

PROVIDER QUALIFICATION PROCESS

ODP Announcement 20-007

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 (SCO)

PURPOSE:

The Centers for Medicare and Medicaid Services (CMS) requires 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 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 011-18 Provider Qualification Process**

DISCUSSION:

REQUALIFICATION

New Provider Requalification

Following the provider's initial qualification date, all providers classified as **New** are to be requalified by the end of the following fiscal year as designated on the DP 1059. For example, if a **New** provider's first **Qualification Begin Date** in HCSIS is 01/20/2017, the provider must be requalified by 06/30/2018, which is the end of the following fiscal year. A **New** provider's status is updated from **New** to **Existing** after the provider is requalified.

Existing Provider Requalification Cycle

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

| Cycle 1 | | Last digit of MPI | Cycle 2 | | Last digit of MPI |
|---------|----------|-------------------|---------|----------|-------------------|
| Year 1 | FY 17-18 | 0-2 | Year 1 | FY 20-21 | 0-2 |
| Year 2 | FY 18-19 | 3-5 | Year 2 | FY 21-22 | 3-5 |
| Year 3 | FY 19-20 | 6-9 | Year 3 | FY 22-23 | 6-9 |

For example: An Existing provider with an MPI number of 223456782, must be requalified by the end of that fiscal year, 06/30/2021.

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 ODP's qualification requirements
- **Not Requalified** – 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 07/01 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 07/01, 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 March 31st of the year that their requalification is due. Failure to meet this deadline will affect the assigned AE’s ability to designate the provider as “qualified” in HCSIS by the AE’s “Due Date” of April 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, the assigned AE will notify the provider by email of the missing elements within 10 business days of receipt. 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

requelification process in HCSIS. The assigned AE will sign the DP 1059 form and email the completed form to the provider within 30 days of the provider’s submission.

Providers who are not marked as “qualified” by their assigned AE in HCSIS by April 30, will be automatically designated as “Expiring” on May 1. Rates for the next fiscal year will not be loaded into HCSIS for the specialties that are “Expiring” and the provider may be required to participate in transitional planning for their waiver participants. If the provider has not been requelified by the assigned AE in HCSIS by June 30, the provider’s 'Expiring' status will change to 'Expired' on July 1st and the provider will no longer be qualified to provide services or be paid for services provided on July 1 and after.

During a provider’s requelification year, from February 1 through June 30, the assigned AE will change the service specialty status from 'Qualified' or 'Expiring' 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 NONCOMPLIANCE PROCESS AND TIMELINES

The chart on the following two pages summarizes the requelification 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 supporting documentation to the assigned AE. |
| APRIL 1 | Assigned AEs will send warning e-mails to providers/vendors who have not submitted their DP 1059 and supporting documentation. See APPENDIX B to view the notification titled “ <i>Reminder to Provider - AE Warning</i> ” e-mail |
| APRIL 30, **DUE DATE** | Providers/vendors who have not submitted their documentation by April 30 will be considered out of compliance with ODP waiver and regulation requirements |
| MAY 1 | <p>ODP will identify providers/vendors not requelified by this date by reviewing the “PQ Status Report” in HCSIS. If the provider/vendor has not been marked “Qualified” or “Not Requalified” in HCSIS by April 30, then on May 1, the qualification status of those specialties that have not been marked for the provider/vendor will automatically change to “Expiring.”</p> <p>The AE can still mark a provider/vendor as “Qualified” in HCSIS until the end of the fiscal year (June 30th), if the provider submits their qualification documentation.</p> |

| TIMELINE | ACTIVITY |
|------------------------------------|---|
| <p>MAY 1 to MAY 15</p> | <p>The assigned AE will send a “failure to comply” notification to providers/vendors who have been determined to be out of compliance. The notification will inform providers/vendors that SCOs will begin transition planning activities for an alternate provider/vendor in order to meet the assessed needs of the participant. See APPENDIX C to view the standard notification letter titled “Assigned AE Failure to Comply Notification letter to Provider”.</p> <p>ODP will notify all AEs, through email, that have authorizations with providers/vendors who have been determined to be out of compliance. The notification will instruct authorizing AEs to communicate with SCOs that they should begin transition planning activities for an alternate provider/vendor in order to meet the assessed needs of the participant. See APPENDIX D titled “Notification e- mail to ALL Authorizing AE(s) with attached authorizations”.</p> <p>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.</p> <p>For family and individuals effected by the transition, ODP developed talking points for SCs. See APPENDIX F titled “Choosing an alternate provider – talking points for SC”</p> |
| <p>MAY15 to JUNE 30</p> | <ul style="list-style-type: none"> • SCs will begin transition planning activities with waiver participants, families and the Individual Support Plan (ISP) teams for all waiver providers who have not submitted their qualification materials by April 30 • AEs should notify ODP of any providers whose supporting documentation is not acceptable in order to determine next steps • The intent of the transition planning activities is for SCs to offer participants and families choice 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 existing provider/vendor will continue service delivery to the participant because he or she 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 July 1, then service authorizations for the current provider will be end-dated accordingly in the ISPs 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 June 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 |

| TIMELINE | ACTIVITY |
|-----------------------------------|---|
| 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 | <p>Effective July 1, the following actions will occur:</p> <ul style="list-style-type: none"> • ODP will confirm which providers/vendors are in “Expired” status in HCSIS • ODP, in conjunction with AEs, will review all providers in “Expired” status to determine steps to resolve any outstanding issues. Service authorizations will not be carried forward to the new fiscal year in ISPs. Both the provider’s/vendor’s service offerings in HCSIS and PROMISe™ enrollment(s) will be end dated June 30 by ODP. When this action occurs, the provider/vendor will no longer be able to receive payment for services rendered to 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 April 30.

Once notification has been received by the SCO the following actions should be performed:

- Informing the individual and family that the provider/vendor was not qualified by the due date and is at risk of not being able to render services as of July 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 family to review 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 participant shall exercise choice in the selection of qualified providers. To support this, the SCO will share the list of providers with the participant and family and instruct them to review the list. The SCO documents this activity in service notes in HCSIS
- If the participant chooses a new provider, inform them that you will be sending a referral 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 at any point during the transition planning 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 APPEALS

When a provider/vendor's qualification status changes to “expired”, therefore unable to receive waiver payments for services rendered, the provider/vendor has appeal rights under 55 Pa. Code Chapter 41 (Medical Assistance Provider Appeal Procedures). For providers/vendors that are “Expired” effective July 1, ODP will notify the provider/vendor 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, P/FDS, or Community Living Waiver services with ODP must follow instructions as outlined in ODP Announcement [050-17, Provider Closure Notification Form](#).

AGENCY WITH CHOICE

Agency with Choice (AWC) providers shall follow the Provider Qualification Process as described in this announcement. AWC providers are qualified for Agency with Choice 540 service specialty.

DIRECT VENDORS AND ORGANIZED HEALTH CARE DELIVERY SYSTEMS/AWC

Providers enrolled as direct vendors, providers that serve as Organized Health Care Delivery Systems (OHCDs), or AWC/FMS providers will ensure that all qualification standards are met prior to the provision of any service. During requalification, direct vendors and providers serving as OHCDs or AWC/FMS will include vendor qualification information for all vendor services rendered or paid since their previous requalification on their submitted Provider Qualification Documentation Record.

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 notify the provider by email of missing or incorrect documentation within 10 business days of submission. 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.

When adding new service locations, the enrollment application and all required supporting documentation must be submitted through the On-line 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 "Service Close Specialty Add 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.

When adding new services to an EXISTING closed site in PROMISE™, the provider submits a “reactivation” application for the service location using the On-line Provider Enrollment Application System, with the new list of specialties as well as any prior specialties.

The Office of Medical Assistance Programs reviews and processes the application. The ODP enrollment team reviews each enrollment application processed, 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 HCSIS within a week of the application being approved. Once the specialties are added to HCSIS, the provider can update service 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 by the assigned AE. However, providers will need to take steps to enroll the new service specialty into a service location before HCSIS will reflect such qualification and allow the assignment of a rate and the authorization of the service.

ENROLLMENT

The DP 1059 form is used for multiple enrollment submissions until the date of expiration of the form. The provider will maintain only one DP 1059 by resubmitting the same form to the assigned AE each time it 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 ongoing. Revalidation involves the submission of a new enrollment application through the On-line 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 the Office of Medical Assistance Programs [Bulletin Number 99-16-10 \(Revalidation of Medical Assistance \(MA\) Providers\)](#).

ENHANCED SERVICES

Providers 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 meets the enhanced level of qualification through a review of information provided in the Provider Qualification Documentation Record with the submitted supporting documentation, and approval of qualification of enhanced services on the DP 1059. During requalification, the AE will mark the enhanced qualification drop down box as “Yes” on the Provider Qualification (PQ) status screen in HCSIS for the requested service specialty.

If an ISP team determines that an individual has a medical or behavioral need for an enhanced level of service to be provided by a staff person with a Bachelor’s Degree, 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 Chapter 6100 Enrollment

[Qualification Process for New Providers UPDATE ODP Announcement 19-044](#)

[ODP Announcement 050-17 Provider Closure Notification Form](#)

[DP 1059 with instructions](#)

ODP Provider Qualification Documentation Record

INQUIRIES

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

APPENDIX A: AE REQUALIFICATION HCSIS TIP SHEET

Provider Qualification Status Screen for Assigned AEs

During the requalification process, the provider qualification status screen allows AEs to review and document the results of qualification determination by specialties for a provider. Assigned AEs may see a variety of screens that display different results. Below is an explanation for different display results an assigned AE may encounter.

SCENARIO: New Provider Qualification Screen for AEs is Blank

The screenshot shows the HCSIS (The Home and Community Services Information System) interface. The top navigation bar includes links for Home, MQ, Individual, Plan, SC, Provider, Financial, Admin, and Tools. Below this, there are links for Clearance, Administration, Registration, Service Management, Qualification, Provider Organization, and Program Capacity. The main content area displays the following information:

- Provider: Qualification - Qualification Status - Qualification Status
- No Current Information.
- Search
- Current Provider: Name: ABC, MPI ID: 900002395
- Provider Status: =, Assigned AE: =
- Provider Qualification Details section with the following fields:
 - Specialty: *
 - Enhanced Level: *
 - Qualification Status: *
 - Reason (if not qualified): *
 - Begin Date (MM/DD/YYYY): *
 - End Date (MM/DD/YYYY): *
 - Comments (Maximum of 1024 characters): *
 - Recording Worker: *
 - Date Stamp: *

At the bottom of the screen, there is a footer with the text: "You are presently logged into HCSIS", "Friday, December 15, 2017 1:45 PM", "Privacy Policy", and "Your session will expire at approximately 2:45 PM".

When the provider qualification status screen is blank, the provider's enrollment application is either in process or not completed, which means the provider is not enrolled in PROMISETM or HCSIS for any ODP programs. Only ODP enrollment staff can add a new specialty to the provider qualification screen.

If a provider's DP 1059 has been updated and specialty(s) qualified and the screen is still blank, the provider did not submit an enrollment application to the ODP enrollment unit to add the specialty or the enrollment application is in process and has not been finalized.

SCENARIO: Requalifying a provider when Provider Status shows “New.”

The screenshot displays the 'Provider Qualification Status' interface. At the top, it shows the provider's name 'ABC Provider Services Inc.' and MPI ID '300316669'. The provider status is 'New' and the assigned AE is 'ALLEGHENY'. A table lists two specialties: 'S21. ADULT RESIDENTIAL - 6400' (Enhanced Level: N/A, Begin Date: 08/01/2017, End Date: 06/30/2018, Qualification Status: Qualified) and 'S10. HOME AND COMMUNITY HABILITATION' (Enhanced Level: Yes, Begin Date: 08/01/2017, End Date: 06/30/2018, Qualification Status: Qualified). The 'S10' row is selected. Below the table, the 'Provider Qualification Details' section shows the selected specialty 'S10. HOME AND COMMUNITY HABILITATION', Enhanced Level 'Yes', and Qualification Status 'Qualified'. The 'Recalculate' button is highlighted. The 'Reason' field is empty, and the 'Comments' field contains the text: 'The provider is qualified to provide Enhanced In Home and Community Supports'. The recording worker is 'DORIAN, BAKKE' and the date stamp is '1/24/2018 10:59:53 AM'.

For the above screen, the ODP Enrollment unit initially assigns the provider status of “new” when a provider is not previously enrolled in any ODP waiver programs. During the requalification process, if a provider is due for requalification and they are in a provider status of “new”, the assigned AE will update the qualification status and recalculate the end date for requalification to take place. To do this, the AE should select the radial button of the specialty and select the edit button. In the provider qualification detail section, the AE will update the qualification status to either the designation of qualified or not requalified, then select the **recalculate** button which changes the end date to the appropriate cycle. If not requalified is chosen, the AE must choose a reason from the drop down. The AE may also add additional comments in the comments box.

If the provider is qualified to provide **enhanced services**, the assigned AE will mark the enhanced level as “Yes” on the provider qualification status screen. If there is an enhanced level available for the specialty and the provider is not qualified to provide enhanced services, the assigned AE will mark the enhanced level as “No”. The assigned AE must manually save the results, or the updates will not save. This process needs to be repeated for each specialty. Please note that if there is an enhanced option for the specialty, the assigned AE must choose Yes or No in the drop down for enhanced level, or the changes will not save.

SCENARIO: Changing the qualification status for an existing provider

The screenshot displays the HCIS interface for a provider's qualification status. The provider's name is ARIC, MPI ID is 900007437, and they are currently in an "Existing" status assigned to the "PHILADELPHIA" AE. A table lists four specialities with their respective enhanced levels, begin/end dates, and qualification statuses. Below the table, a "Provider Qualification Details" section provides specific information for the selected speciality (S10. HOME AND COMMUNITY HABILITATION).

| Select | Specialty | Enhanced Level | Begin Date | End Date | Qualification Status |
|----------------------------------|--------------------------------------|----------------|------------|------------|----------------------|
| <input type="radio"/> | S12. RESPITE CARE - HOME BASED | Yes | 07/01/2017 | 06/30/2020 | Qualified |
| <input type="radio"/> | S14. ADULT TRAINING - 2300 | No | 07/01/2017 | 06/30/2020 | Not Qualified |
| <input checked="" type="radio"/> | S10. HOME AND COMMUNITY HABILITATION | Yes | 07/01/2017 | 06/30/2020 | Qualified |
| <input type="radio"/> | S08. Behavioral Support - ODP | N/A | 07/01/2017 | 06/30/2020 | Qualified |

Provider Qualification Details:

- Specialty: * S10. HOME AND COMMUNITY HABILITATION
- Enhanced Level: * Yes
- Qualification Status: * Qualified
- Reason (If not qualified):
- Begin Date (MM/DD/YYYY): * 07/01/2017
- End Date (MM/DD/YYYY): * 06/30/2020
- Comments (Maximum of 1024 characters): The provider is qualified to provide Enhanced In Home and Community Supports
- Recording Worker: DORIAN, BAKKE
- Date Stamp: 1/24/2018 12:11:33 PM

When a provider status is “Existing” the assigned AEs will perform the same steps as when the provider is in a new status mentioned above. No matter the qualification status (i.e. qualified or not requalified), the end date will automatically populate to the date of the requalification cycle. If an assigned AE wants to change the end date to a specific date, they will need to contact their Regional Program Office. This will usually occur when a provider needs to be terminated from providing ODP services.

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

Reminder to Provider - AE Warning E-mail

Email to: Provider Director From: AE Provider Qualification Lead
Date: 30-45 Days Prior to Due Date
Subject: ***WARNING---provider qualification Action Required***

Dear: Provider Director

Please be advised that, as of the date of this e-mail, the required qualification documentation has not yet been received from your agency by the assigned AE.

Please submit all required documentation too: AE Provider Qualification Lead's Address City, State, Zip

If your provider qualification documentation is not received by April 30, the Supports Coordinators will start planning activities with individuals, families, and Individual Support Plan (ISP) teams on May 1, Year for the transition of those individuals you currently serve to alternate willing and qualified provider(s).

Not having your service specialties in a qualified status will result in having individuals who receive your services transitioned to another willing and qualified provider on July 1, Year. If during planning activities the individual chooses to begin service with an alternate willing and qualified provider prior to July 1, Year, service authorizations in the Fiscal Year (FY) 20XX-20XX ISP will be end-dated accordingly.

If your agency's qualification status is not marked as "qualified" in HCSIS by the assigned AE by May 1, Year, your HCSIS provider qualification status will change to "expiring". This will not allow for any real contract from being created in HCSIS for the upcoming FY and therefore, the affected provider service(s) will not be authorized in the FY 20XX-20XX ISP until your agency becomes qualified. Waiver services rendered by a provider with a qualification status other than "qualified" after June 30, Year will not be paid as per ODP waiver requirements and regulation.

Sincerely,

AE Director (Assigned AE)

cc: Applicable AE Staff SCO Director(s)
ODP Regional Program Manager (ODP) Regional Provider Qualification Point Person

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

Assigned AE Failure to Comply Notification letter to Provider

Provider CEO/Executive Director Address

Dear CEO/Executive Director:

All waiver providers have two separate qualification target dates: a “Due Date” and an “Expiration Date”. The “Due Date” for Fiscal Year (FY) **20XX-20XX** for all qualified waiver providers is **April 30, 20XX**.

This letter serves as notice that Provider Name & MPI # has not submitted their DP 1059 and supporting documentation by **April 30, 20XX** for the following service specialties:

Specialty #/Service Name

Supports Coordinators have been notified to begin planning activities with waiver participants, families, and Individual Support Plan teams as of May 1, **20XX** for the transition of waiver participants to willing and qualified provider(s).

If Provider Name does not become qualified by June 30, **20XX**, Provider Name will not receive payment for waiver services rendered beyond that date and will no longer be qualified to provide the service specialties noted above. If, during transition planning activities, the waiver participant chooses to begin service with an alternate willing and qualified provider prior to July 1, **20XX**, service authorizations in the **FY 20XX-20XX** will be end-dated accordingly.

Sincerely,

AE Director (Assigned AE)

cc: Applicable AE Staff SCO Director(s)
ODP Regional Program Manager (ODP) Regional Provider Qualification Point Person

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

Notification e-mail to ALL Authorizing AE(s) with attached authorizations

The following provider(s) have not yet submitted their provider qualification documentation record or supporting documentation to the assigned AE.

Provider (MPI# :)

Please find the attached report(s) that details the individuals who are currently authorized to receive services from provider(s) listed above.

Starting in Fiscal Year (FY) **20XX-20XX**, waiver providers were assigned a “due date” for qualification purposes. Providers have been informed that if they do not submit their qualification documentation by April 30, 20XX, Supports Coordinators (SCs) would begin planning activities with waiver participants, families, and Individual Support Plan (ISP) teams as of May 1, **20XX** for the transition to willing and qualified provider(s).

Please notify the appropriate SCOs/SCs utilizing Appendix E that planning activities shall begin with teams effective immediately. Please forward the “Choosing Alternative Providers” talking points as a planning tool.

The Authorizing AE shall pull the Provider Qualification Status Report in HCSIS on a weekly basis to check on the qualification status of providers. If the provider becomes qualified and the individual chooses to continue to receive services by the provider, the SC can cease planning activities. However, if during planning activities the waiver participant chooses to begin service with an alternate willing and qualified provider prior to July 1, **20XX**, waiver service authorizations in the individual’s FY **20XX-20XX** ISP should be end-dated accordingly.

If, as of June 30, **20XX**, the authorizing AE has not received notification from ODP that the above provider has been qualified, the authorizing AE shall ensure that waiver authorizations for the provider were not carried forward into individual FY **20XX-20XX** ISP.

Sincerely,

Regional PQ Point Person of Assigned AE

cc: Regional PQ Point Person of Authorizing AE(s)

APPENDIX E: NOTICE FROM AUTHORIZING AE TO SCO WITH ATTACHED AUTHORIZATIONS

Notice from Authorizing AE to SCO with attached authorizations

The following provider(s) has not completed their qualification by the due date: Provider

Name (MPI#)

Please find the attached report(s) that details the individuals who are currently authorized to receive services from the provider(s) listed above.

Providers have been informed that if they do not submit their qualification documentation by April 30, Supports Coordinators would begin planning activities with waiver participants, families, and Individual Support Plan (ISP) teams as of May 1 for the transition to willing and qualified provider(s).

At this time, SCs shall begin planning activities to discuss alternative providers with individuals and teams immediately. Please find “Choosing Alternative Provider’s” talking points attached to be used as a planning tool.

The SCO shall pull the Provider Qualification Status Report in HCSIS on a weekly basis to check on the qualification status of the provider(s). If the provider(s) becomes qualified and the individual chooses to continue to receive services by the provider(s), the SCO can cease transition planning activities. If during planning activities the waiver participant chooses to begin service with an alternative, willing and qualified provider prior to July 1, a Critical Revision shall be completed to the individual’s current ISP.

If, as of June 30, the provider(s) has not been qualified, Authorizing AE will ensure that waiver authorizations for the provider(s) are not carried forward into the next fiscal year ISP for the individual.

Sincerely,

Authorizing AE

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

Choosing an Alternate Provider

- Individuals have choice of willing and qualified waiver providers
- Provider _____ is in “Expiring” status in HCSIS as of April 30, Year. They have until June 30, Year to become qualified; however, if not qualified by this date they will NOT be qualified to render services and will not be authorized in your Fiscal Year (FY) 20XX- 20XX ISP. This means the provider will not be able to get paid for any services they provide since they will not be authorized.
- In order to ensure there is no gap in services you are being given the choice to select another qualified provider. In the event your current provider does not become qualified by June 30, Year you will be without services effective July 1, Year if you do not choose an alternate provider.
- The following providers are qualified and offer the services that you are receiving from your current provider. Please review this list and alert me of your choice to move forward (SCOs to use Provider Qualification Status report and filter by service the individual receives and then by qualified provider and region)
- If you would like to proceed with transitioning to an alternate provider, I will send referrals
- There is no guarantee of acceptance with a new provider as they must be willing to provide services to you
- You may want to identify more than one alternate provider to be sure you receive services on July 1, Year.

APPENDIX G: 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.

Upload this form to the on-line electronic provider enrollment application along with all other required supporting documentation.

If you 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 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