

Providers and Bureau of Support for Autism & Special Populations (BSASP) MUST maintain electronic version of DP 1088.

DP 1088 is a required attachment to enrollment application for:

NEW SPECIALTIES	NEW SITES	RE-VALIDATION
New specialties must be qualified on the DP 1088 prior to enrollment & attached.	The attached DP 1088 must indicate that the specialty rendered at the site is qualified.	The attached DP 1088 must indicate that the specialty rendered at the site is qualified.

PURPOSE

Providers and vendors of Adult Autism Waiver (AAW) services must be qualified prior to enrollment for Provider Type (PT)/ Specialty as well as be re-qualified for PT/Specialty per ODP requirements.

The DP 1088 should be completed by the person responsible for the overall administration of the provider's operations as it relates to the provision of waiver services. This may be the person who signs the ODP Provider Agreement for Participation in Pennsylvania's Adult Autism Waiver or a designee. Providers should be advised that regardless of who signs the DP 1088, ODP will treat the provider as an entity in terms of completion of ODP qualifications and responsibility for its content.

The DP 1088 is an electronic form and shall be completed and maintained electronically by both the Provider and ODP-BSASP. The form has functionality that opens or locks sections based on choices in order to assist the user in completion of the form.

The DP 1088 is an ever evolving form and will be updated as needed.

DEFINITION OF TERMS

New Provider (Initial Qualification) – Provider who is submitting initial qualification application to provide services within the AAW.

- Providers who are enrolled with other offices (i.e. OLTL, etc.) but have never completed the enrollment process with ODP are considered "New Providers."

Existing Provider (Re-Qualification) – Provider who has previously been qualified to provide services within the AAW and is due for re-qualification.

- New providers re-qualification time frame is the following fiscal year after their initial qualification.
- Ongoing re-qualification is based on provider's MPI# and occurs every three years.

Update (Addition of Specialty) – Providers shall choose this option when they want to add a PT/Specialty beyond the PT/Specialties that they have been previously qualified for.

- **Existing ODP Providers who are completing the DP 1088 for the first time shall choose the New Provider option.**

Due Date and Expiration Dates

- New providers will have due dates and expiration dates assigned for the fiscal year following the initial qualification.
- Existing providers will have re-qualification on a three-year cycle based on the last digit of the provider's MPI number.
 - Last digit of MPI# = 0-2: Will be re-qualified in Year 1
 - Last digit of MPI# = 3-5: Will have due/expiration date in Year 2
 - Last digit of MPI# = 6-9: Will have due/expiration date in Year 3

INSTRUCTIONS FOR COMPLETION

Providers and BSASP should click on the hyperlink below for the type of DP 1088 they need to complete. The hyperlink will take entity to page with specific instructions.

PROVIDER	BSASP
New Provider (Initial Qualification) Existing Provider (Re-Qualification) Update to Add Specialty	New Provider (Initial Qualification) Existing Provider (Re-Qualification) Update to Add Specialty

Questions: Forward to Provider Enrollment Mailbox (ra-pwbasprounroll@pa.gov) with subject line: DP 1088.

PROVIDER – New Provider (Initial Qualification)

1. Entity completing form: Choose “Provider”
2. Choose: “New Provider (Initial Qualification)”
3. Complete sections 1, 2, and 3
4. SAVE AS: Provider Name_DP1088_Date of Submission
5. Submit completed DP 1088 to BSASP along with:
 - PQ Documentation Record
 - Supporting documentation

Section 1 – Provider Information

FIELD TITLE	DESCRIPTION OF INFORMATION ENTERED
Provider Name	Enter provider’s IRS name
MPI #	Assigned Master Provider Index (MPI) number. If new provider has not yet been assigned an MPI #, this can be left blank.
Last Name	Last name of CEO or designee completing the DP 1088.
First Name	First name of CEO or designee completing the DP 1088.
Title	Choose “CEO” or “Designee” from pull-down.
Phone Number	Enter phone number of person completing the DP 1088.
Email Address	Enter email of person completing the DP 1088.
Street Address	Enter street address of provider business address.
City, State, ZIP Code	Enter city, state, ZIP code of provider business address.
Date Submitted	Enter date the DP 1088 is submitted to BSASP.

Section 2 – Provider Attestations

- Providers shall review attestations and indicate “Yes” or “No” to the entity’s ability to comply with attestations.
 - If “No” is chosen, it will prevent the provider from becoming qualified and enrolled as an ODP Provider.
- The typing of Provider CEO in Section 2 indicates that the organization attests to the accuracy of the responses to each attestation.
- Enter date in which attestations were answered.

Section 3 – Qualification Determination of Services

- Providers shall choose the PT and Specialty they wish to be qualified for from the pull-downs.
 - PT and Specialties are listed in pull-down numerically.
- The PT/Specialty chosen on the DP 1088 should match information included on the PQ Documentation Record and supporting documentation shall be submitted based on qualification requirements.
- The Overall Comments box at the end of Section 3 can be used as needed.

PROVIDER – Existing Provider (Re-Qualification)

1. Entity completing form: Choose “Provider”
2. Choose: “Existing Provider (Re-Qualification)”
3. Complete sections 1 and 2
4. SAVE AS: Provider Name_DP1088_Date of Submission
5. Submit completed DP 1088 to BSASP along with:
 - PQ Documentation Record
 - Supporting documentation

Section 1 – Provider Information

Update information as applicable:

FIELD TITLE	DESCRIPTION OF INFORMATION ENTERED
MPI #	Assigned MPI number.
Last Name	Last name of CEO or designee completing the DP 1088.
First Name	First name of CEO or designee completing the DP 1088.
Title	Choose “CEO” or “Designee” from pull-down.
Phone Number	Enter phone number of person completing the DP 1088.
Email Address	Enter email of person completing the DP 1088.
Street Address	Enter street address of provider business address.
City, State, ZIP Code	Enter city, state, ZIP code of provider business address.
Date Submitted	Enter date the DP 1088 is submitted to BSASP.

Section 2 – Provider Attestations

- Providers shall review attestations and indicate “Yes” or “No” to the entity’s ability to comply with attestations.
 - If “No” is chosen, it will prevent the provider from becoming qualified and enrolled as an ODP Provider.
- The typing of Provider CEO in Section 2 indicates that the organization attests to the accuracy of the responses to each attestation.
- Enter date in which attestations were answered.

Section 3 – Qualification Determination of Services

- Providers shall complete the PQ Documentation Record based on PT/Specialty listed on the DP 1088 and shall submit supporting documentation per qualification requirements.
- The Overall Comments box at the end of Section 3 can be used as needed.

PROVIDER – Update to Add Specialty

1. Entity completing form: Choose “Provider”
2. Choose: “Update to Add Specialty”
3. Complete sections 1 and 3
4. SAVE AS: Provider Name_DP1088_Date of Submission
5. Submit completed DP 1088 to BSASP along with:
 - PQ Documentation Record
 - Supporting documentation

Section 1 – Provider Information

Update information as applicable:

FIELD TITLE	DESCRIPTION OF INFORMATION ENTERED
Last Name	Last name of CEO or designee completing the DP 1088.
First Name	First name of CEO or designee completing the DP 1088.
Title	Choose “CEO” or “Designee” from pull-down.
Phone Number	Enter phone number of person completing the DP 1088.
Email Address	Enter email of person completing the DP 1088.
Street Address	Enter street address of provider business address.
City, State, ZIP Code	Enter city, state, ZIP code of provider business address.
Date Submitted	Enter date the DP 1088 is submitted to BSASP.

Section 3 – Qualification Determination of Services

- Providers shall choose the PT and Specialty they wish to be qualified for from the pull-downs.
 - PT and Specialties are listed in pull-down numerically.
- The PT/Specialty chosen on the DP 1088 should match information included on the PQ Documentation Record and supporting documentation shall be submitted based on qualification requirements.
- The Overall Comments box at the end of Section 3 can be used as needed.

BSASP – New Provider (Initial Qualification)

1. Entity completing form: Choose “BSASP”
 - Enter BSASP password - aawbsasp
2. Review Section 1 and Section 2 completed by provider
3. Review the following information submitted by provider:
 - PQ form (DP 1088)
 - PQ Documentation Record
 - Supporting documentation
4. Complete sections 3 and 4
5. SAVE AS – Provider Name_DP1088_Date of Submission
6. Return completed DP 1088 to provider, copying the Provider Enrollment Mailbox.

Section 3 – Qualification Determination of Services

- BSASP to complete qualification determination for each PT/Specialty listed after review of PQ Documentation Record and supporting documentation.
- BSASP shall indicate date that qualification determination has been made. The date of determination will aid in differentiating between former PT/Specialties that were qualified.
- When qualification determination of “Not Qualified” is chosen, the BSASP shall enter comments.
- The Overall Comments box at the end of Section 3 can be used as needed.

Section 4 – BSASP Verification of Qualification

- BSASP to review statements and indicate Yes/No.
 - If “No” is chosen, it will prevent the provider from becoming qualified and enrolled as an ODP Provider.
- The typing of BSASP representative in Section 4 indicates that BSASP attests to the review of documentation as indicated in the responses.
- The verifying date by BSASP will assign the New Provider Due/Expiration Date, which will be assigned to the following fiscal year.

BSASP – Existing Provider (Re-Qualification)

1. Entity completing form: Choose “BSASP”
 - Enter BSASP password
2. Review Section 1 and Section 2 completed by provider
3. Review the following information submitted by provider:
 - PQ form (DP 1088)
 - PQ Documentation Record
 - Supporting documentation
4. Complete sections 3 and 4
5. SAVE AS – Provider Name_DP1088_Date of Submission
6. Return completed DP 1088 to provider, copying the Provider Enrollment Mailbox.

Section 3 – Qualification Determination of Services

- BSASP shall review Overall Comments box to see if provider has any noted changes/updates to the existing PT/Specialties that are qualified.
 - If a provider is no longer interested in rendering a qualified PT/Specialty, BSASP shall mark that PT/Specialty Not Qualified.
- BSASP to complete qualification determination for each PT/Specialty listed after review of PQ Documentation Record and supporting documentation.
- BSASP shall indicate date that qualification determination has been made.
- When qualification determination of “Not Qualified” is chosen, BSASP shall enter comments.

Section 4 – BSASP Verification of Qualification

- BSASP to review statements and indicate Yes/No.
 - If “No” is chosen, it will prevent the provider from becoming qualified and enrolled as an ODP Provider.
- The typing of BSASP representative in Section 4 indicates that BSASP attests to the review of documentation as indicated in the responses.
- Existing Provider Due Date/Expiration Date is based on the last digit of provider’s MPI #.

BSASP – Update to Add Specialty

1. Entity completing form: Choose “BSASP”
 - Enter BSASP password
2. Review Section 1 and Section 2 completed by provider
3. Review the following information submitted by provider:
 - PQ form (DP 1088)
 - PQ Documentation Record
 - Supporting documentation
4. Complete sections 3 and 4
5. SAVE AS – Provider Name_DP1088_Date of Submission
6. Return completed DP 1088 to provider, copying the Provider Enrollment Mailbox.

Section 3 – Qualification Determination of Services

- BSASP to complete qualification determination for each additional PT/Specialty added after review of PQ Documentation Record and supporting documentation.
- BSASP shall indicate date that qualification determination has been made.
- When qualification determination of “Not Qualified” is chosen, BSASP shall enter comments.
- The Overall Comments box at the end of the Section 3 can be used as needed.

Section 4 – BSASP Verification of Qualification

- BSASP to review statements and indicate Yes/No.
 - If “No” is chosen, it will prevent the provider from becoming qualified and enrolled as an ODP Provider.
 - Statements that apply to New Providers are not able to be changed.
- The typing of BSASP representative in Section 4 indicates that BSASP attests to the review of documentation as indicated in the responses.
- Update will not impact Existing Provider Due Date/ Expiration Date as it remains based on the last digit of the provider’s MPI #.
- BSASP will email the completed form to the provider within 30 days of the provider’s submission.

Entity Completing Form: ☐ Provider
☐ BSASP

SECTION 1 - PROVIDER INFORMATION

PROVIDER NAME:		MPI #:
LAST NAME:	FIRST NAME:	TITLE:
PHONE NUMBER:		EMAIL ADDRESS:
STREET ADDRESS:		CITY, STATE, ZIP CODE:
PROVIDER OF WHICH WAIVERS (CHOOSE ONE): <input type="checkbox"/> AAW Only <input type="checkbox"/> AAW and ID/A Waivers		DATE SUBMITTED: MM DD YYYY

SECTION 2 - PROVIDER ATTESTATIONS

<input type="checkbox"/> Yes <input type="checkbox"/> No	The organization assures that it will provide and/or participate in training specific to the services provided and to the needs of the individuals served.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The organization assures that it will train all staff (direct, contracted, or in a consulting capacity) to meet the unique needs of the participant which includes but is not limited to communication, mobility and behavioral needs.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The organization assures that it will complete necessary pre in-service training based on the ISP for all staff prior to spending any time alone with a participant.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The organization assures that it carries & will maintain adequate insurance to satisfy the requirements applicable to the services you intend to provide, as stipulated in the Adult Autism Waiver. This includes Worker's Compensation Insurance, Commercial General Liability Insurance, and Automobile Insurance.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The organization assures that it will carry out the person's Individual Support Plan.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The organization assures that it will comply with ODPs Incident Management Policy.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The organization attests that they will comply with applicable statutes and regulations.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The organization assures that it will certify that all employees who drive as part of their work duties possess a current driver's license.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The organization assures that it will certify that all vehicles used for work duties have valid vehicle registration, current inspection, PUC license (if applicable), and insurance for the vehicle used to provide the transportation services.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The organization attests that they will consistently maintain all ODP Waiver qualification requirements on an ongoing basis and maintain documentation as outlined in the ODP Provider Qualification Documentation Record.

The typing of Provider CEO name below indicates that the organization attests to the accuracy of the responses above.

Name of Provider CEO:



ODP Provider Qualification Form

Adult Autism Waiver

SECTION 3 - QUALIFICATION DETERMINATION OF SERVICES

[illegible]

SECTION 3 - QUALIFICATION DETERMINATION OF SERVICES (CONTINUED)

Provider to Complete		BSASP to Complete		
PROVIDER TYPE	SPECIALTY	QUALIFICATION DETERMINATION	DATE OF DETERMINATION	COMMENTS
		<input type="checkbox"/> Qualified <input type="checkbox"/> Not Qualified	MM DD YYYY	
		<input type="checkbox"/> Qualified <input type="checkbox"/> Not Qualified	MM DD YYYY	
		<input type="checkbox"/> Qualified <input type="checkbox"/> Not Qualified	MM DD YYYY	
		<input type="checkbox"/> Qualified <input type="checkbox"/> Not Qualified	MM DD YYYY	
		<input type="checkbox"/> Qualified <input type="checkbox"/> Not Qualified	MM DD YYYY	
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		<input type="checkbox"/> Qualified <input type="checkbox"/> Not Qualified	MM DD YYYY	
		<input type="checkbox"/> Qualified <input type="checkbox"/> Not Qualified	MM DD YYYY	

OVERALL COMMENTS

SECTION 4 - BSASP VERIFICATION OF QUALIFICATION

<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the provider complete and submit the ODP Provider Qualification Documentation Record information for each specialty they intend to provide?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the provider submit all required documentation for each specialty they intend to provide?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the provider complete Section 2, Provider Attestations affirmatively?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the provider complete the required provider applicant orientation? For AAW-only providers, this would be Modules 1-5 only. For shared (AAW and ID/A) providers, this would be Modules 1-6 and In-Person Provider Applicant Orientation.

The typing of BSASP representative name below indicates that BSASP attests to the accuracy of the responses above.

BSASP Representative Name & Title:	Verifying Date: MM DD YYYY
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<input type="checkbox"/> New Provider Initial Qualification Due Date: <input type="text" value="4/30/"/> Expiration Date: <input type="text" value="6/30/"/>	<input type="checkbox"/> Existing Provider Re-Qualification Due Date: <input type="text" value="4/30/"/> Expiration Date: <input type="text" value="6/30/"/>	<input type="checkbox"/> Update to Add Specialty
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