



# LAKELAND CARE

Together, we build better lives.

## DataClarity Provider User Guide Application Portal

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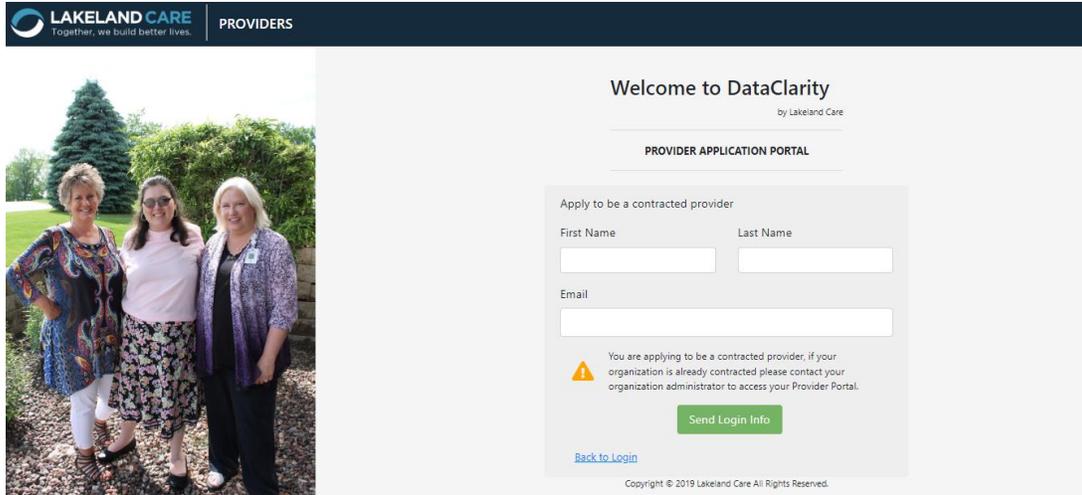
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## Lakeland Care Application Account

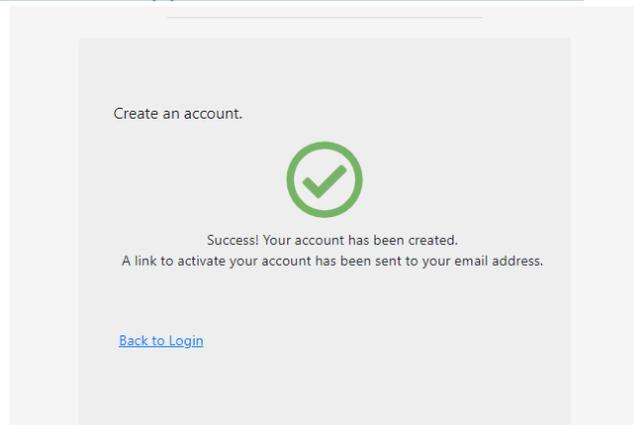
### 1. Initial Set up:

To apply, online providers must create an account by going to the application portal website <https://provider-portal.lakelandcareinc.com/login/create> to apply to be a contracted provider.



2. Enter your First Name, Last Name, and Email Address. Once entered, a notification will appear informing you to go to the email address that was entered to activate the account.

- a. **NOTE:** If you already have an account with LCI under the same email, you will need to enter your email with a +1 prior to the @ sign. For example: [networkrelationssupport+1@lakelandcareinc.com](mailto:networkrelationssupport+1@lakelandcareinc.com).



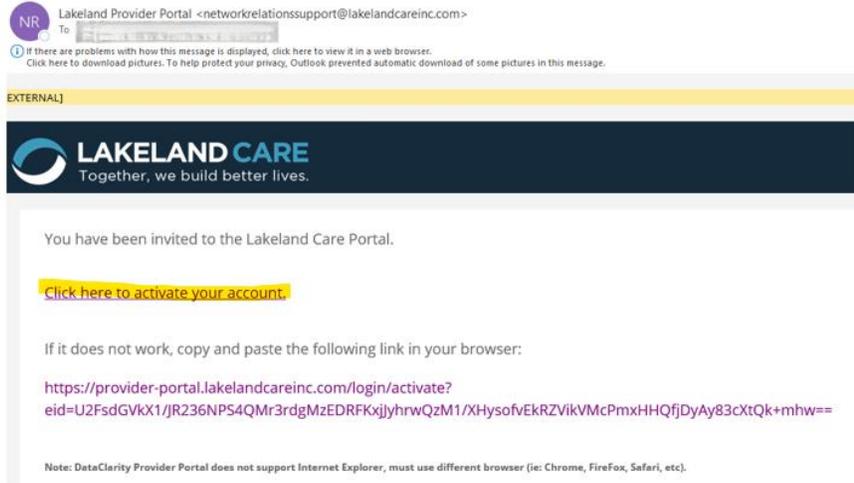
3. A notification will be sent from the Lakeland Provider Portal [networkrelationssupport@lakelandcareinc.com](mailto:networkrelationssupport@lakelandcareinc.com) with the subject "Activate Account" to the email you provided.



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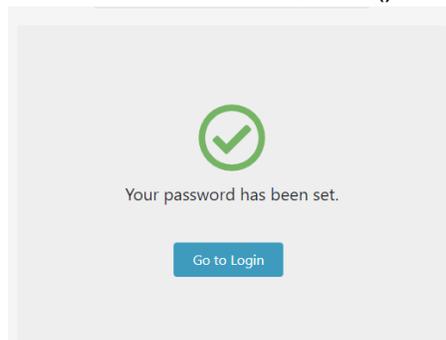
## Activate account



- When you receive the above email, click on the **“Click here to active your account”** link. The link will take you to Lakeland Care’s DataClarity webpage where you will be prompted to create a password. Once complete, select **“Submit”** and your password will be set.

Password requirements are:

- At least 8 characters
- At least one number or letter
- At least one special character: !@#%&\*()

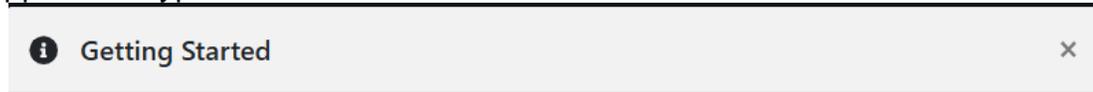


- Select **“Go to Login”** to log in to the application portal. To login, use your email address and newly created password.



## Getting Started

1. When you log into the portal for the first time, you will be asked to select an application type:



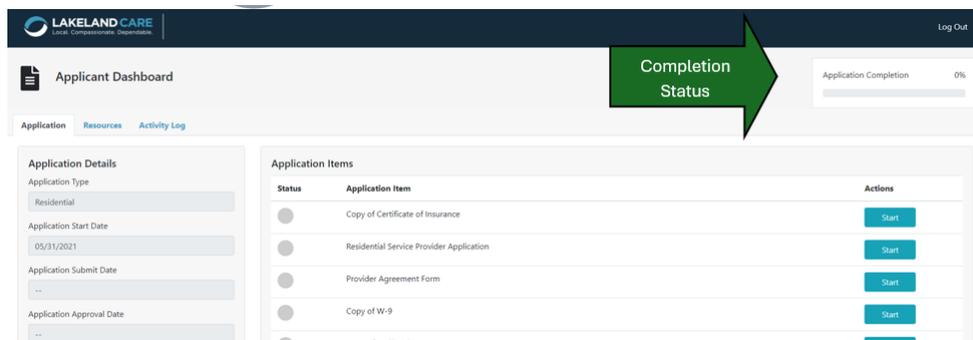
Welcome to the Provider Application.  
Please choose application type below to get started.

Select an application type. ▾

Continue

- **Non-Residential:** Select if you are not a residential facility
- **Residential:** Select if you are a residential facility. **“Residential” facilities include Adult Family Homes, Community Based Residential Facilities, Residential Care Apartment Complexes, and Skilled Nursing Facilities (Nursing Homes).**
  - If you select **“Residential,”** an additional drop down appears:
    1. If you need to be certified as a 1-2 bed adult family home, you will need to select **“Need Certification for 1-2 bed AFH.”** This is only for 1-2 bed locations that have not yet been certified as an Adult Family home.
    2. If you already have your certification or you are not a 1-2 bed AFH, select **“Do Not Need certification for 1-2 bed AFH”**
  - NOTE: If you accidentally choose the incorrect type, please notify LCI via email to [networkrelationssupport@lakelandcareinc.com](mailto:networkrelationssupport@lakelandcareinc.com) and they can then “reset” the application type for you.

2. Once you’ve selected your Provider Application **type** you will be taken to the Application Dashboard to begin applying.





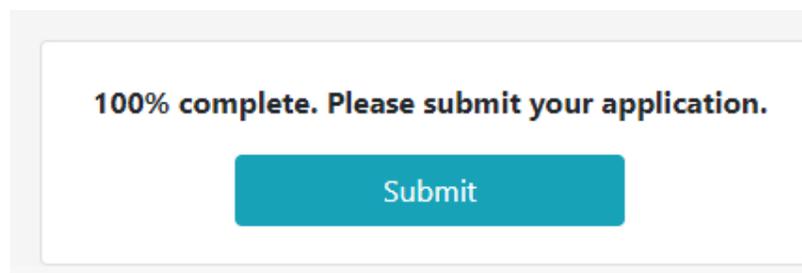
## Non-Residential Application

If you selected “**Non-Residential**,” you will need to submit/complete the required items listed under the **Applications** tab.

By selecting the “**Start**” button (  ) next to each application item, you will be prompted to either complete the application, upload an item, or download an item to be completed and submitted. All non-residential providers are required to complete/submit the below items:

- Non-Residential Service Provider Application
- Provider Agreement Form
- Copy of W-9 (ink signed or with a verified signature)
- Copy of Agency Licensure (if applicable)
- Copy of Certificate of Insurance
- Background Check Verification (Roster)
- Additional Documents (\*these may include any documents related to experience/training/etc.)

Once all documents are submitted, the “Application Completion” box in the top right corner of the screen will fill to 100% and you can then select “**Submit**” to submit your application.



## Residential Application: Do Not Need Certification for 1-2 Bed AFH

If you selected “**Residential: Do Not Need Certification for 1-2 bed AFH**,” you will need to submit/complete the required items listed under the Applications tab.

By selecting the “**Start**” button (  ) next to each application item, you will be prompted to either upload an item, complete a form, or download a form to complete and resubmit. All residential providers are required to complete/ submit the below items:

- Copy of Certificate of Insurance



- Residential Service Provider Application
- Wisconsin Medicaid Provider Agreement Form – Name entered must exactly match the name on W-9 and listed with ForwardHealth. Enter the provider ID received from ForwardHealth provider enrollment at the bottom of this form.
- Copy of W-9 (ink signed or verified signature)
- Copy of Facility Licensure or any facility or individual licensure or certification applicable to the service being provided.
- Background Check Verification (Roster)
- Residential Worksheets
- Additional Documents (\*these may include a Program Statement or any additional documents you believe might be needed for credentialing of your entity)

Once all documents are submitted the “Application Completion” box in the top right corner of the screen will fill to 100% and you can then select “**Submit**” to submit your application.

**100% complete. Please submit your application.**

Submit

## Residential Application: Need Certification for 1-2 Bed Certified AFH

If you selected “**Residential: Need Certification for 1-2 bed AFH,**” you will need to submit/complete the required items listed under the **Certification** tab prior to having access to the **Application** tab.

By selecting the “**Start**” button (  ) next to each Certification Process Item, you will be prompted to either upload an item or download a form to complete and upload. All potential certified providers are required to complete/ submit the below items to begin the certification process:

- Certification Instruction Letter (please read first)
- Certification Application
- Individual Questionnaire
- Background Check (BID)
- LCI Certified AFH Contract Addendum



- Proof of Insurance
- Personal Reference Form

Once the forms are uploaded/completed, you will be prompted to submit the certification application for review. An LCI Certification Specialist will reach out to set up a site visit and request any additional documents needed to become a certified AFH.

Once certification is complete, you will receive approval to continue with the application process. Please view the "**Residential Application: Do Not Need Certification for 1-2 Bed AFH**" process above for further instructions.

## Application Submission

Once you completed all items and your application is ready for submission, you will select "**Submit**." A box will then pop open in the window asking you to certify that the information submitted is "true and correct to the best of your knowledge." All applicants are required to check the box in order for the application to be fully submitted.

Application Items

I certify that the information submitted in this application is true and correct to the best of my knowledge.

Cancel Submit

Once you check the box and select "**Submit**," your application will be sent to Lakeland Care, Inc for review.



Your application has been submitted and is being reviewed.

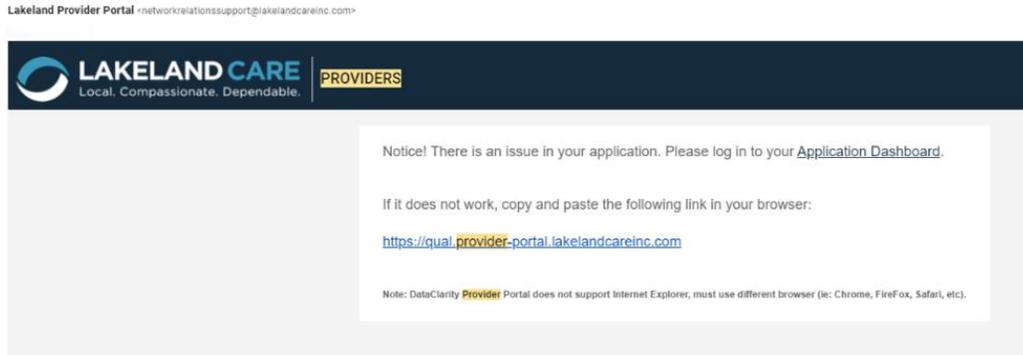
If additional information is needed, you will receive notification via your email account making you aware there was an issue with the application and to log into the dashboard to view. LCI's Provider Credentialing Specialist will be reviewing the application submitted and may reach out



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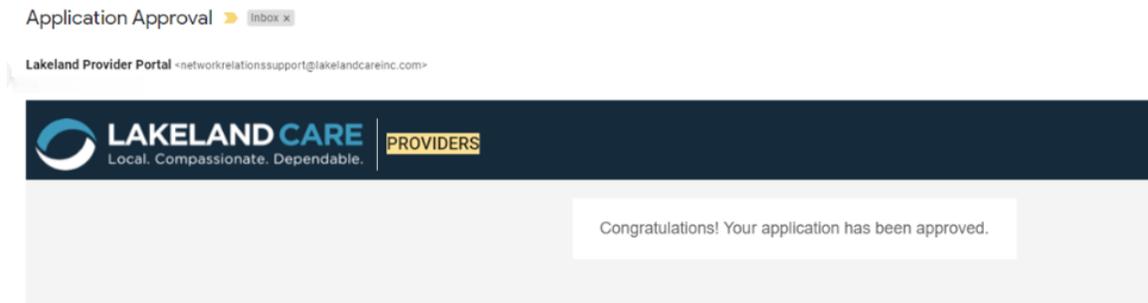
directly for additional information/documentation during the application review process.



If you receive the above notice and log back in, you will see where there is Feedback provided. You will be able to view the Feedback as well as update/submit/resubmit any needed documentation.

## Application Approval

When your application is approved, you will receive an email notification informing you that your application has been approved. Next, an LCI Provider Relations Representative will reach out to you to discuss rates and finalize/send the contract to you through DocuSign for signature.



## Resources

1. The Resources Screen will have up-to-date resources available pertaining to the application documents/contracting requirements. Examples of available resources: Sample LCI Contract, Contract Addendums, etc. You can access provider resources, including service addenda, LCI Provider Handbook, and much more under the provider tab at the following link: <https://www.lakelandcareinc.com/family-care-program/>