pennsylvania
DEPARTMENT OF HUMAN SERVICES

Provider Qualification Process
ODP Announcement 22-122

AUDIENCE:

Administrative Entities (AEs), Providers of Consolidated, Community Living and Person/Family Directed Support (P/FDS) Waiver services including direct vendors, Agency with Choice (AWC) providers, Organized Health Care Delivery Systems, and Supports Coordination Organizations (SCOs)

PURPOSE:

The Centers for Medicare and Medicaid Services (CMS) require a statewide process to ensure providers are qualified to render services to waiver-funded individuals. The Provider Qualification Process described below outlines the steps the Assigned AE and provider must follow to meet these requirements and the steps Supports Coordinators (SCs) take to transition individuals if needed. This communication does not describe the qualification process for SC organizations.

NOTE: The release of this communication obsoletes ODP Announcement 22-005 Provider Qualification Process. In addition, the qualification process for Providers enrolled in the Adult Autism Waiver can be found in **ODP Announcement 20-110**. Providers that are shared across Intellectual Disability/Autism (ID/A) and the Adult Autism Waiver (AAW) must complete the Provider Qualification processes with both the AE for the ID/A waivers and the Bureau of Supports for Autism and Special Populations (BSASP) for the AAW.

DISCUSSION:

Requalification

"New" Provider Requalification

All providers are considered "New" in HCSIS until they are requalified which is to be completed by the end of the fiscal year following their initialenrollment. For example, if a new provider initially enrolls on 01/20/2022, the provider must be requalified by 06/30/2023, which is the end of the following fiscal year. A provider's status is updated in HCSIS from "New" to "Existing" on 7/1, after the provider is requalified.

"Existing" Provider Requalification Cycle

Once a provider is classified as "Existing" in HCSIS, the provider is to be requalified on a three-year cycle based upon the last digit of the provider's Master Provider Index (MPI) number (see chart below).

Cycle 2		Last digit of MPI	Cycle 3		Last digit of MPI
Year 1	FY 20-21	0-2	Year 1	FY 23-24	0-2
Year 2	FY 21-22	3-5	Year 2	FY 24-25	3-5
Year 3	FY 22-23	6-9	Year 3	FY 25-26	6-9

For example: An "Existing" provider with an MPI number of 202345678, must be requalified by the end of that fiscal year, 06/30/2023.

By 5/1, sixty days prior to the provider's qualification 6/30 end date, the qualification status will change to **Expiring**. If the provider is not requalified by the end of the fiscal year 6/30,the qualification status will change to **Expired**.

The qualification statuses in HCSIS are as follows:

- Service Qualification Status
    - **Qualified**: The provider meets the Office of Developmental Program's (ODP) qualification requirements.
    - **Not Requalified**: The assigned AE changes the status from **Qualified** or **Expiring** to **Not Requalified** if the provider no longer meets ODP's qualification requirements by 6/30.
    - **Not Qualified**: HCSIS changes the status from **Not Requalified** to **Not Qualified** on 7/01 or ODP can change the status to **Not Qualified** at any time if the provider's qualification is being terminated.
    - **Expiring**: HCSIS would automatically change the status from **Qualified** to **Expiring** on 05/01 if the provider has not been requalified.
    - **Expired**: HCSIS would change the status from **Expiring** to **Expired** on 7/01 if the provider has not been requalified.

Providers must submit the qualification documentation (Posted on MyODP **- DP 1059** and the **Provider Qualification Documentation Record** with all required supporting documentation) by 3/31 of the year that their requalification is due. Failure to meet this deadline will affect the assigned AE's ability to requalify the provider by the due date of 4/30. The updated ODP Provider Qualification Documentation Record contains all instructions and qualification requirements.

Upon receipt of a provider's qualification documentation, the assigned AE will review all

materials and determine if qualification standards are met. If the provider fails to include all the required qualification documentation in their submission or the documentation does not meet the requirements, the assigned AE will notify the provider by email of the missing elements. If the provider has met all required qualification standards as evident by the documentation submitted, the assigned AE will mark the provider as **Qualified** in the HCSIS Qualification Status Screen (please refer to APPENDIX A for specific instructions related to AE completion of the requalification process in HCSIS). The assigned AE will mark the DP 1059 form **Qualified** or **Not Qualified**, sign it, and email the completed form to the provider by 6/30 using APPENDIX G.

Providers who are not marked as **Qualified** by their assigned AE in HCSIS by 4/30, will automatically be designated as **Expiring** on 5/1. Rates for the next fiscal year will not be loaded into HCSIS for the specialties that are **Expiring** and therefore, the provider may be required to participate in transitional planning for the waiver participants they serve. If the provider has not been requalified by the assigned AE in HCSIS by 6/30, the provider's **Expiring** status will change to **Expired** on 7/1 and the provider will no longer be qualified to provide services or be paid for services provided on 7/1 and after.

During a provider's requalification year, from 2/1 through 6/30, the assigned AE will change the service specialty status to **Not Requalified** if the provider no longer meets ODP's qualification requirements or is no longer interested in maintaining a qualification status for that service specialty.

Requalification Process and Timelines

The chart on the following pages summarizes the requalification process and timelines.

TIMELINE	ACTIVITY
FEBRUARY 1 to MARCH 31	This date range is the timeframe providers/vendors must submit their DP 1059, Provider Qualification Documentation Record, and supportingdocumentation to the assigned AE.
APRIL 1	Assigned AEs will send warning emails to providers/vendors who havenot submitted their DP 1059 and supporting documentation. See APPENDIX B to view the notification titled "*Reminder to Provider - AE Warning*" email.
APRIL 30 **DUE DATE**	Providers/vendors who have not submitted their documentation by4/30 will be considered out of compliance with ODP waiver and regulation requirements.
MAY 1	If the provider/vendor has not been marked **Qualified** or **Not Requalified** in HCSIS by 4/30, then on 5/1, the qualification status of those specialties that have not been marked for the provider/vendor will automatically change to **Expiring**. Please note: The provider/vendor can still submit their documentation for requalification and the AE can still change their status in HCSIS up until the end of the fiscal year (6/30), however, there is no guarantee the provider/vendor will continue service delivery to the participant because the participant may select a new willing and qualified provider to render

	services. The AE can still mark a provider/vendor as **Qualified** in HCSIS until theend of the fiscal year (June 30 if the provider submits their qualification documentation and it is approved).
MAY 1 to **MAY 15**	The assigned AE will send a "failure to comply" notification to providers/vendors who have not submitted their documentation by 4/30. The notification will inform providers/vendors that SCOs will begin transition planning activities for an alternate provider/vendor to meet the assessed needs of the participant (see APPENDIX C toview the standard notification letter titled "Assigned AE Failure to Comply Notification letter to Provider"). ODP will notify all AEs, through email, that have authorizations with providers/vendors who have received a "failure to comply" notification. The notification will instruct authorizing AEs to communicate with SCOs that they should begin transition planning activities for an alternate provider/vendor to meet the assessed needs of the participant (see APPENDIX D titled "Notification email to ALL Authorizing AE(s) with attached authorizations"). The authorizing AE then must notify the SCOs who have individuals receiving services by sending notification APPENDIX E titled "Notice from Authorizing AE to SCO with attached authorizations," instructing SCOs to begin transition

	planning activities. For family and individuals affected by the transition, ODP developed talking points for SCs (see APPENDIX F titled "Choosing an alternate provider - talking points for SCs").
MAY 15 to JUNE 30	SCs may begin transition planning activities with waiver participants, families, and the Individual Support Plan (ISP) team if a waiver provider has not submitted their qualification materials by 4/30. The intent of the transition planning activities is for SCs to offer participants and families choices about alternate willing and qualified provider(s). Providers/vendors that are out of compliance with provider qualification requirements may still qualify during this timeframe; however, there is no guarantee the provider/vendor will continue service delivery to the participant because the waiver participant may select a new willing and qualified provider to render services. If, during planning activities, the waiver participant chooses to begin service with an alternate willing and qualified provider prior to 7/1, then service authorizations for the current provider will be end-dated accordingly in the ISP in HCSIS. When an individual chooses to transition to another provider, the current provider must participate in transitioning activities as per Chapter §6100.302. If the provider remains in a status other than Qualified through 6/30, a contract will not be created in HCSIS for the upcoming fiscal year (FY). If a contract is not created in HCSIS, the services the provider intended to provide

	in the new FY will not be available in HCSIS to authorize on ISPs.
JUNE 30 **(Expiration Date)**	Providers/vendors who are not **Qualified** by June 30, will be considered out of compliance regarding ODP requalification standards.
JULY 1	Effective July 1, the following actions will occur: • ODP will confirm which providers/vendors are in **Expired** status in HCSIS. • ODP, in conjunction with AEs, will review all providers/vendors in **Expired** status to determine steps to resolve any outstanding issues. • Service authorizations will not be carried forward to the newfiscal year in ISPs; and • Both the provider's/vendor's service offerings in HCSIS and PROMISe™ enrollment(s) will be end dated 6/30 by ODP. o When this action occurs, the provider/vendor will no longer be able to receive payment for services renderedto participants enrolled in the waivers.

SCO Action: Facilitating Transition Planning

The authorizing AE will inform the SCO when the provider/vendor has not submitted their qualification documentation by the due date of 4/30. Once notification has been received by the SCO the following actions should be performed:

- Informing the individual/family and the ISP team that the provider/vendor was not qualified by the due date and is at risk of not being able to render services as of 7/1.

- Generate a list of available qualified providers who are willing and able to render the same service. This can be done by generating the Provider Qualification Status Report via HCSIS.

- Schedule an ISP team meeting with the participant and persons designated by the individual to review and choose a new provider from the list of providers that are qualified, willing, and able to provide a service necessary to support the participant's assessed needs and outcomes. The SCO documents this activity in the service notes in HCSIS.

- If the participant chooses a new provider, the SC must inform the participant that a referral will be sent to the selected provider.

- The SC is responsible for making prompt referrals to the providers selected by the participant. The SCO documents this activity in the service notes in HCSIS. If an alternate provider is not identified, the SCO should be in contact with the AE.

The SC should utilize "**Choosing an Alternate Provider - SC Talking Points for Facilitation**" in

APPENDIX F of this communication to guide their discussion with the individual/family.

Provider/Vendor Appeals

When a provider/vendor's qualification status changes to **Expired** or **Not Qualified**, rendering them unable to receive waiver payments for services provided, the provider/vendor has appeal rights under 55 Pa. Code Chapter 41, *Medical Assistance Provider Appeal Procedures*. Providers/vendors for whom all specialties are **Expired** effective July 1, ODP will notify the provider/vendor that they are no longer a qualified provider, describing ODP's attempts to bring the provider into compliance and instructions on how a provider may file an appeal. The qualifying and authorizing AE, as well as the SCO, will be copied on this letter.

Any provider with intent to voluntarily discontinue PROMISe™ enrollment to render Consolidated, Person/Family Directed Support (P/FDS), or Community Living Waiver services with ODP must follow instructions as outlined in ODP Announcement **20-009: *Provider Closure Notification Form*.**

Vendor Goods and Services Subcontracted Through Organized Health Care Delivery Systems (OHCDS)

Providers that serve as an OHCDS will ensure that all qualification standards of vendors with whom they subcontract are met prior to the provision of any good or service. During requalification, providers serving as OHCDS will include vendor qualification information for all vendor goods or services paid since their previous requalification on their submitted Provider Qualification Documentation Record. Any qualification documentation that was reviewed by an OHCDS for a vendor will be required to be submitted upon request by the assigned AE/ODP.

Qualification of New Service Specialties

An ODP enrolled provider can become qualified for new specialties at any time throughout a given year. To do so, providers must submit qualification documentation (updated **DP 1059, Provider Qualification Documentation Record** and required supporting documentation) to their assigned AE to be reviewed. If the provider does not submit all the required qualification documentation for the service specialties requested, the assigned AE will notifythe provider by email of missing or incorrect documentation within 10 business days of submission. The provider will have 10 business days to make corrections and resubmit revisions, corrections, and/or missing documentation for a second and final review. If the submission is still incomplete, the AE will mark that specialty **Not Qualified** and return the DP 1059 to the provider/vendor using APPENDIX H. The AE will put the date of the review in the comment section for that specialty. If the provider meets all required qualification standards as evident by the documentation submitted, the assigned AE will approve and date the DP 1059 form and return it to the provider by email within 30 days of the provider's submission using APPENDIX H.

The provider can resubmit qualification documentation for the same new service specialty only one additional time within a 365-day period.

Enrollment

When adding new service locations, the enrollment application and all required supporting documentation must be submitted through the Online Provider Enrollment Application System. The only exception would be if the site already exists in HCSIS through a different program office.

When adding new unlicensed service specialties to existing active service locations, the

provider submits the DP 1059 with the "PROMISe Provider Service Location Change Request Form" found on the MyODP website to **RA-odpproviderenroll@pa.gov**. If the provider is adding a licensed specialty, the provider must also submit their license (and the Approved Program Capacity Form if applicable) with the "PROMISe Provider Service Location Change Request Form." When a provider currently has a closed service location in PROMISe that they want to reopen to provide services, the provider submits a"reactivation" application for the service location using the Online Provider Enrollment Application System, with the new list of specialties as well as any desired prior specialties.

The ODP enrollment team reviews each enrollment application, adds the newly qualified service specialties to the provider's HCSIS Provider Qualification Status Screen, and indicates the qualification date(s) according to the date the specialty is effective in PROMISe™.

The provider will receive written verification from PROMISe™ of the newly enrolled service specialties added to Promise within a week of the application (PROMISe™ Provider Service Location Change Request form) being approved. Once the site/specialties are added to HCSIS the provider can update service offerings in HCSIS, which enables the assignment of rates and the authorization of new service specialties on an ISP.

During requalification, providers can be marked qualified for new specialties on the DP 1059 form by the assigned AE. However, providers will need to take steps to enroll the new service specialty onto an existing or new service location in PROMISe™ before HCSIS will reflect such qualification and allow the assignment of a rate and the authorization of the service.

The DP 1059 form is used for multiple enrollment submissions until the date of expiration of

the form. The provider/vendor will maintain only one DP 1059 form by resubmitting the same form to the assigned AE each time the provider/vendor seeks qualification of additional specialties for enrollment. The provider must submit the most current DP 1059 with each enrollment application.

Revalidation

Providers are required to revalidate service locations within 5 years of the initial date of enrollment and on an ongoing 5-year cycle. Revalidation involves the submission of a revalidation application through the online Provider Enrollment Application System. For the application to be approved, providers will need to attach an approved DP 1059 that demonstrates qualification of all service specialties included in the revalidation enrollment application. For more information about the revalidation process, please review OMAP's **Bulletin Number 99-16-10 (Revalidation of Medical Assistance [MA] Providers)**.

Enhanced Services

Providers/vendors that wish to render the enhanced level of a service specialty will indicate this through the checkbox on the DP 1059 form. AEs will confirm that the provider/vendor meets the enhanced level of qualification through a review of information provided in the Provider Qualification Documentation Record with the submitted supporting documentation. If the provider is qualified to render the enhanced level of service, the AE will choose "Yes" for "Enhanced Level" on the DP 1059 and the HCSIS Provider Qualification Status Screen. In the comment box on the DP 1059 and in HCSIS, the AE will indicate what documentation was reviewed to meet the enhanced level requirements.

The Following ODP Clarification Applies:

Psychology, Education, Special Education, Counseling, Social Work, or Gerontology are the basic bachelor's degrees required for qualification of enhanced services. Master's degrees or PhDs in one of these courses of study are acceptable, as well as specialized degrees. In general, specialized degrees will include the name or some variation of the name of the base degree. Examples include, but are not limited to: Child Psychology, Early Childhood Education, Marriage and Family Counseling, Psychiatric Nursing, etc. If the name of the base degree is not included in the name of the specialized degree and the provider believes the degree is within the scope of the above listed fields of study, it is the provider's responsibility to demonstrate this through documentation produced by the education institution that issued the degree. Such documentation may include generic materials produced by the institution. (e.g. a description of the university's website reading "this degree is issued by the School of Social Work") or documentation produced for the specific situation (e.g. a letter from a university specifying that a person's degree in "Human Services" is equivalent to a degree in Psychology). The provider's documentation must clearly and unequivocally demonstrate that the degree is within the scope of one of the basic degree fields of study.

RESOURCES:

55 Pa. Code 6100.81. **HCBS provider requirements.**

55 Pa. Code 6100.82. **HCBS enrollment documentation.**

55 Pa. Code 6100.83. **Submission of HCBS qualification documentation.**

55 Pa. Code 6100.84. Provision, update and verification of information.

55 Pa. Code 6100.85. Delivery of HCBS.

MyODP

INQUIRIES:

For inquiries regarding this communication, contact the ODP Provider Qualification mailbox at: **ra-odpproviderqualif@pa.gov**.

APPENDICES:

APPENDIX A: AE REQUALIFICATION HCSIS TIP SHEET

APPENDIX B: REMINDER TO PROVIDER, AE WARNING E-MAIL

APPENDIX C: FAILURE TO COMPLY NOTIFICATION LETTER TO PROVIDER FROM ASSIGNED AE

APPENDIX D: NOTIFICATION E-MAIL TO ALL AUTHORIZING AE(S)

APPENDIX E: NOTICE FROM AUTHORIZING AE TO SCO

APPENDIX F: CHOOSING AN ALTERNATE PROVIDER - TALKING POINTS FOR SC

APPENDIX G: PROVIDER REQUALIFICATION TEMPLATE

APPENDIX H: PROVIDER NEW SPECIALTY TEMPLATE