

New Adult Autism Waiver (AAW) Provider Qualification Process

ODP Announcement 20-110

AUDIENCE:

All Office of Developmental Programs (ODP) Adult Autism Waiver (AAW) Providers and Supports Coordination Organizations (SCOs)

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. ODP continues to align processes whenever possible, therefore, the ODP Bureau of Supports for Autism and Special Populations (BSASP) is replacing the previous AAW provider requalification process with the ODP Provider Qualification Process described below. This communication outlines the steps the provider must follow to meet these requirements.

NOTE: This communication does not describe the qualification process for SCOs. The qualification process for SCOs will be issued as a separate communication. It does, however, detail the steps Supports Coordinators take to transition individuals, if needed.

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. This will be detailed on the ODP Provider Qualification form (note: this form is under development and will be the AAW-version of the DP 1059). For example, if a New provider's first Qualification Begin Date 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

Previously, AAW providers were requalified during annual monitoring and the Quality Assessment and Improvement (QA&I) process. All activities associated to the AAW provider requalification process will now occur during the ODP Provider Qualification Process.

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 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

*Note: the timelines for Cycle 2 of Provider Requalification will be slightly different from the timelines for Cycle 2 of QA&I due to when the requalification process is starting and the corresponding Fiscal Year.

For example: An existing provider with an MPI number of 22345678**2**, 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 service qualification statuses are as follows:

- Qualified:** The provider meets ODP's qualification requirements
- Expiring:** The status changes from **Qualified** to **Expiring** on 05/01, if the provider has not been requalified
- Expired:** The status changes from **Expiring** to **Expired** on 07/01, if the provider has not been requalified
- Not Requalified:** The status changes from **Qualified** or **Expiring** to **Not Requalified**, if the provider no longer meets ODP's qualification requirements by 6/30
- Not Qualified:** The status changes 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

Providers must submit the ODP Provider Qualification form and the Provider Qualification Documentation Record (to be issued in a later communication) with all required supporting documentation by March 31st of the year that their requalification is due. Failure to meet this deadline will affect ODP's ability to designate the provider as "qualified" by the "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, ODP 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, ODP 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, ODP will consider the

provider as **Qualified**. ODP will sign the ODP Provider Qualification form and email the completed form to the provider within 30 days of the provider’s submission.

Providers who are not considered to be **Qualified** by April 30 will be automatically designated as **Expiring** on May 1. Service segments for the next fiscal year will not be authorized in HCSIS for the specialties that are **Expiring**, and the provider may be required to participate in transitional planning for their waiver individuals. If the provider has not been requalified 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 requalification year, from February 1 through June 30, ODP 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 requalification process and timelines.

TIMELINE	ACTIVITY
FEBRUARY 1 to MARCH 31	This date range is the timeframe providers/vendors must submit their ODP Provider Qualification form, Provider Qualification Documentation Record and supporting documentation to ODP.
APRIL 1	ODP will send warning e-mails to providers/vendors who have not submitted their required documentation.
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

TIMELINE	ACTIVITY
<p>MAY 1</p>	<p>ODP will identify providers/vendors not requalified by this date. If the provider/vendor has not been Qualified or Not Requalified by April 30, then on May 1, the qualification status of those specialties that have not been confirmed for the provider/vendor will change to Expiring.</p> <p>ODP can still consider a provider/vendor as Qualified until the end of the fiscal year (June 30th), if the provider submits their qualification documentation.</p>
<p>MAY 1 to MAY 15</p>	<p>ODP 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 individual.</p> <p>ODP will notify the SCOs who have individuals receiving services to begin transition planning activities.</p> <p>For family and individuals effected by the transition, ODP developed talking points for Support Coordinators (SCs). See APPENDIX A titled “<i>Choosing an alternate provider – talking points for SC</i>”</p>

TIMELINE	ACTIVITY
MAY15 to JUNE 30	<ul style="list-style-type: none"> • SCs will begin transition planning activities with waiver individuals, families, and the Individual Support Plan (ISP) teams for all waiver providers who have not submitted their qualification materials by April 30 • The intent of the transition planning activities is for SCs to offer individuals 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 individual because he or she may select a new willing and qualified provider to render services • If, during planning activities, the waiver individual chooses to begin service with an alternate willing and qualified provider prior to July 1, 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.
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 • ODP 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 individuals enrolled in the waivers.

SCO Action – Facilitating Transition Planning

ODP 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 presenting the AAW Supports and Services Directory.
- Schedule an ISP team meeting with the individual and family to review the list of providers that are qualified, willing, and able to provide a service necessary to support the individual's assessed needs and outcomes
- The individual shall exercise choice in the selection of qualified providers. To support this, the SCO will share the list of providers with the individual and family and instruct them to review the list. The SCO documents this activity in service notes in HCSIS
- If the individual 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 individual. 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 ODP

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

APPENDIX A 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 SCO will be copied on this letter.

Any provider with intent to voluntarily discontinue PROMISE™ enrollment to render AAW services with ODP must notify the AAW Enrollment Lead at RA-PWBASPROVENROLL@pa.gov.

DIRECT VENDORS AND ORGANIZED HEALTH CARE DELIVERY SYSTEMS

Providers enrolled as direct vendors and providers that serve as Organized Health Care Delivery Systems (OHCDS) ensure that all qualification standards are met prior to the provision of any service. During requalification, direct vendors and providers serving as OHCDS 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 ODP Provider Qualification form, Provider Qualification Documentation Record and required supporting documentation) to the AAW Provider Enrollment Lead at [RA-](#)

PWBASPROVENROLL@pa.gov for review. If the provider does not submit all the required qualification documentation for the service specialties requested, the AAW Provider Enrollment Lead 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 AAW Provider Enrollment Lead will approve and date the ODP Provider Qualification 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 ODP Provider Qualification form and supporting documentation with the "Service Close Specialty Add Form" found on the MyODP website to RA-PWBASPROVENROLL@pa.gov.

If the provider is adding a licensed specialty, the provider must also submit their license.

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 AAW Enrollment Lead reviews each enrollment application processed and adds and authorizes all services in HCSIS. The AAW Provider Tracker will be updated with 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.

During requalification, providers can be marked qualified for new specialties on the ODP Provider Qualification form by the AAW Enrollment Lead. However, providers will need to take steps to enroll the new service specialty into a service location before being considered “enrolled” in a service.

ENROLLMENT

The ODP Provider Qualification form is used for multiple enrollment submissions until the date of expiration of the form. The provider will maintain only one ODP Provider Qualification form by resubmitting the same form to the AAW Enrollment Lead each time it seeks qualification of additional specialties for enrollment. The provider must submit the most current ODP Provider Qualification form 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 ODP Provider Qualification form 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\)](#).

SUBMISSION OF DOCUMENTATION

Providers who serve individuals in both the AAW and the Consolidated, Person/Family Directed Support (P/FDS), and Community Living waivers should submit supporting documentation to both their Assigned AE and ODP. AAW-only providers should submit all supporting documentation to ODP's BSASP.

TRAINING

This session is targeted to ODP providers of AAW services to review the new Provider Requalification process which the ODP Bureau of Autism and Supports for Special Populations (BSASP) is starting in February 2021. The session will focus on the steps and requirements of the provider requalification process which all AAW providers will have to participate in at least once every three years.

Adult Autism Waiver (AAW) Provider Requalification Process

Tue, Jan 5, 2021

1:00 PM - 3:00 PM EST

[Registration Link](#)

PROVIDER CONTACT INFORMATION

ODP is requesting that all Providers identify a primary and secondary contact person(s). The identified contact person(s) are the individual(s) who the entity has assigned to receive specific information related to the AAW qualification process including any unique electronic links, access to AAW qualification process specific information, ongoing direction and communication from ODP regarding the AAW qualification process, etc.

All Providers must complete and submit their information using the link below by close of business on January 15, 2021.

<https://aawproviderscoqualscontacts.questionpro.com>

RESOURCES

55 Pa. Code Chapter 6100 Enrollment

INQUIRIES

For inquiries regarding this communication, contact the AAW Enrollment mailbox at: RA-PWBASPROVENROLL@pa.gov.

**APPENDIX A: 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 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 the AAW Supports and Services Directory).
- 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**.