intervention for Childhood Trauma (Bounce Back)  
☐ Child Adult Relationship Enhancement (CARE)  
☐ Child and Family Traumatic Stress Intervention (CFTSI) Child Development Community Policing Program  
☐ Child-Parent Psychotherapy (CPP)  
☐ Cognitive Behavioral Intervention for Trauma in Schools (CBIT)  
☐ Combined Parent Child Cognitive-Behavioral Approach for Children and Families At-Risk for Child Physical Abuse (CPC-CBT)  
☐ COPE - Community Outreach Program - Esperanza  
☐ Culturally Modified Trauma Focused Treatment (CM-TFT)  
☐ Early Pathways (EP)  
☐ Family Advocate Program

Cancel

Save

## 4. Select the relevant **training and certifications** from the list.

Dialog box titled "Add Trainings and Certifications". The list of options includes:

- ☐ Adapted Dialectical Behavior Therapy for Special Populations (DBT-SP)
- ☐ Alternatives for Families – A Cognitive Behavioral Therapy (AF-CBT)
- ☐ Assessment-Based Treatment for Traumatized Children: Trauma Assessment Pathway (TAP)
- ☐ Attachment and Biobehavioral Catch-up (ABC)
- ☒ Attachment, Self-Regulation, and Competence (ARC)
- ☐ An Elementary School Intervention for Childhood Trauma (Bounce Back)
- ☒ Child Adult Relationship Enhancement (CARE)
- ☐ Child and Family Traumatic Stress Intervention (CFTSI) Child Development Community Policing Program
- ☒ Child-Parent Psychotherapy (CPP)
- ☐ Cognitive Behavioral Intervention for Trauma in Schools (CBIT)
- ☒ Combined Parent Child Cognitive-Behavioral Approach for Children and Families At-Risk for Child Physical Abuse (CPC-CBT)
- ☐ COPE - Community Outreach Program - Esperanza
- ☐ Culturally Modified Trauma Focused Treatment (CM-TFT)
- ☐ Early Pathways (EP)
- ☐ Family Advocate Program

Buttons: Cancel, Save

5. Click "**Save**" to apply the selected certifications.

Dialog box titled "Add Trainings and Certifications". The list of options is the same as in the previous screenshot. The 'Save' button at the bottom right is highlighted with a red rectangle.

Buttons: Cancel, Save

This ensures that the staff member record has the necessary training and certifications assigned to them.

### Key Notes

- Requests with "List Existing Staff" as the change type will always have "Submitted" as the final status.
- Denied and Deactivated requests have no further actions available.
- Staff Member and Provider Representative must check their email for SimpliSign requests when an 'Add New User' request is in 'Signature Awaited' status.

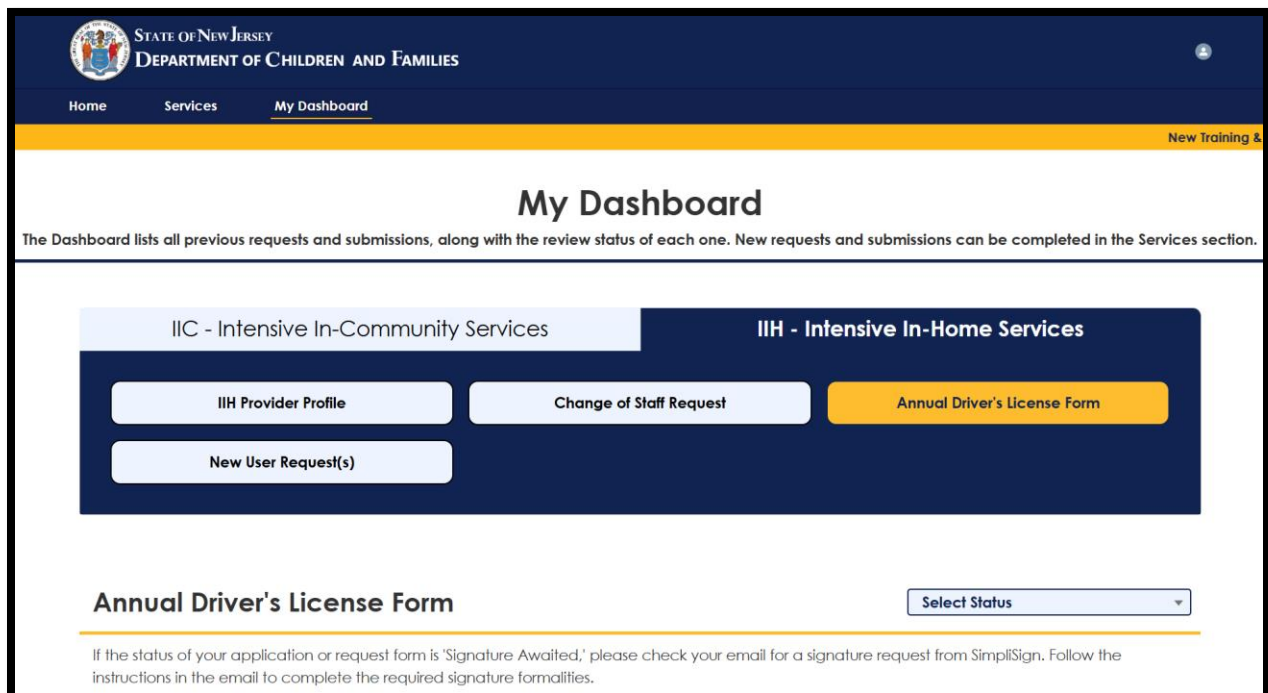
- For 'Delete Existing User' requests in 'Signature Awaited' status, only the Provider Representative is required to sign on the form.

### 8.2.3. IIH Annual Driver's License Form

The **Annual Driver's License Form** section in **My Dashboard** allows **Provider Users** to **track and manage** driver's license attestation forms required for staff members who drive as part of their job responsibilities. This section enables users to monitor the progress of their submissions based on various statuses.

#### *Accessing the Annual Driver's License Form Section*

1. **Log in** to the **PASS-Port System**.
2. Click on **My Dashboard** from the top navigation menu.



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Home Services My Dashboard

New Training &

## My Dashboard

The Dashboard lists all previous requests and submissions, along with the review status of each one. New requests and submissions can be completed in the Services section.

IIC - Intensive In-Community Services

IIH - Intensive In-Home Services

IIH Provider Profile

Change of Staff Request

Annual Driver's License Form

New User Request(s)

### Annual Driver's License Form

Select Status

If the status of your application or request form is 'Signature Awaited,' please check your email for a signature request from SimpliSign. Follow the instructions in the email to complete the required signature formalities.

3. Click on **Annual Driver's License Form** under **IIH - Intensive In-Home Services**.
4. The system displays a **data table** containing:

- **Annual Driver's License ID** (Unique identifier for each form)
- **Agency Name** (Attestation)
- **DL Form Submitted Date** (Date when the form was submitted)
- **Annual Driver's License Form Status** (Displays the current status of the form)
- **Action Items** (Edit/View)

Annual Driver's License Form				All
If the status of your application or request form is 'Signature Awaited,' please check your email for a signature request from SimpliSign. Follow the instructions in the email to complete the required signature formalities.				
Annual Driver's License ID	Agency Name (Attestation)	DL Form Submitted Date	Annual Driver's License Form Status	
1 ADL-00107	Rose Childcare	Feb 26, 2025	Signature Awaited	
2 ADL-00105	Rose Childcare	Feb 26, 2025	Signature Awaited	
3 ADL-00071	Rose Childcare	Jan 30, 2025	Draft	
4 ADL-00051	Rose Childcare	Jan 23, 2025	Signature Awaited	
5 ADL-00023	Rose Childcare	Jan 13, 2025	Signature Completed	
6 ADL-00021	Rose Childcare	Jan 10, 2025	Submitted	

### Filtering Annual Driver's License Forms by Status

- At the **top-right corner** of the **Annual Driver's License Form Table**, there is a **status filter dropdown**.
- Users can filter applications based on their current status.
- Available statuses include:
  - **Draft** → The form is being prepared and has not been submitted. Users can edit only in 'Draft' Status.
  - **Signature Awaited** → The form requires an electronic signature from SimpliSign. If the status is "Signature Awaited," the user must check their email for a SimpliSign request to complete the signature process.
  - **Signature Completed** → The required signature has been provided, and the submission is finalized.
  - **Submitted** → The form has been submitted and is under review.



### *How to Edit an Annual Driver's License Form*

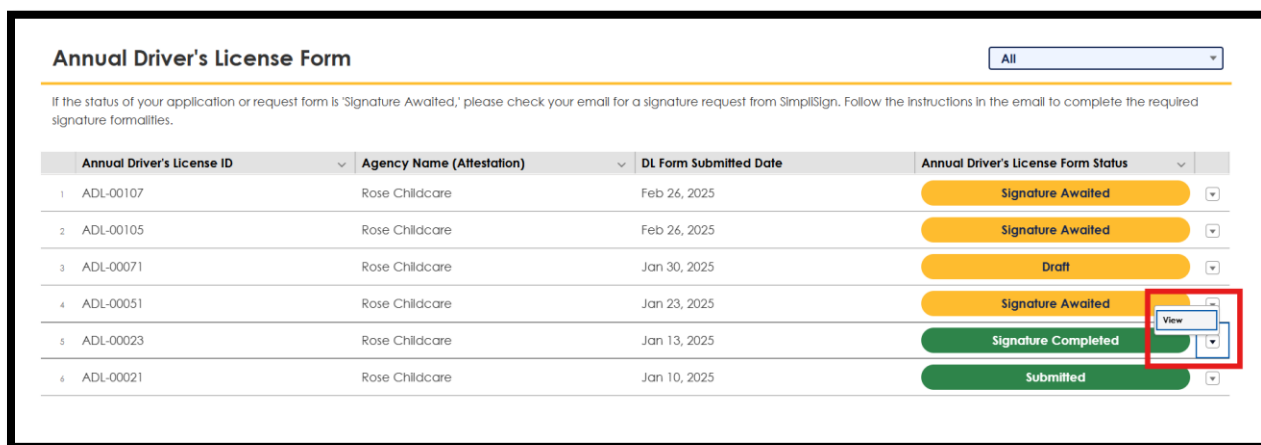
- Locate the **right downward arrow** next to a form entry.
- Click on the **arrow** and select "**Edit**" if the form is in **Draft** status.

Annual Driver's License ID	Agency Name (Attestation)	DL Form Submitted Date	Annual Driver's License Form Status
1 ADL-00107	Rose Childcare	Feb 26, 2025	Signature Awaited
2 ADL-00105	Rose Childcare	Feb 26, 2025	Signature Awaited
3 ADL-00071	Rose Childcare	Jan 30, 2025	Draft
4 ADL-00051	Rose Childcare	Jan 23, 2025	Signature Awaited
5 ADL-00023	Rose Childcare	Jan 13, 2025	Signature Completed
6 ADL-00021	Rose Childcare	Jan 10, 2025	Submitted

- Modify the necessary details.
- Click "**Submit for Signature**" to finalize and submit it.

### How to View an Annual Driver's License Form

- Locate the **right downward arrow** next to a form entry.
- Click the **arrow** and select **"View"** if the form is in **Signature Awaited**, **Submitted**, or **Signature Completed** status.



The screenshot shows a web interface titled "Annual Driver's License Form" with a filter dropdown set to "All". Below the title is a note: "If the status of your application or request form is 'Signature Awaited,' please check your email for a signature request from SimpliSign. Follow the instructions in the email to complete the required signature formalities." The table has four columns: "Annual Driver's License ID", "Agency Name (Attestation)", "DL Form Submitted Date", and "Annual Driver's License Form Status". There are six rows of data. The status for the first three rows is "Signature Awaited" (yellow buttons), the fourth is "Draft" (yellow button), the fifth is "Signature Completed" (green button), and the sixth is "Submitted" (green button). A red box highlights the "View" button in the dropdown menu of the "Signature Completed" row.

	Annual Driver's License ID	Agency Name (Attestation)	DL Form Submitted Date	Annual Driver's License Form Status
1	ADL-00107	Rose Childcare	Feb 26, 2025	Signature Awaited
2	ADL-00105	Rose Childcare	Feb 26, 2025	Signature Awaited
3	ADL-00071	Rose Childcare	Jan 30, 2025	Draft
4	ADL-00051	Rose Childcare	Jan 23, 2025	Signature Awaited
5	ADL-00023	Rose Childcare	Jan 13, 2025	Signature Completed
6	ADL-00021	Rose Childcare	Jan 10, 2025	Submitted

- Review the details, but **no changes can be made**.

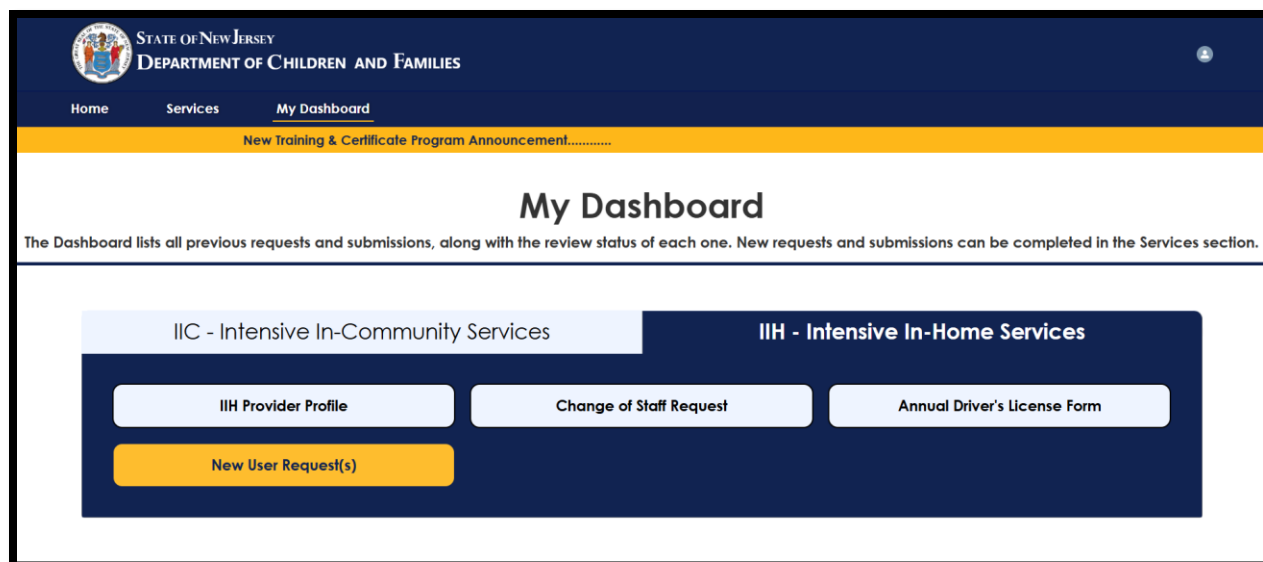
### 8.2.4. New User Request(s)

The New User Request(s) section in My Dashboard allows provider users of an agency, could be either IIC (Intensive In-Community Services) or IIH (Intensive In-Home Services) or both, to track the progress of requests to add new users to the PASS-Port System for their respective agencies.

Since these requests pertain to adding users to an agency's PASS-Port System, both IIC and IIH providers will see the same type of request data table.

#### Accessing the New User Request(s) Section

1. Log in to the PASS-Port System.
2. Click on My Dashboard from the top navigation menu.



3. Click on New User Request(s) under either:
  - a. IIC - Intensive In-Community Services, or
  - b. IIH - Intensive In-Home Services.
4. The system displays a data table containing:
  - a. First Name
  - b. Last Name
  - c. Email
  - d. Status

New User Request(s)				All
If the status of your application or request form is 'Signature Awaited,' please check your email for a signature request from SimpleSign. Follow the instructions in the email to complete the required signature formalities.				
First Name	Last Name	Email	Status	
1 gina	johnson	dcffest5@mail.com	Approved	
2 Nikki	Minaj	dcffest14@mail.com	Denied	
3 Taylor	Lautner	dcffest13@mail.com	Denied	
4 Kristen	Stewart	dcffest12@mail.com	Approved	

### *Filtering New User Requests by Status*

- At the **top-right corner** of the **New User Request(s) Table**, there is a **status filter dropdown**.



- Users can filter requests based on their current status.
- Available statuses include:
  - **Pending** → The request has been submitted and is awaiting processing.
  - **Request Pending for Approval** → The request is under review and requires CSOC approval.
  - **Approved** → The user has been successfully added to the system.
  - **Denied** → The request has been rejected.

### *Key Notes*

- New user requests are processed for both IIC and IIH providers in the same way.
- Once a request is denied, a new request must be submitted if a user still needs access.
- Users cannot edit once submitted.
- Denied requests have no further action available.



Approved requests mean the user is successfully added to the system and can now register and log in to the PASS-Port System to access their Agency related information, applications, and requests.

## 9. Signature Process with SimpliSign

Certain forms within the **PASS-Port System** require **electronic signatures** that are handled **outside the PASS-Port system** via a secure third-party platform known as **SimpliSign**.

This process ensures that legally binding documents are signed and maintained in accordance with New Jersey DCF's compliance and data retention policies.

### 9.1. Forms That Require Signature via SimpliSign

The following forms will trigger a signature request through SimpliSign once the application or form reaches the **"Signature Awaited"** status in the system:

1. **IIC Provider Application**
2. **Change of Staff Form (Both for IIC and IIH)**
3. **Annual Driver's License Form (Both for IIC and IIH)**

### 9.2. Business Rules for Signature Process

#### 1. IIC Provider Application

- If more than one authorized signer is listed, the SimpliSign document will be routed **sequentially**.
- The document will go to the **first owner/user**, followed by the **second**, and so on until all required parties have completed their signatures.
- The application cannot move forward until **all required signatures are completed**.

#### 2. Change of Staff Form

- **Add New Staff:** Both the **Provider Agency Representative** and the **Staff Member** must sign the document. The document will first go to the Provider Agency Representative and once they sign the document, the document will go to the Staff

Member for their Signature. Once both the users have signed the document, the Request will move further.

- **Delete Existing Staff:** Only the **Provider Agency Representative** is required to sign this type of request.

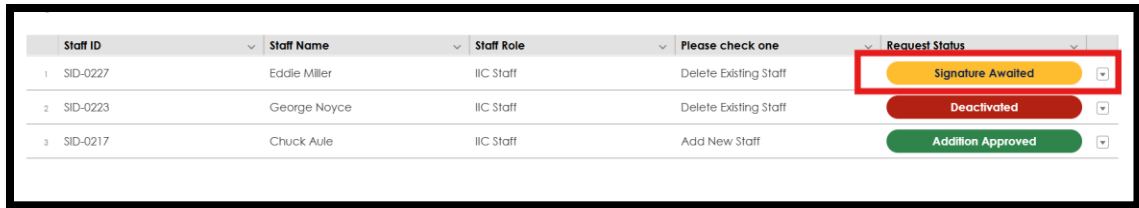
### 3. Annual Driver's License Form

- The signature will be requested from the **Provider Agency Representative** only.

## 9.3. How to Complete the Signature Process through SimpliSign

### Step 1: Receive the SimpliSign Email

- Once a form or an application reaches the “Signature Awaited” status, the relevant user(s) will receive an email from [simplisign@simpligov.com](mailto:simplisign@simpligov.com).



	Staff ID	Staff Name	Staff Role	Please check one	Request Status
1	SID-0227	Eddie Miller	IIC Staff	Delete Existing Staff	Signature Awaited
2	SID-0223	George Noyce	IIC Staff	Delete Existing Staff	Deactivated
3	SID-0217	Chuck Aule	IIC Staff	Add New Staff	Addition Approved

- The email contains a secure link to access the document for signing.

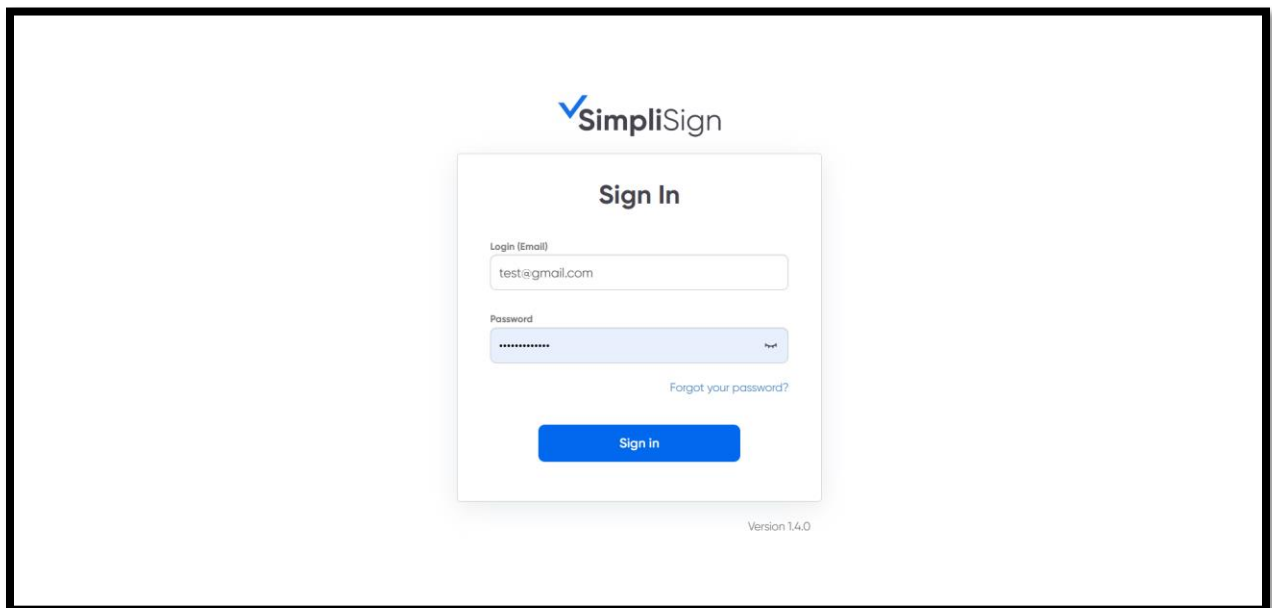
### Step 2: Register or Log in to SimpliSign

#### A. Log In using registered email address

- If the **provider user already has a SimpliSign account**, they will be able to access the document directly after clicking the “Review and Sign” button from the email.
- They can log in via their registered email and password and proceed to sign the document.



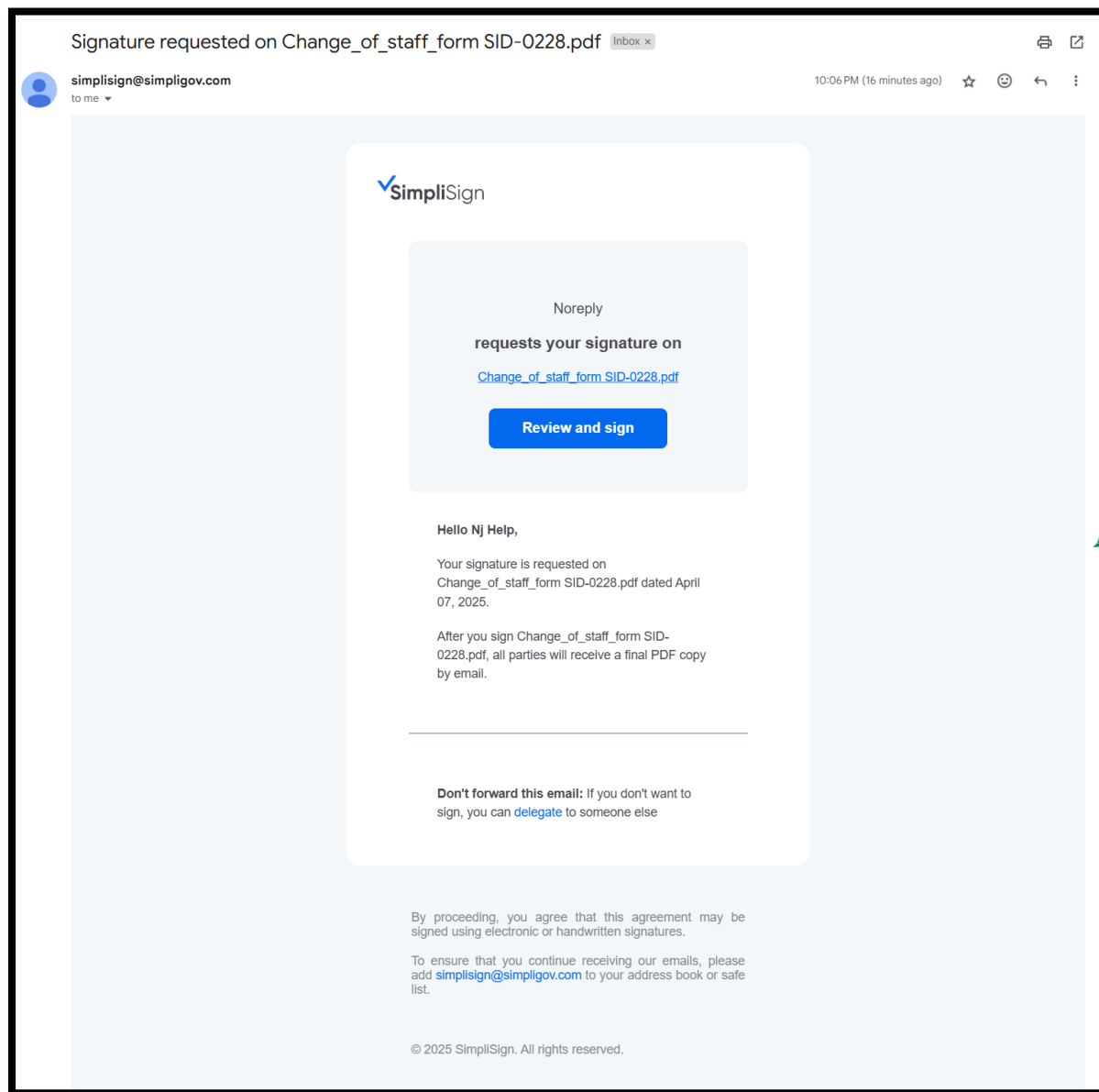
- Enter the “Login (Email)” and “Password” and click on “Sign In” button.



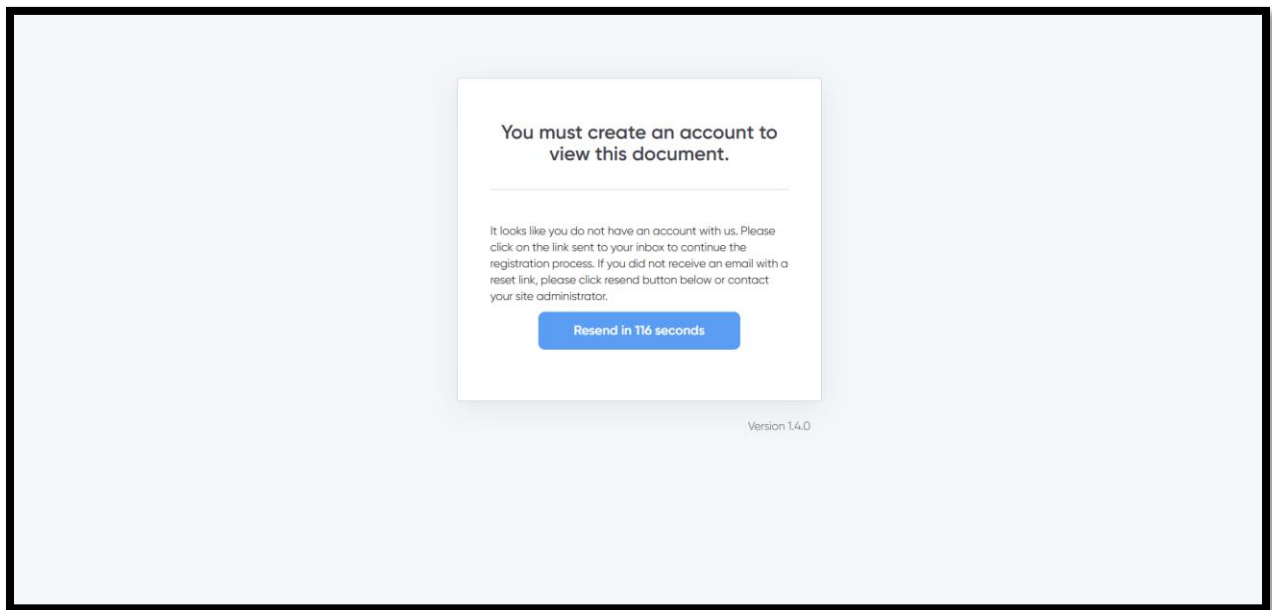
- Clicking on “Sign In” button will take the Provider User to the authorized document for completing the Signature Process for that form/application.

## B. Register and Create a new SimpliSign Account

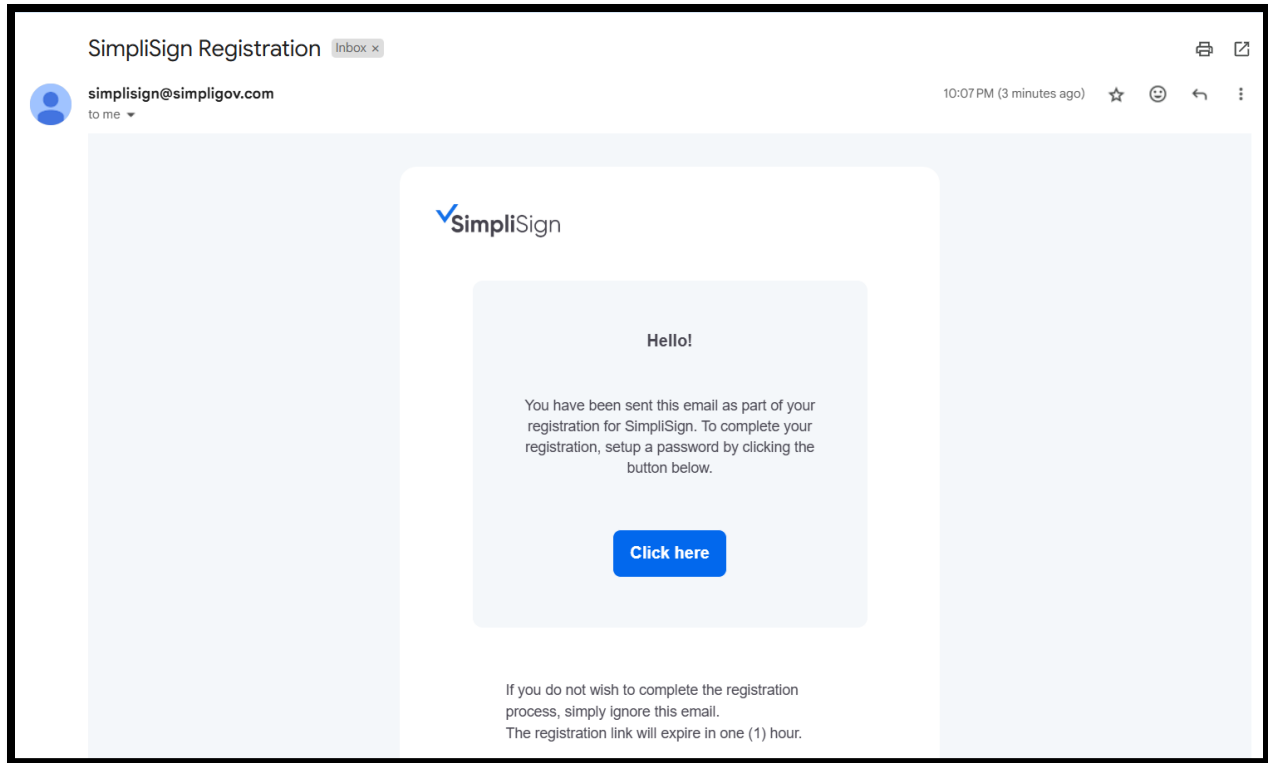
- **If the provider user's email is not registered with SimpliSign**, they must first **create a SimpliSign account** using the same email address that received the notification.
- Registration takes only a few minutes, and it is required to securely access and sign the document.



- On clicking the “Review and Sign” button on the email received, if their email address is not registered with SimpliSign, then SimpliSign prompts the user to create an account to view the document as shown below.



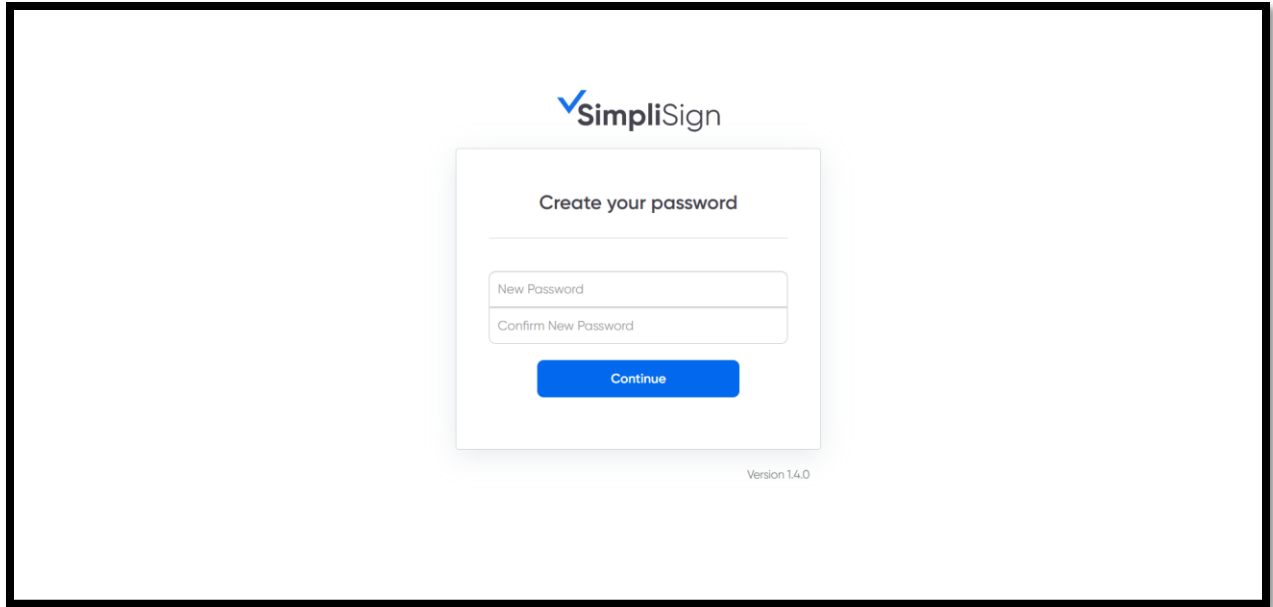
- This screen notifies the user that they need to create an account in order to view and sign the document.
- SimpliSign will send a registration email with a link to complete the account setup. If the provider user does not receive the email, they can click the "**Resend**" button or contact their site administrator.



- This email contains a **“Click here”** button, which the provider user must click to complete the registration by setting a password.

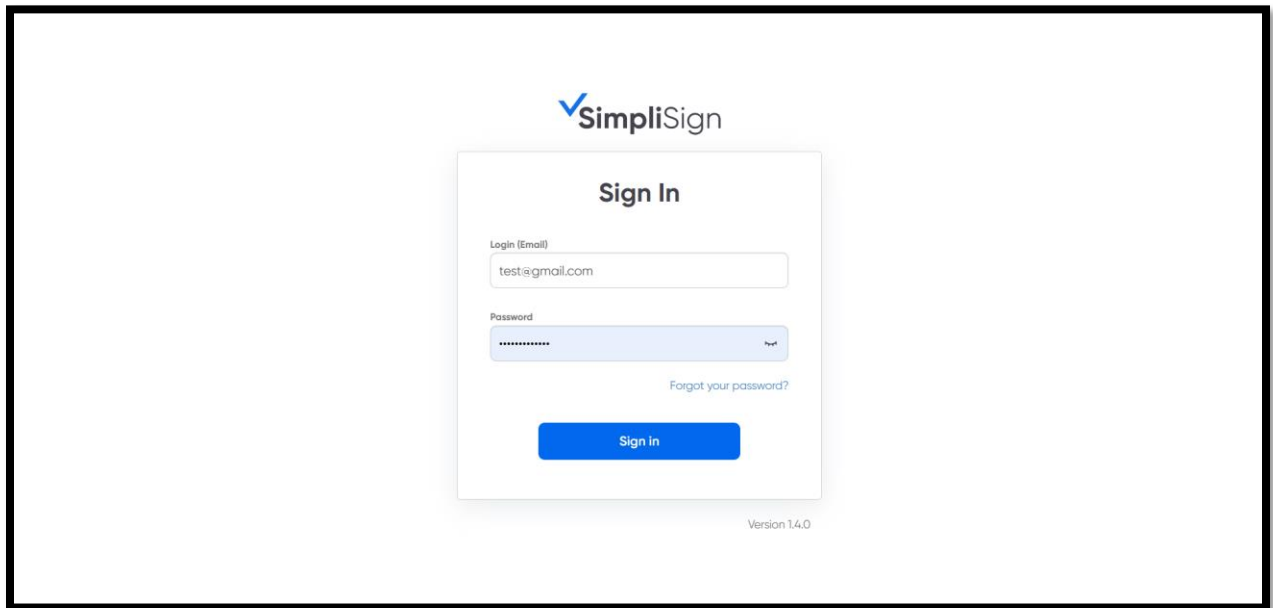
**Note:** The registration link expires in 1 hour. If the provider user does not receive the email, they should check their spam/junk folders or click “Resend” on the initial screen.

- On Clicking the “Click here” button, the provider user is redirected to the “Create your password” page.



The image shows a SimpliSign web form titled "Create your password". At the top is the SimpliSign logo. Below the title are two input fields: "New Password" and "Confirm New Password". A blue "Continue" button is positioned below these fields. The text "Version 1.4.0" is visible at the bottom right of the form area.

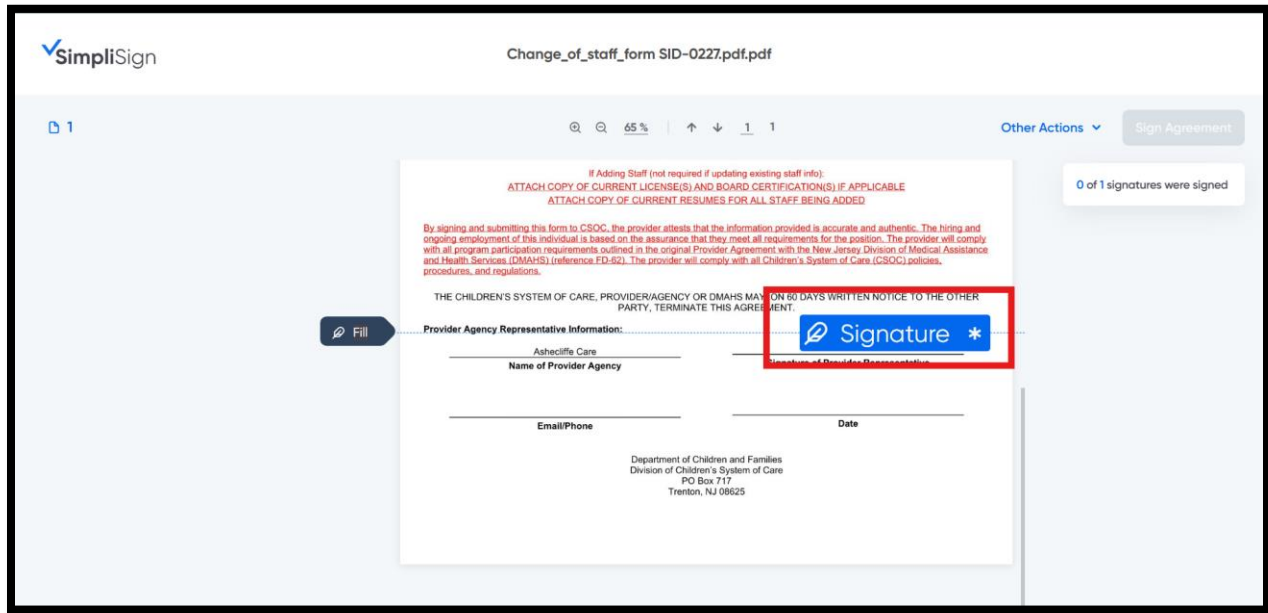
- On entering the Password in “New Password” and “Confirm New Password” and clicking on “Continue” will redirect the Provider User to the “Sign In” Page.



The image shows a SimpliSign web form titled "Sign In". At the top is the SimpliSign logo. Below the title are two input fields: "Login (Email)" with the text "test@gmail.com" and "Password" with masked characters "\*\*\*\*\*". A blue "Sign In" button is located below the password field. A link "Forgot your password?" is positioned above the button. The text "Version 1.4.0" is visible at the bottom right of the form area.

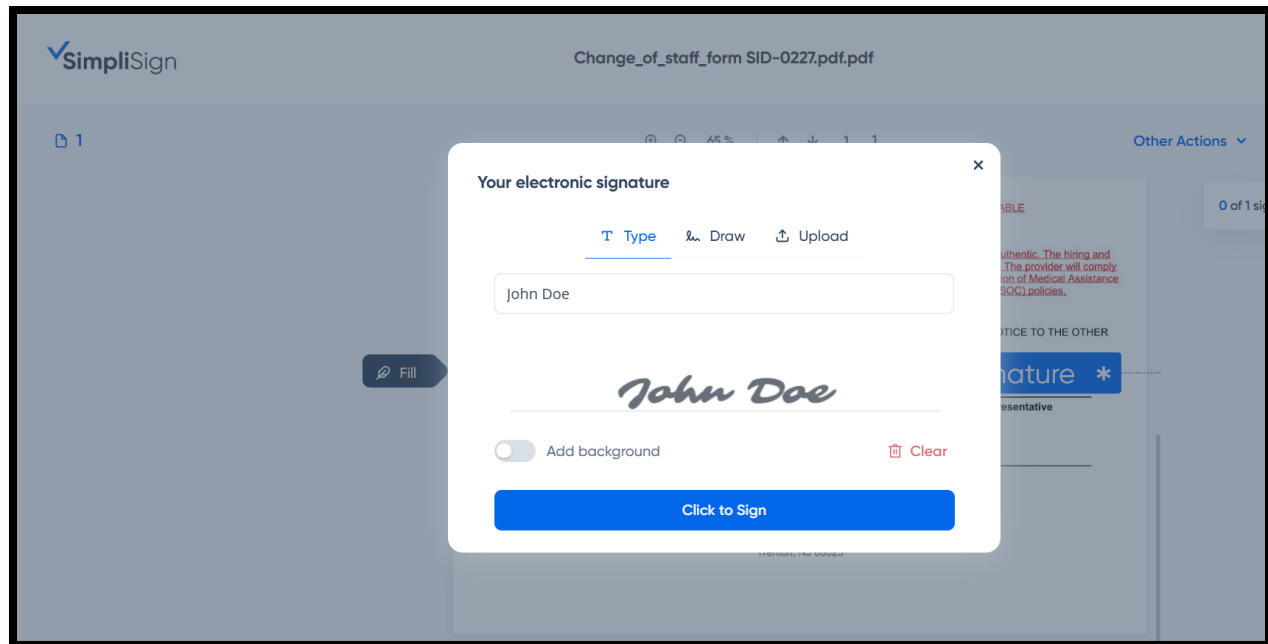
### Step 3: Review and Sign the Document

- After logging in, review the document carefully.
- Click on the “Signature” to sign at the particular place indicated.



- Sign in the marked areas using the on-screen tools (type or draw or upload your signature).





- After choosing the preferred method, click "**Click to Sign**" to place your signature on the document.
- The platform will automatically guide the user to each signature field that requires attention.
- After all required signers have completed their signatures, the "Sign Agreement" button will appear at the top-right of the SimpliSign screen.

The screenshot displays the SimpliSign web interface. At the top, the document title is 'Change\_of\_staff\_form SID-0227.pdf.pdf'. The main content area shows a PDF form with the following text:

If Adding Staff (not required if updating existing staff info):  
 ATTACH COPY OF CURRENT LICENSE(S) AND BOARD CERTIFICATION(S) IF APPLICABLE  
 ATTACH COPY OF CURRENT RESUMES FOR ALL STAFF BEING ADDED

By signing and submitting this form to CSOC, the provider attests that the information provided is accurate and authentic. The hiring and ongoing employment of this individual is based on the assurance that they meet all requirements for the position. The provider will comply with all program participation requirements outlined in the original Provider Agreement with the New Jersey Division of Medical Assistance and Health Services (DMAHS) (reference FD-62). The provider will comply with all Children's System of Care (CSOC) policies, procedures, and regulations.

THE CHILDREN'S SYSTEM OF CARE, PROVIDER/AGENCY OR DMAHS MAY, ON 60 DAYS WRITTEN NOTICE TO THE OTHER PARTY, TERMINATE THIS AGREEMENT.

Provider Agency Representative Information:

Ashcliffe Care Name of Provider Agency	John Doe Signature of Provider Representative
Email/Phone	Date

Department of Children and Families  
 Division of Children's System of Care  
 PO Box 717  
 Trenton, NJ 08625

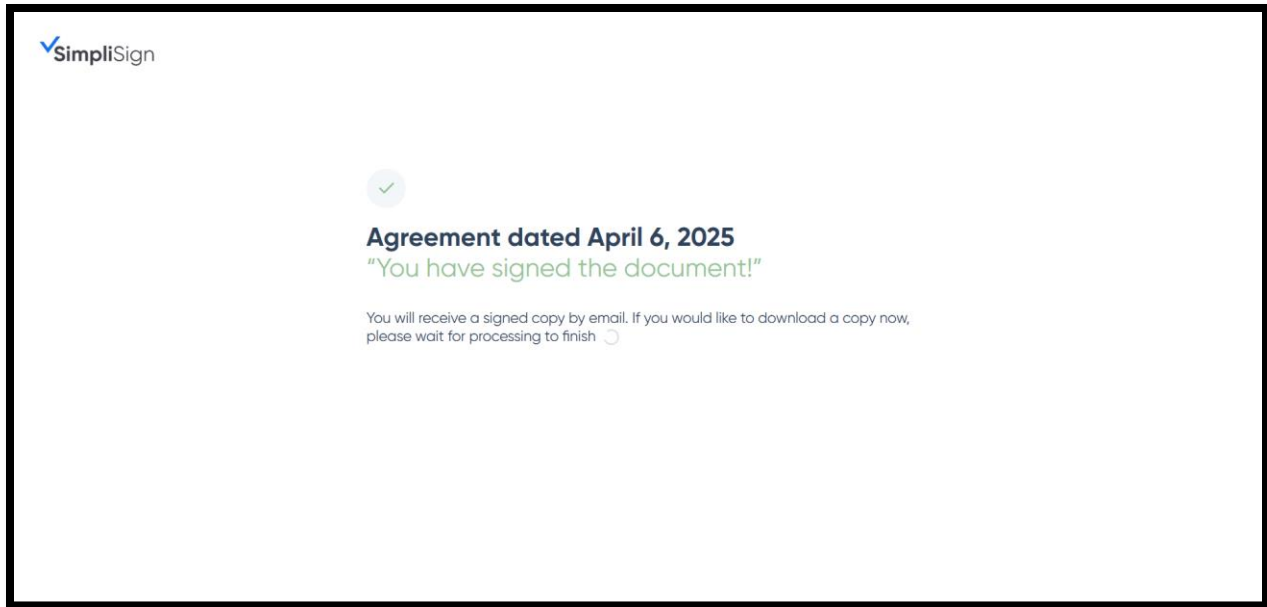
In the top right corner, a red box highlights the 'Sign Agreement' button. Below it, a status bar indicates '1 of 1 signatures were signed'.

- The platform will automatically guide the user to each signature field that requires attention.
- The provider user must click this button to finalize the submission of the signed document. This step confirms that the document is ready for processing by the DCF

**Note:** A form is not considered complete until all required signatures have been provided and submitted through SimpliSign.

#### Step 4: Download the Signed Document

- After signing, the user will receive a confirmation email with a link to download the signed document.



- Once the processing has completed, the provider user can also download a copy of the signed document by clicking on “click here” and saving the document on their respective local system.

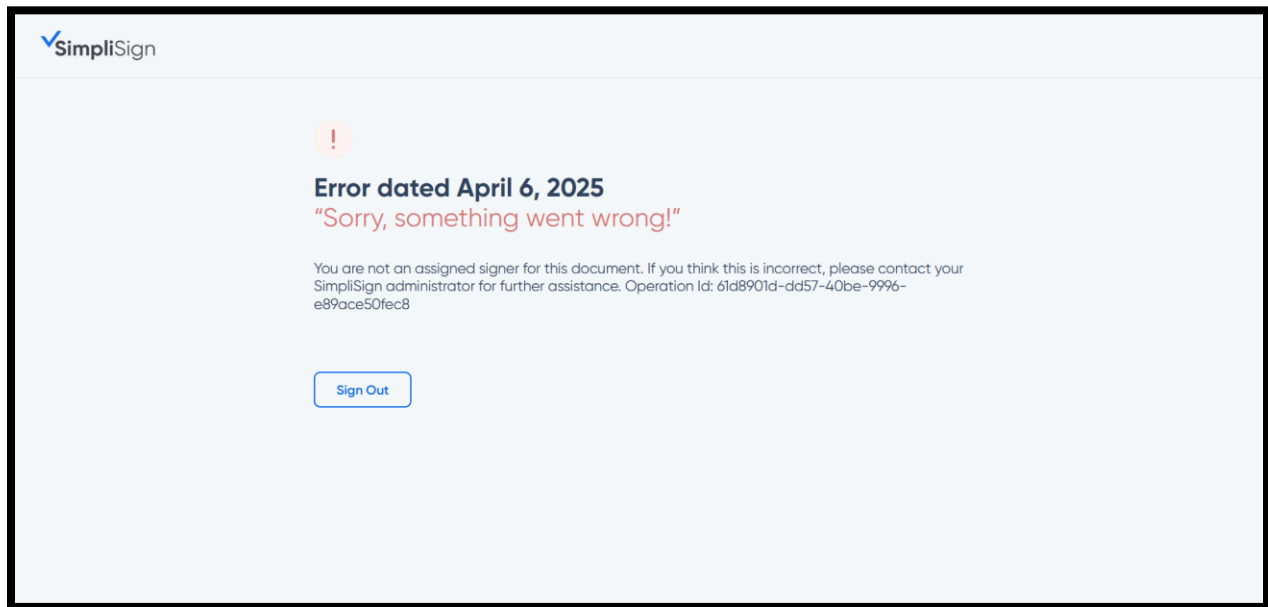


- It is recommended that provider user(s) retains a copy for their records.

## 9.4. Access Issues or Unauthorized Signer Error

If an individual attempts to open the document but is **not listed as an authorized signer**, they will encounter an error message stating:

"You are not an assigned signer for this document. If you think this is incorrect, please contact your SimpliSign administrator for further assistance."



This occurs when:

- The document was not assigned to their email address during the submission process.
- Someone else tries to log in using their own SimpliSign credentials that do not match the intended signer's credentials.
- The signer tries to access the document through a forwarded link rather than their own personalized invitation.

### Action:

If this message appears, the provider user should:

1. Verify they are using the correct email address associated with the form submission.
2. Contact the SimpliSign administrator or DCF CSOC Team for further assistance with the Operation ID listed in the message.