



**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, the ODP Provider Qualification Documentation Record, and all required documentation have been reviewed.

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

- ODP Provider Applicant Orientation Certificate
- ODP Dual Diagnosis Training Certificate ((required if seeking qualification to provide Residential Services).
- ISP Residential Staffing Webinar Certificate (required if seeking qualification to provide Residential Services).
- Health Risk Screening Tool Webinar Certificate (required if seeking qualification to provide Residential Services).
- Residential Readiness Tool (required if seeking qualification to provide Residential Services) Other: \_\_\_\_\_

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

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

- Organizational structure and/or job descriptions that demonstrate the identification of the following functions:
- 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

Quality Management Training

Mission and vision of organization

Policies/procedures regarding staff qualification requirements

Policies/procedures for verifying staff on the List of Excluded Individuals and Entities (LEIE), System for Award Management (SAM), and DHS's Medicare list.

Restrictive Procedures Policy

Recordkeeping Policy

Business Continuity and Emergency Response Plan

Physical and behavioral health, emergency, policy

Complaints Procedures

Annual Training Plan

- Transition of Individuals Procedure
- Accessibility Protocol for Individuals who are Deaf.
- 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)
  
- Other: \_\_\_\_\_

### Information related to ODP Provider Qualification

- ODP Provider Qualification Documentation Record
- ODP DP 1059
- ODP Provider Agreement (2020 version, stamped approved)
- Insurance Certificates, in accordance with State Statute
- Worker's Compensation Insurance

**NOTE** Any "individual" provider who claims they do not need to carry worker's compensation insurance must submit a letter from an attorney, auditor, or accountant confirming that they meet all worker's compensation requirements.

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

QA&I Contact Form

Copies of qualification supporting documentation for all agency owned automobiles.

Other: \_\_\_\_\_

The Medical Assistance (MA) Program Online Provider Enrollment Application will not be processed or approved until all applicable provider types and specialties are qualified, and you have received an approved ODP Provider Qualification Form DP 1059.

The corrected documents must be submitted within 14 calendar days from the date of this letter. If you have any questions about the ODP Provider Qualification process, please feel free to contact me at **PQ AE Lead Contact Information.**

Thank you.

Name of PQ AE Lead