



ODP Announcement

Revised Qualification Process for New Providers

ODP Communication Number 084-18

The mission of the Office of Developmental Programs is to support Pennsylvanians with developmental disabilities to achieve greater independence, choice, and opportunity in their lives.

AUDIENCE: All providers of services under the Office of Developmental Programs (ODP) Intellectual Disability and/or Autism (ID/A) Consolidated, Person/Family Directed Support (P/FDS), and Community Living Waivers

PURPOSE: The purpose of this Announcement is to communicate that an updated process for Administrative Entities (AEs) to validate that new provider applicants have satisfied all Provider Qualification requirements will become effective October 1, 2018. **NOTE:** Informational Memos **044-16, 068-12, and 010-14, and ODP Announcement 114-17** are obsolete as of the publication of this announcement.

DISCUSSION: Pursuant to 55 Pa. Code §51.11(a) (3) and 55 Pa. Code §51.11(b) (relating to pre-requisites for participation), in order to become a qualified provider, new provider applicants must submit acceptable provider qualification documentation designated for new provider applicants as well as supporting qualification documentation.

New provider applicants must review all source documents referenced within ODP's *New Provider Self-Assessment Tool* before completing the tool. While completing the tool, the provider applicant shall ensure that all policies, procedures, processes, and/or protocols are developed and aligned with ODP requirements. The *Assigned Administrative Entity* (AE) will validate the documentation that applicants submit with the New Provider Self-Assessment Tool. The Assigned AE is the AE with whom the provider applicant intends to provide the most service and is chosen by the provider applicant during orientation registration.

New provider applicants must also complete the [ODP Provider Qualification Form DP 1059](#) as well as the [Provider Qualification Documentation Record](#). All supporting documentation required for each service specialty the provider applicant intends to render should be included.

Information related to the New Provider Self-Assessment Tool and the Provider Qualification Documentation Record should be forwarded by e-mail transmission to the *Assigned AE* (see below for specifics related to timeframes).

New provider applicants of waiver services are required to successfully complete the *New Provider Qualification* process prior to accessing the *MA Program On-line Provider Enrollment Application System*. The approved *ODP Provider Qualification Form DP 1059* must be uploaded with the electronic enrollment application and all required supporting documentation. If the approved DP 1059 is not included, the application will not be approved and will be returned to the provider.

Documentation:

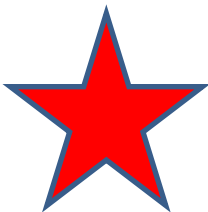
After successfully completing the Provider Applicant Orientation and post-test, new provider applicants will receive an email from ODP with the subject line “Provider Applicant Orientation: Certificate of Achievement.” Assigned AEs and regional leads will be copied on the email communication so they are aware of their new applicants and applicants are made aware of their Assigned AE and regional contacts. The following documents will be included in the email:

- Applicant Orientation Certificate of completion
- Unlicensed and Licensed Process Documents

The documents listed above may be updated annually; therefore, it is imperative that the current versions of the document are utilized.

Process for Submitting New Provider Qualification Applications:

1. The applicant shall complete the QA&I contact information in the Question-Pro link.
 - The applicant shall submit the *ODP Provider Qualification Form DP 1059* as well as the following documents to the Assigned AE via email within 60 calendar days of receipt of the “Provider Applicant Orientation: Certificate of Achievement: email:
 - New Provider Self-Assessment supporting documentation listed in Guidelines
 - Provider Qualification Documentation Record
 - Provider Qualification supporting documentation



NOTE: Please be aware that while the Applicant Orientation certificate will expire within 120 calendar days, applicants should adhere to a 60 calendar day timeframe to allow the AE to review the submitted documents and the applicant to make needed corrections.

2. The Assigned AE will send an email to the applicant to confirm receipt of the documentation within seven calendar days.
3. Within 30 calendar days from the date that the documentation was submitted by the applicant, the Assigned AE will review the responses on the New Provider Self-

Assessment Tool as well as the documentation received from the applicant and validate the documentation using the New Provider Self-Assessment Tool Guidelines. The Assigned AE will also review the *ODP Provider Qualification Form DP 1059* along with the Provider Qualification Documentation Record and supporting documentation.

4. If the applicant does not submit all of the required documentation or the documentation does not meet ODP standards, the Assigned AE will send the applicant the New Provider Qualification - Additional Information Needed Letter (Attachment #2) on the AE's letterhead. The Assigned AE will detail in this letter, what the provider needs to do to come into compliance. The applicant then has 14 calendar days to resubmit any corrected documents to the Assigned AE. If the AE has a question, they should contact their Regional Provider Qualification Lead immediately.
5. On the 15th day, the Assigned AE will make a determination whether the applicant is approved or not approved.
 - NOT APPROVED: If the tool and documents are not sufficient or acceptable for the Assigned AE to approve or if the applicant does not meet the 120 day timeframe, the Assigned AE will mark the ODP Provider Qualification Form DP 1059 *not qualified* and return it to the applicant along with the New Provider Qualification Not Approved Letter (Attachment #3) on the AE letterhead and will copy their ODP Regional Provider Qualifications Lead. At this point, the applicant will have the opportunity to return to the Provider Applicant Orientation and restart the process. Applicants may attend the Provider Applicant Orientation a maximum of two times in a calendar year.
 - APPROVED: If the tool and documents received are approved by the Assigned AE within the 120 day timeframe, the Assigned AE will mark the ODP Provider Qualification Form DP 1059 accordingly as directed in the instructions. The Assigned AE will send the provider the approved ODP Provider Qualification Form DP 1059 with the cover template (Attachment # 1) and cc their ODP Regional Provider Qualifications Lead.

The Assigned AE will maintain all documentation in accordance with record retention standards. The Assigned AE will send any documents to ODP upon request.

6. The provider must upload the *ODP Provider Qualification Form DP 1059* along with other required supporting documentation to the MA Program On-line Provider Enrollment Application system. The provider will receive an automatically generated letter from the Office of Medical Assistance Program confirming site enrollment details. As part of the process, ODP Provider Enrollment staff will contact the HCSIS Help Desk and provide the user name, organization name, the FEIN number, and unique email address of the provider so they can obtain an ODP role. The provider will receive notification from the Help Desk that they have an ODP role and can then log into HCSIS to add services for which they are qualified. Please review the [HCSIS Provider Updates Tip Sheet](#). The provider may begin to provide qualified services only after an AE has authorized it to do so in an Individual

Support Plan.

Advanced Supported Employment, Benefits Counseling, Community Participation (100%)

If a new applicant seeks qualification of Specialties 530 (Job Finding), or 531 (Job Support), or 510 (Home and Community Habilitation) and submits the required qualification documentation for Advanced Supported Employment, Benefits Counseling or Community Participation Supports, the Assigned AE will indicate that the provider is qualified to provide the service in the corresponding Specialty comments box on the DP 1059. The ODP Enrollment Team will also mark the provider as initially qualified for the Specialty(s) in the applicant's HCSIS PQ Status Screen and in the corresponding comments box.

Attachment #1: New Provider Qualification Approval Template

Provider Name: Provider Name

Dear: Provider Qualification Primary Contact Name,

Attached is your DP 1059, which verifies your qualification for specific services through the Consolidated, Community Living and Person/Family Directed Support (P/FDS) Waivers. You will need to upload this form to the on-line electronic provider enrollment application along with all other required supporting documentation.

If you should have any questions regarding the ODP Provider Qualification process, please do not hesitate to contact me at PQ AE Lead Contact Information.

If the DP 1059 indicates you are not qualified to provide specific services through the Consolidated, Community Living and Person/Family Directed Support (P/FDS) Waivers, you may appeal this decision by filing a request for hearing in writing within thirty-three (33) days of this letter to:

Department of Human
Services Bureau of
Hearings and Appeals
2330 Vartan Way
Second Floor
Harrisburg, PA 17110-9721

A copy of your appeal must be sent to:

Department of Human
Services Office of
Developmental Programs
Division of Program
Management
P.O. Box 2675
Harrisburg, Pennsylvania 17105

Please refer to 55 Pa. Code Chapter 41 (relating to Medical Assistance Provider Appeal Procedures) for more information about your appeal rights and responsibilities. You may view Chapter 41 in its entirety at:

[MA Provider Appeal Procedures](#)

If you should have any questions, please do not hesitate to contact me at [PQ AE Lead Contact Information](#). Thank you.

Name of PQ AE Lead

cc: Regional PQ Lead

Attachment #2: New Provider Qualification - Additional Information Needed Template

Applicant Name: Applicant Name

Dear: Provider Qualification Primary Contact Name,

This letter serves as notification that the ODP Provider Qualification Form DP 1059, the New Provider Self-Assessment Tool and the ODP Provider Qualification Documentation Record along with all required documentation were reviewed.

At this time, the request for qualification cannot be approved until the following information/documentation is submitted/corrected:

- ODP Provider Applicant Orientation Certificate
- ODP Dual Diagnosis Training Certificate (if becoming qualified to provide Residential Habilitation Services)

Information related to ODP Provider Self-Assessment Tool for New Providers

Brief description of how services will be provided for each service listed

- Copy of organizational structure and job descriptions that show the following functions are identified:
 - How the organization is structured administratively
 - Roles identified for the following areas:
 - Waiver Compliance
 - Incident Management/Risk Management
 - Quality Management
 - Provider Qualification Compliance
 - HCSIS and PROMISe™ Enrollment Compliance
 - SSD Maintenance
 - Claims Management and Fiscal Reconciliation
- Copy of the Quality Management Plan
- Mission and vision of organization
- Policies/procedures regarding staff qualification requirements
- Policies/procedures for checking staff on List of Excluded Individuals and Entities (LEIE), System for Award Management (SAM) and DHS's Medicare list
- Restraint Policy
- Restrictive Intervention Policy
- Records Management Policy
- Emergency Disaster Response Plan Policy

- Crisis (health, behavioral emergency and crises) Policy
- Grievance Procedures Annual Training Curriculum
- Back-up Plan Protocol
- Internal Conflict of Interest Protocol
- Lost/Damaged Property Policy
- Transition of Individuals Procedure
- Accessibility for Individuals who are deaf Protocol
- Incident Management Policy
- Transportation Aide Process (For Transportation Trip applicants only)
- Process for transporting more than one participant at a time and division of shared miles equitably among participants (For Transportation Mile applicants only)

Information related to ODP Provider Qualification

- ODP Provider Qualification Documentation Record
- ODP Provider Agreement (2018 version)
- Insurance Certificates, in accordance with State Statute
- Worker's Compensation Insurance



NOTE: Any "individual" provider who indicates they do not need to carry worker's compensation must submit a letter from an attorney, auditor, or accountant indicating that they meet all workers compensation requirements. THIS ONLY APPLIES TO "INDIVIDUAL" PROVIDERS. ALL "AGENCY" PROVIDERS MUST SUBMIT PROOF OF WORKER'S COMPENSATION FOR THEIR EMPLOYEES AND CONTRACTED STAFF AND THEREFORE MUST SUBMIT THEIR CERTIFICATES ACCORDINGLY.

- Commercial General Liability Insurance (Agency Providers Only)
- Provisional employment disclosure statement (*as applicable*)
- Copies of qualification supporting documentation for all staff as required

The Medical Assistance (MA) Program On-line Provider Enrollment Application will not be processed and cannot be approved until all applicable provider types and specialties are Qualified and you are in receipt of an Approved ODP Provider Qualification Form DP 1059.

The corrected documents must be submitted within 14 calendar days of the date of this letter. If you should have any questions regarding the ODP Provider Qualification process, please do not hesitate to contact me at [PQAE Lead Contact Information](#).

Thank you.

Name of PQAE Lead

Attachment #3: New Provider Qualification Not Approved Template

Applicant Name: Applicant Name

Dear: Provider Qualification Primary Contact Name,

The ODP New Provider Self-Assessment Tool, the ODP Provider Qualification Form DP 1059, and the Provider Qualification Documentation Record along with all supporting documentation were reviewed by the Assigned AE Entity Name effective Date AE Completed Review. A communication indicating additional information was needed was sent on Date Letter Sent.

This letter serves as notification that the Office of Developmental Programs (ODP) Provider Qualification Form DP 1059 and supporting documentation received on Indicate date of receipt is not approved due to:

- Lack of sufficient information.
- Not meeting the 120-day timeframe to complete the qualification process.
- Not meeting qualification requirements as described in the Consolidated, Community Living and Person/Family Directed Support (P/FDS) Waiver services.

The Medical Assistance (MA) Program On-line Provider Enrollment Application will not be processed without an approved DP 1059. In order to be reconsidered as a provider for ODP and be able to render waiver services, you must re-register for Provider Applicant Orientation via Department of Human Services (DHS) website:

[Applicant Orientation Registration](#)

Please note that provider applicant may only attend Provider Applicant Orientation twice in a calendar year.

If you disagree with the determination that you are not qualified to provide services through the Consolidated, Community Living and/or P/FDS Waivers, you may appeal this decision by filing a request for hearing in writing within thirty-three (33) days of this letter to:

Department of Human
Services Bureau of
Hearings and Appeals
2330 Vartan Way
Second Floor
Harrisburg, PA 17110-9721

A copy of your appeal must be sent to:

Department of Human
Services Office of
Developmental Programs
Division of Program
Management
P.O. Box 2675
Harrisburg, Pennsylvania 17105

Please refer to [55 Pa.Code Chapter 41](#) (relating to Medical Assistance Provider Appeal Procedures) for more information about your appeal rights and responsibilities.

If you should have any questions, please do not hesitate to contact me at [PQ AE Lead Contact Information](#).

Thank you.

Name of PQ AE Lead

cc: Regional PQ Lead