



Qualification Process for New Intellectual Disability/Autism (ID/A) Provider Applicants Update **ODP Announcement 22-055**

AUDIENCE:

Administrative Entities and Provider Applicants 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:

To communicate the process for Administrative Entities (AEs) to validate that new Provider Applicants have satisfied all Waiver Provider Qualification requirements effective May 1, 2022.

NOTE: Announcement 19-044 Qualification Process for New Providers will become obsolete as of the date of this publication.

Note: Providers who plan to qualify for ODP's Adult Autism Waiver (AAW) must contact the Bureau of Support for Autism and Special Populations (BSASP) at ra-pwbasprovenroll@pa.gov to begin the initial qualification process.

DISCUSSION:

Pursuant to 55 Pa. Code §6100.82 (relating to enrollment documentation) and the service qualification requirements specified in Appendix C of the Consolidated, P/FDS and Community Living Waivers, in order to become a qualified provider, applicants must submit required provider qualification documentation designated for new provider applicants.

CEOs of provider applicants must successfully complete ODP Provider Applicant Orientation training which includes pre-registration module webcasts and a full day face-to-face session. Upon completion of each training component, the CEO must pass a post-test to earn and be issued a Certificate of Achievement.

New Provider Applicant Process for licensed and unlicensed services are available for provider applicants on MyODP. (PATH: Resources > Intellectual Disability Resources > Waiver Services > [Qualification and Enrollment](#)) These guiding documents steer applicants through the complicated qualification/enrollment processes.

Additionally, a detailed flowchart depicting the process to apply for and obtain a Certificate of Compliance for licensed services is available on MyODP through the same path specified above.

QUALIFICATION DOCUMENTATION:

New provider applicants must review all source documents referenced within ODP's New Provider Self-Assessment 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.

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

The DP 1059, New Provider Self-Assessment Tool, Provider Qualification Documentation Record and all required supporting documentation should be forwarded via e-mail transmission to the Assigned AE (see below for specifics related to timeframes). The Assigned AE is the AE within the county where the provider applicant intends to serve the most individuals.

PROCESS FOR SUBMITTING PROVIDER QUALIFICATION DOCUMENTATION:

Applicants must send the following information to their assigned AE electronically within 60 days of the date on the provider's Provider Orientation Certificate of Completion:

- ✓ ODP Provider Qualification Form DP 1059
- ✓ New Provider Self-Assessment with Policies, Procedures and supporting documentation consistent with Guidelines
- ✓ Provider Qualification Documentation Record with required supporting documentation as indicated

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

Applicants will receive an e-mail to confirm receipt of the documentation within seven calendar days.

Within 30 calendar days from the date 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 review the Provider Qualification Documentation Record and supporting documentation to verify that the Provider Applicant meets all qualification requirements.

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 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.

By the 120th day, the Assigned AE will determine whether the applicant is approved or not approved and respond to the provider accordingly:

- NOT APPROVED: If the tool and documents are not sufficient or acceptable for the Assigned AE to approve all specialties or if the applicant does not submit all required qualification documentation within 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. The applicant has the opportunity to repeat the Provider Applicant Orientation course and restart the process. Applicants may attend the Provider Applicant Orientation a maximum of two times in a 365-day period. After that, the applicant must wait a full year before attending another session. **Example:** if your second Applicant Orientation occurred on May 1, 2022, and you failed the test, you will need to wait until May 1, 2023, to attend another Provider Applicant Orientation.
- 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 copy 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.

ENROLLMENT

New provider applicants of waiver services are required to successfully complete the Qualification Process for New ID/A Provider Applicants prior to accessing the MA Program On-line Provider Enrollment Application System. Once the applicant is qualified, the approved ODP Provider Qualification Form DP 1059 must be uploaded with the electronic enrollment application and all required enrollment supporting documentation. The 120-day deadline is no longer relevant once the provider receives the approved DP 1059 from the Assigned AE. However, provider applicants should submit the enrollment application for their first service location site within 60 days after receipt of the approved DP1059. Applicants should review the DP 1059 to be sure the specialty requested on the enrollment application is qualified on the DP 1059 form.

HCSIS REGISTRATION AND SERVICE OFFERINGS

Once the submitted enrollment application is approved and processed, 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 organization name, the FEIN number, and MPI number of the provider so they can be assigned an ODP role. The provider will receive notification from the Help Desk that they have an ODP role and can log into HCSIS to add services for which they are qualified. New providers should use this tip sheet to add services to HCSIS: [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.