

Provider Qualification Process

ODP Announcement 25-014

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:

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 Administrative Entity (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 23-101 Provider Qualification Process Update**. 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 Process

"New" Provider Requalification

All providers are classified as "New" in Home and Community Services Information System (HCSIS) until they complete the requalification process. This process must be finalized by the end of the fiscal year following their initial enrollment. For example, if a provider enrolls on 01/20/2024, they must complete requalification by 06/30/2025, the end of the following fiscal year. Once requalification is completed, the provider's status in HCSIS will update from "New" to "Existing" on 07/01.

"Existing" Provider Requalification Year

Once a provider is classified as "Existing" in HCSIS, they must be requalified every three years based on the last digit of their Master Provider Index (MPI) number (see the chart below).

Fiscal Year	Last Digit of MPI
FY 23-24	0-2
FY 24-25	3-5
FY 25-26	6-9

For example, an "Existing" provider with an MPI number of 202345673 must be requalified by 06/30/2025.

Provider Qualification and Status Changes in HCSIS

By May 1 (60 days before the provider's qualification end date of June 30), a provider's status in HCSIS will automatically change to **Expiring** if they have not been requalified. If not requalified by June 30, the status will change to **Expired** as of July 1.

Qualification Statuses in HCSIS:

1. **Qualified:** The provider meets all ODP qualification requirements.
2. **Not Requalified:** The assigned AE will update the status to **Not Requalified** if the provider does not meet ODP's qualification requirements by June 30.
3. **Not Qualified:**
 - HCSIS automatically updates the status from **Not Requalified** to **Not Qualified** on July 1.
 - ODP may also change the status to **Not Qualified** at any time if the provider's qualification is terminated or voluntarily closed.
4. **Expiring:** The status will automatically change from **Qualified** to **Expiring** on May 1 if the provider has not been requalified by that date.
5. **Expired:** The status will automatically change from **Expiring** to **Expired** on July 1 if the provider has not been requalified.

Provider Documentation Requirements

Providers must submit all required requalification documentation, including the DP 1059 form and the Provider Qualification Documentation

Record (with supporting materials), by March 31 of the year their requalification is due. Missing this deadline may prevent the AE from completing the requalification process by the April 30 due date.

The updated ODP Provider Qualification Documentation Record, including detailed instructions and qualification requirements, is available on MyODP.

Requalification Process

1. Submission Review:

Upon receiving the provider's documentation, the assigned AE will review it to ensure all qualification standards are met.

- If any documentation is missing or incomplete, the AE will notify the provider via email of the deficiencies.
- If the provider meets all requirements, the AE will update the provider's status to **Qualified** in the HCSIS Qualification Status Screen.

2. Documentation Completion

The AE will complete the DP 1059 form, marking it as **Qualified** or **Not Qualified**, sign it, and email the finalized form to the provider by June 30, following the guidelines in Appendix G.

Impact of Expiring or Expired Status

- Providers who are not marked as **Qualified** by April 30 will automatically be designated as **Expiring** on May 1.

- Service rates for the next fiscal year will not be loaded into HCSIS for specialties with an **Expiring** status. Providers may need to engage in transitional planning for waiver participants they serve.
- Providers who are not requalified by June 30 will have their status changed to **Expired** on July 1, disqualifying them from providing services or receiving payment for services rendered on or after that date.

Service Specialty Status Changes

Between February 1 and June 30 of a provider's requalification year, the assigned AE may change the service specialty status to **Not Requalified** if:

- The provider no longer meets ODP's qualification requirements.
- The provider no longer wishes to maintain qualification for that service specialty.

Requalification Process and Timelines

The below provides a clear summary of the requalification process and its associated timelines.

TIMELINE ACTIVITY

FEBRUARY 1 to MARCH 31

- Providers/vendors must submit their DP 1059 form, Provider Qualification Documentation Record, and all required supporting documentation to their assigned AE.

APRIL 1

- Assigned AEs will send reminder emails to providers/vendors who have not submitted their DP 1059 form and supporting documentation.
 - Refer to **APPENDIX B** for the "Reminder to Provider - AE Warning" email.

APRIL 30

****DUE DATE****

- Providers/vendors who fail to submit their documentation by April 30 will be considered out of compliance with ODP waiver and regulatory requirements.

MAY 1

- If the provider/vendor has not been marked as Qualified or Not Requalified in HCSIS by April 30, their qualification status for any unmarked specialties will automatically change to **Expiring** on May 1.
 - Providers/vendors can still submit documentation for requalification and the AE can change their status in HCSIS up until the end of the fiscal year (June 30). However, service delivery may end if the participant chooses a new willing and qualified provider.
 - A provider/vendor can still be marked as Qualified in HCSIS by the AE until the end of the fiscal year (June 30), provided the documentation is approved.

MAY 1 to MAY 15

- Assigned AE will send a "**Failure to Comply**" notification to providers/vendors who have not submitted documentation by April 30. This notification will inform the provider/vendor that Supports Coordinators (SCOs) will begin transition planning activities for an alternate provider/vendor.
 - **APPENDIX C** contains the standard "Assigned AE Failure to Comply Notification Letter to Provider".
 - ODP will also notify all AEs with authorizations for non-compliant providers/vendors, instructing them to notify SCOs to begin transition planning (see **APPENDIX D**).
 - Authorizing AEs must send notifications to SCOs (see **APPENDIX E**) to begin transition planning.
 - **APPENDIX F** provides talking points for Supports Coordinators to discuss with affected families and individuals about choosing an alternate provider.

MAY 15 to JUNE 30

- Supports Coordinators (SCs) may begin transition planning activities with waiver participants, their families, and the ISP team if the provider has not submitted their qualification materials by April 30.
 - Transition planning offers participants and families choices for alternate willing and qualified providers.
 - Providers/vendors that are out of compliance may still qualify during this period, but there is no guarantee they will continue service delivery if the participant selects a new provider.

- If a participant chooses a new provider before July 1, service authorizations in HCSIS will be end-dated accordingly. The current provider must engage in transition activities as per Chapter §6100.302.
- If the provider remains unqualified by June 30, no contract will be created for the upcoming fiscal year, and their services will not be available for authorization in HCSIS.

JUNE 30 (Expiration Date)

- Providers/vendors not qualified by June 30 will be considered out of compliance with ODP requalification standards.

JULY 1

- **Effective July 1**, the following will occur:
 - ODP will confirm which providers/vendors are in **Expired** status in HCSIS.
 - ODP and AEs will review **Expired** status providers/vendors to determine the necessary steps to resolve any issues.
 - Service authorizations will not carry over to the new fiscal year in ISPs.
 - Providers/vendors will have their service offerings in HCSIS and PROMISE™ enrollments end dated as of June 30.
 - Once this action is completed, the provider/vendor will no longer be eligible to receive payment for services provided to waiver participants.

SCO Action: Facilitating Transition Planning

When the authorizing AE notifies the SCO that the provider/vendor has failed to submit their qualification documentation by the April 30 due date, the SCO should take the following steps:

- **Inform the Individual/Family and ISP Team**
Notify the individual, their family, and the ISP team that the provider/vendor has not been qualified by the due date and is at risk of being unable to continue providing services after July 1.
- **Identify Available Qualified Providers**
Generate a list of qualified providers who are willing and able to provide the same service. This can be done by using the **Provider Qualification Status Report** in HCSIS.
- **Schedule an ISP Team Meeting**
Schedule a meeting with the participant, their family, and other members of the ISP team to review and select a new provider from the list of qualified providers who can meet the participant's assessed needs and outcomes. This meeting and the selection decision must be documented in the service notes in HCSIS.
- **Notify the Selected Provider**
If the participant selects a new provider, inform the provider that a referral will be sent to them.
- **Make Referrals to the Selected Provider**
The SCO is responsible for promptly sending a referral to the chosen provider and must document this action in the service notes in HCSIS.
 - If the participant does not select an alternate provider, the SCO should contact the AE for further guidance.

- **Use Talking Points for Guidance**

Use the "Choosing an Alternate Provider - SC Talking Points for Facilitation" from **APPENDIX F** to guide the discussion with the individual/family during the transition planning process.

Provider/Vendor Appeals

When a provider/vendor's qualification status changes to **Expired** or **Not Qualified**, preventing them from receiving waiver payments for services rendered, the provider/vendor has appeal rights under **55 Pa. Code Chapter 41**, Medical Assistance Provider Appeal Procedures. Providers/vendors whose specialties are **Expired** effective July 1 will receive notification from ODP that they are no longer a qualified provider. This notification will include details about ODP's efforts to bring the provider into compliance and instructions on how the provider can file an appeal.

The qualifying and authorizing AE, as well as the SCO, will be copied on this letter.

Any provider intending to voluntarily discontinue PROMISE™ enrollment to render **Consolidated, Person/Family Directed Support (P/FDS), or Community Living Waiver** services with ODP must follow the instructions 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 must ensure that all qualification standards for vendors they subcontract with are met before any goods or services are provided. During requalification, providers acting as OHCDs will include vendor qualification information for all vendor goods or services paid for since the previous requalification in their submitted Provider Qualification Documentation Record. Any qualification

documentation reviewed by an OHCDs for a vendor must be submitted upon request by the assigned AE/ODP.

Qualification of New Service Specialties

An ODP-enrolled provider can apply to become qualified for new service specialties at any time during the year. To do so, providers must submit updated qualification documentation (including [DP 1059, Provider Qualification Documentation Record](#), and all required supporting documents) to their assigned AE for review.

- **Incomplete or Incorrect Documentation**
 - If the provider submits incomplete or incorrect documentation, the AE will notify the provider via email within **10 business days**. The provider will then have an additional **10 business days** to correct and resubmit the documentation for a second and final review.
- **Final Review**
 - If the resubmitted documentation is still incomplete or insufficient, the AE will mark the specialty as **Not Qualified** and return the DP 1059 to the provider using **APPENDIX H**. The AE will also document the review date in the comments section for that specialty.
- **Approval of Qualifications**
 - If the provider meets all the required qualification standards based on the submitted documentation, the AE will approve the qualifications and date the DP 1059 form. The AE will then return the form to the provider via email within **30 days** of the provider's submission, using **APPENDIX H**.
- **Resubmission Limit**
 - Providers may only resubmit qualification documentation for the same new service specialty **once more** within a **365-day period**. Any additional resubmissions beyond this will not be accepted.

Enrollment Process

- **Adding New Service Locations**
 - When adding new service locations, providers must submit the enrollment application, and all required supporting documentation through the [Online Provider Enrollment Application System](#).
- **Adding New Unlicensed Service Specialties**
 - When adding new unlicensed specialties to an existing active service location, the provider must submit the [DP 1059 form](#) along with the [PROMISe Provider Service Location Change Request Form](#) (available on the MyODP website) to RA-odpproviderenroll@pa.gov.
- **Adding Licensed Specialties to an Existing site**
 - If the provider is adding a licensed specialty, they must also submit their license and, if applicable, the [Approved Program Capacity Form](#) along with the [PROMISe Provider Service Location Change Request Form](#).
- **Reactivating a Closed Service Location**
 - If a provider wishes to reopen a previously closed service location, they must submit a **reactivation** application using the [Online Provider Enrollment Application System](#), including a new list of specialties and any prior specialties.
- **ODP Enrollment Review**
 - The ODP enrollment team reviews the application, adds the newly qualified service specialties to the provider's **HCSIS Provider Qualification Status Screen**, and updates the qualification date(s) based on the effective date in PROMISe™.
- **Confirmation from PROMISe™**
 - Once the application is approved, the provider will receive written

verification from PROMISe™ within one week, confirming the newly enrolled service specialties. After the specialties are added to HCSIS, the provider can update service offerings in HCSIS, allowing for the assignment of rates and the authorization of new service specialties on an ISP.

- **Requalification and Enrollment**

- During requalification, the assigned AE can mark providers as qualified for a new specialty on the [DP 1059 form](#). However, for the new specialty to appear in HCSIS and enable the provider to select services for rate assignments and service authorizations, the provider must also complete the enrollment process for the new specialty in PROMISe™. This step is essential to ensure the new specialty is fully integrated into the system.

- **Resubmission of DP 1059 Form**

- The [DP 1059 form](#) can be resubmitted multiple times before its expiration date. Providers must use a single DP 1059 form, resubmitting the same form to the assigned Administrative Entity (AE) whenever they request qualification for additional specialties. Each time a provider submits an enrollment application, they must include the most up-to-date version of their [DP 1059 form](#).

Revalidation Process

Providers are required to **revalidate** their service locations every five years from the initial enrollment date of the site, with ongoing revalidation every five years thereafter. To complete revalidation, providers must submit a revalidation application through the [Online Provider Enrollment Application System](#). The application will only be approved if the provider attaches an approved DP 1059 form showing qualification for all specialties included in the revalidation application.

For more details on the revalidation process, please refer to [OMAP's Bulletin Number 99-16-10 \(Revalidation of Medical Assistance \[MA\] Providers\)](#).

Enhanced Services

Providers/vendors wishing to offer enhanced services for a specialty must indicate this by checking the appropriate box on the [DP 1059](#) form. The AE will verify that the provider meets the enhanced level of qualification by reviewing the [Provider Qualification Documentation Record](#) and supporting documents. If the provider qualifies, the AE will mark the "Enhanced Level" option as **Yes** on the **DP 1059** form and the **HCSIS Provider Qualification Status Screen**. The AE will also document the supporting materials used to verify the enhanced level in the comments section of both the **DP 1059** form and HCSIS.

- **Educational Qualifications for Enhanced Services**

Providers seeking to qualify for enhanced services must meet specific educational criteria. A bachelor's degree in fields like **Psychology, Education, Special Education, Counseling, Social Work, or Gerontology** is required, with advanced degrees such as a **Master's** or **PhD** being acceptable. Specialized degrees related to these fields, such as **Child Psychology, Early Childhood Education, or Marriage and Family Counseling**, are also valid.

If a degree's title doesn't include the base degree name (e.g., **Psychology** or **Social Work**), the provider must demonstrate the degree's relevance through supporting documentation from the issuing educational institution (e.g., a letter confirming that a **Human Services** degree is equivalent to **Psychology**).

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](#)
- [MyODP](#)

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](#)

CONTACT:

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