



Adult Autism Waiver (AAW) Provider Qualification Process

ODP Announcement 25-116

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) 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 provider must follow to meet these requirements and the steps Supports Coordinators (SCs) must take to transition individuals if needed. This communication does not describe the qualification process for AAW SCOs.

NOTE: The release of this communication obsoletes ODP Announcement 20-110 New Adult Autism Waiver (AAW) Provider Qualification Process.

Providers that are shared across Intellectual Disability/Autism (ID/A) and the AAW must complete the Provider Qualification processes with both their assigned Administrative Entity (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" until they complete their first requalification following initial qualification and enrollment. This process must be finalized by the end of the fiscal year following their initial enrollment. For example, if a provider enrolls on 01/20/2025, they must complete requalification by 06/30/2026, the end of the following fiscal year. Once requalification is completed, the provider's status will update from "New" to "Existing" on 07/01.

"Existing" Provider Requalification Year

Once a provider is classified as "Existing", 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 25-26	6-9
FY 26-27	0-2
FY 27-28	3-5

For example, an "Existing" provider with an MPI number of 202345678 must be requalified by 06/30/2026.



Provider Qualification and Status Changes

By May 1 (60 days before the provider's qualification end date of June 30), a provider's status will be changed 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

1. **Qualified:** The provider meets all ODP qualification requirements.
2. **Not Requalified:** ODP-BSASP will update the status to **Not Requalified** if the provider does not meet ODP-BSASP's qualification requirements by June 30.
3. **Not Qualified:**
 - ODP-BSASP updates the status from **Not Requalified** to **Not Qualified** on July 1.
 - ODP-BSASP 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 change from **Qualified** to **Expiring** on May 1 if the provider has not been requalified by that date.
5. **Expired:** The status will 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 1088 form and the Provider Qualification Documentation Record (with supporting materials), between February 1 and March 31 of the year their requalification is due. Missing this deadline may prevent ODP-BSASP from completing the requalification review 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 ODP-BSASP Reviewer will review it to ensure all qualification standards are met.

- If any documentation is missing or incomplete, the ODP-BSASP Reviewer will notify the provider via email of the deficiencies.
- If the provider meets all requirements, ODP-BSASP will update the provider's status to **Qualified**.

2. Documentation Completion

The ODP-BSASP Provider Enrollment Lead will complete the BSASP sections of the DP 1088 form, marking each service as **Qualified** or **Not Qualified**, sign it electronically, and email the finalized form to the provider by June 30.



3. Remediation & Plan to Prevent Recurrence (PPR)

In addition to the finalized DP1088, the email correspondence will also include any Remediation required to be completed as well as PPR if requested by ODP-BSASP. Entities will have 30 days from the date of this correspondence to submit Remediation and PPR if required.

Impact of Expiring or Expired Status

- Providers who are not marked as **Qualified** by April 30 will be designated as **Expiring** on May 1.
- Supports Coordinators (SCs) with participants working with providers with an “Expiring” status will be notified to start transition planning with their participants and providers are expected 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, ODP-BSASP will 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 1088 form, Provider Qualification Documentation Record, and all required supporting documentation to their assigned ODP-BSASP Reviewer.

APRIL 1

- ODP-BSASP will send reminder emails to providers/vendors who have not submitted their DP 1088 form and supporting documentation.

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- JUNE 30

- If the provider/vendor has not been marked as Qualified or Not Requalified by April 30, their qualification status for any unmarked specialties will change to **Expiring** on May 1.
 - Providers/vendors can still submit documentation for requalification and ODP-BSASP can change their status up until the end of the fiscal year (June



30). However, SCs will be actively assisting with the transition process during this time and service delivery may end if the participant chooses a new willing and qualified provider.

- A provider/vendor can still be marked as Qualified by the ODP-BSASP until the end of the fiscal year (June 30), provided the documentation is approved.
- ODP-BSASP 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.
- Supports Coordinators (SCs) will continue 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, their services will not be available for authorization in HCSIS as of July 1.



JUNE 30 (Expiration Date)

- Providers/vendors not qualified by June 30 will be considered out of compliance with ODP requalification standards.
- Any initial documentation submitted after June 30 will not be accepted.

JULY 1

- **Effective July 1**, the following will occur:
 - ODP-BSASP will confirm which providers/vendors are in **Expired** status.
 - ODP-BSASP will review **Expired** status providers/vendors to determine next steps.
 - ODP-BSASP will end-date service authorizations in HCSIS as of 6/30.
 - 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 ODP-BSASP 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**

Provide the individual and their family/caregiver with an up-to-date AAW Supports & Services Directory listing enrolled, qualified providers.

- **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 assigned ODP-BSASP Regional Office Representative for further guidance.

- **Use Talking Points for Guidance**

Use the "Choosing an Alternate Provider - SC Talking Points for Facilitation" from Appendix A 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.

ODP-BSASP will be copied on this letter.

Any provider intending to voluntarily discontinue PROMISE™ enrollment to render AAW services with ODP-BSASP must notify the appropriate ODP-BSASP Regional Office(s) as well as the ODP-BSASP Provider Enrollment lead via ra-pwbasprovenroll@pa.gov. ODP-BSASP Provider Enrollment Lead will provide the AAW Provider Closure Notification Form DP1089 along with next steps.

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 ODP-BSASP.



Qualification of New Service Specialties

If a provider wishes to qualify a new service specialty, ODP-BSASP requires that the entity notify ODP-BSASP after the AAW Provider Qualification Process ends on July 1 via the Provider Enrollment Mailbox ra-pwbasprovenroll@pa.gov. New specialties and services will not be reviewed as part of the AAW Provider Qualification Process documentation submission.

Revalidation Process

Revalidation is a process required by the Office of Medical Assistance Programs (OMAP) separate from Requalification. Providers are required to **revalidate** their service locations every five years from the initial enrollment date, 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 1088 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\)](#).

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](#)
- 55 Pa. Code 6100.85. [Delivery of HCBS](#)
- [MyODP](#)



INQUIRIES:

For inquiries regarding this communication, contact the ODP-BSASP Provider Qualification Mailbox ra-pwaawproviderqual@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 [REDACTED] is in “Expiring” status as of April 30, 20XX. They have until June 30, 20XX, 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, 20XX, you will be without services effective July 1, 20XX, 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 most recent [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, 20XX.