

AAW PROVIDER QUALIFICATION
PROCESS

Jan. 13, 2022

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Hello and welcome to today's training on the Adult Autism Waiver Provider Qualification Process. My name is Stephanie Maldonado and I am the Adult Autism Waiver manager for ODP's Bureau of Supports for Autism and Special Populations (otherwise known as BSASP) Joining me today are my colleagues: Patrick Keating (AAW QA&I Statewide Lead & Provider/SCO Qualifications Lead), Gail Feliciano (the AAW QA&I and PQ Lead from the Eastern region), and Jessica Drobenak (the BSASP Provider Enrollment Lead, and AAW PQ Lead from central region). Thank you all for joining us.

Today's training is targeted for providers of the Adult Autism Waiver. If you provide services in the other ID/A waivers **ONLY** then this training is **not** applicable to you, **but** if you are a shared provider across both AAW and ID/A then it does apply as you will be completing the PQ process for both AAW and ID/A. If you are an AAW Supports Coordinator, then today's training will apply to you only in regards to your role in assisting with transition for participants, when necessary, which will be discussed briefly today, but there was a separate training for the new AAW SCO qualification process that was held yesterday so if you missed it, it will be recorded and posted to MyODP soon. If you are an ID/A SCO only, then this training is **not** applicable to you.

I wanted to be sure to clarify this as we believe we do have some ID/A only providers and SCOs registered to attend today's session and want to be sure you understand that this will not be applicable to you and may confuse you. We are not answering any questions or reviewing anything about the ID/A PQ process for providers or SCOs during today's training.

AGENDA



- Purpose for the changes
- Review the PQ Process for Providers outlined in ODP Announcement 20-110
- Review/walk through of the PQ Documentation Record
- Reminder to submit PQ Primary and Secondary Contacts
- Questions

We have a lot of information to cover today including

- The purpose behind BSASPs changes to the Provider Qualification process which has just entered it's second year of the new process
- We will be Reviewing the PQ Process for Providers that was outlined in ODP Announcement 20-110 (and is available on MyODP) as well as a handout for today's session.
- We are going to Review and walk through the Provider Qualification Documentation Record (AKA PQ Doc Record)
- And then just a brief reminder to submit PQ Primary and Secondary Contacts for those of you who's agencies have not already done so, and then finally we will hopefully have some time to take questions
- All questions can be submitted via the Question Box and if we run out of time to answer at the end of the session, we will respond via email following the session.

PURPOSE



- CMS Requirements
- Process alignment
- Consistency
- Uniformity
- AAW Performance Measures

So, why are we doing this?

- The Centers for Medicare and Medicaid Services (CMS) requires a statewide process to ensure providers are qualified to render services to waiver-funded individuals.
- Previously, AAW providers were requalified during annual monitoring and the Quality Assessment and Improvement (QA&I) process. BSASP now requalifies providers during our Provider Qualification Process that was announced in ODP announcement 20-110. This change occurred in Jan 2021 and this is the second year of our first three-year requalification cycle. And while the QA&I process continues, the elements of requalification have been moved to this process.
- As many are aware, BSASP has been actively working towards the alignment of processes, where possible, to maintain consistency and uniformity across ODP programs for our Providers. The transition to this new process is an example of those efforts.
- This PQ process also allows us (BSASP) to collect data for AAW CMS Performance Measures related to agency and staff-level qualifications and training requirements.

- New Providers
 - ◆ First Requalification
- Existing Providers
 - ◆ Requalification

- As Stephanie mentioned, the AAW Provider (Re)qualification Process is described in ODP Announcement 20-110. Over the next few slides, we're going to review several of the key points detailed in that announcement.
- To provide some additional background information, we know that new Providers and vendors of AAW services must be qualified prior to enrolling to provide a service. In addition, Existing Providers must be requalified at least once during a 3-year cycle thereafter.
- 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.
- Following the provider's initial qualification date, all providers classified as New are to be requalified by the end of the following fiscal year. For example, if a New provider's first Qualification Begin Date is 01/20/2021, the provider must be requalified by 06/30/2022, 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 for the first time.

Provider Qualification Cycles



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

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- The chart on this slide will likely look familiar to those involved in the QA&I 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 as reflected in this chart. For example: an existing provider with an MPI number ending in "4", must be requalified by the end of that fiscal year, 06/30/2022.
- For this upcoming cycle, all providers whose MPI ends in 3, 4, or 5, as well as new providers who enrolled in FY 2020-2021 will be included in this second round of BSASP's PQ cycle. Please note that there are a few providers who participated in the PQ process last year as a "new" provider that will have to participate again this year due to their MPI# ending in 3, 4, or 5. Additional information regarding the beginning of the PQ cycle will be shared via an ODP communication this month (January).

*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, as well as the implementation of the second interim QA&I review. *

- Qualified
- Expiring
- Expired
- Not Requalified
- Not Qualified

During the PQ Process, BSASP will utilize an internal database to track Providers as they move through the requalification process. In the database, BSASP will assign each Provider with one of the five statuses listed on this slide. While all of the statuses will be utilized, we are only going to focus on the first three during today's training. Also, for those Providers who are dually enrolled in the AAW and ID/A waivers, you are likely used to these statuses being captured in HCSIS for the ID/A waivers but, unfortunately, we are unable to use HCSIS for the AAW tracking which is why we are using an internal system.

- **Qualified**: This status indicates that a Provider meets ODP's qualification requirements
- **Expiring**: The status changes from Qualified to Expiring on 05/01, if provider has not been requalified (we'll be talking more about the timelines shortly)
- **Expired**: And the status changes from Expiring to Expired on 07/01, if provider has not been requalified

Qualification Documentation



- AAW Provider Qualification form - DP 1088
- Provider Qualification Documentation Record
- All required supporting documentation

[Course: AAW Provider Qualifications \(myodp.org\)](https://myodp.org)

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- During the PQ Process, Providers will be required to submit requalification documentation to BSASP that includes the following:
 - The AAW Provider Qualification form (known as the DP 1088) – which is a document that includes basic Provider demographic information, Provider attestations, the Qualification determination for each enrolled service, and BSASP’s verification of the qualifications. For those Providers who are shared, the DP 1088 is the BSASP version of the DP 1059. The DP-1088 is available on myODP.
 - The second document is the Provider Qualification Documentation Record: this spreadsheet was created to assist Providers in documenting qualification information for Provider staff. It contains all instructions and qualification requirements and will be discussed more in depth a little later.
 - And finally, Providers are required to submit all supporting documentation - identified in the PQ Doc Record – Examples of Agency Level documentation: Valid insurance certificates with policy effective and expiration dates; copies of ODP licenses for any licensed services, copy of Certified Investigator Certificate or contract/agreement. Examples of Staff Level Documentation: Copies of Criminal Background Check, Copies of Training Certificates for AAW-Specific required trainings, Copies of transcripts or degrees, copies of resumes for proof of experience (if needed), copies of Annual Training and Orientation Training records per the 6100 regulations.
 - The link provided takes you to the AAW Provider Qualification resources on MyODP, which includes copies of the DP1088 and the PQ Doc Record.

Timelines & Noncompliance Process



TIMELINE	ACTIVITY
FEBRUARY 1 to MARCH 31	This date range is the timeframe providers/vendors must submit their ODP BSASP Provider Qualification form (DP 1088), Provider Qualification Documentation Record and supporting documentation to ODP/BSASP.
APRIL 1	ODP/BSASP 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
MAY 1	ODP/BSASP 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 . ODP/BSASP can still consider a provider/vendor as Qualified until the end of the fiscal year (June 30 th), if the provider submits their qualification documentation.

Now we're going to discuss the PQ timelines and noncompliance process:

- **Feb 1st to March 31st:** Between Feb 1st and March 31st, Providers and Vendors included in the PQ year must submit their DP 1088, Provider Qualification Documentation Record & all supporting documentation to BSASP.
- **April 1st:** On April 1st, BSASP will send reminder/warning emails to Providers who have not submitted the required documentation. In that email, Providers will be instructed to send the required documentation by April 30th.
- **April 30th:** If BSASP does not receive the required documentation by April 30th, the Provider(s) will be considered out of compliance.
- **May 1st:** Then on May 1st, Providers who are determined to be out of compliance and have not been requalified will have their status changed to "Expiring" and BSASP will begin the steps described on the next slide.

Timelines & Noncompliance Process



TIMELINE	ACTIVITY
MAY 1 to MAY 15	<p>ODP/BSASP 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/BSASP 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 SCs. See APPENDIX A titled “Choosing an alternate provider – talking points for SC”</p>
MAY 15 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.

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- **May 1st to May 15th:** Between May 1st and May 15th, all Providers who are out of compliance will receive a “failure to comply” notification from BSASP that describes the transition planning process. In addition, SCOs working with individuals receiving services from the Provider will be sent a notification to begin transition planning activities with the applicable individuals (SCOs – please note that Appendix A included in ODP Announcement 20-110 includes talking points for the transition conversation with the individual).
- **May 15th to June 30th:** Between May 15th and June 30th, SCs will continue with transition planning activities and will offer individuals and families choice about alternative providers.
 - It’s important to note that Providers may still qualify during this time period, however, the individual may still choose to transition to a new Provider.

Timelines & Noncompliance Process



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	Effective July 1, the following actions will occur: <ul style="list-style-type: none"> • ODP/BSASP will confirm which providers/vendors are in Expired status • ODP/BSASP 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/BSASP. When this action occurs, the provider/vendor will no longer be able to receive payment for services rendered to individuals enrolled in the waivers.

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- **June 30th:** If a Provider has not been requalified by June 30, their status will change to “Expired” on **July 1st** and the associated service offerings in HCSIS and PROMISE will be end dated accordingly. In other words, a Provider will no longer be authorized on an AAW ISP and will no longer be able to receive payment for services rendered effective **July 1st**.
- During a provider’s requalification year, from February 1 through June 30, ODP BSASP can change a Provider’s status to “Not Requalified” or “Not Qualified” at any time, if the provider's qualification is being terminated, if the Provider no longer meets ODP's qualification requirements, or if the Provider is no longer interested in maintaining a qualification status for that service specialty.

- Qualified
- Incomplete submission
- Remediation needed

- Upon receipt of a provider's qualification documentation, ODP will review all materials and determine if qualification standards are met.
- If the provider has met all required qualification standards as evident by the documentation submitted, ODP will consider the provider as Qualified.
- 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.
- ODP will sign the ODP Provider Qualification form and email the completed form back to the provider.
- If remediation is required, the provider will be required to submit verification of appropriate actions taken.

AAW PQ PROCESS

- ODP-BSASP conducts review of AAW qualifications
- ODP-BSASP will review AAW staff training requirements during PQ
- Staff sample differences
- Remediation will be required, if applicable, based on findings on PQ Doc Record
- DP 1088

ID/A PQ PROCESS

- AE's conduct review of ID/A qualifications
- ID/A reviews staff training requirements during QA&I
- Staff sample differences
- DP 1059

Here are some differences between BSASP and BCS PQ quals process:

- BSASP reviews Provider quals for AAW Providers while the AE's complete the reviews for the ID/A Providers.
- During the PQ Quals Process, BSASP reviews AAW Training requirements (including SPeCTRUM 2.0 and AAW service specific trainings), as well as orientation and annual training requirements. By comparison, this information is reviewed for ID/A Providers during the annual QA&I reviews (which AAW cannot since we do not review shared providers for QA&I).
- Staff samples are slightly different across AAW and ID/A. Steph will talk a little more about the sampling a little later in today's presentation.
- Unlike the ID/A waivers, the AAW requalification tracking is not in HCSIS and will be tracked by BSASP externally
- Remediation will be required, if applicable, based on findings on PQ Doc Record
- And finally, the previously described Provider Quals Form used by BSASP is the DP 1088 while the form utilized by BCS is the DP 1059.

- ODP will inform SCOs which providers/vendors have not submitted their qualification documentation by the due date of April 30.
 - ◆ Providers are **strongly encouraged** to submit their documentation for re-qualification prior to the April 30 due date to eliminate the need for transition planning.
- Once notification has been received by the SCO, the SC will be responsible for initiating activities to assist participants working with those providers/vendors with transition to a new, qualified provider.

The SC should utilize “Choosing an Alternate Provider - SC Talking Points for Facilitation” in APPENDIX A of ODP communication 20-110 to guide their discussion with the individual/family. ODP will inform SCOs which providers/vendors have not submitted their qualification documentation by the due date of April 30. Providers are strongly encouraged to submit their documentation for re-qualification prior to the April 30 due date to eliminate the need for transition planning. Once notification has been received by the SCO, the SC will be responsible for initiating activities to assist participants working with those providers/vendors with transition to a new, qualified provider.

The following actions should be performed by the SCO: Informing the individual/family that the provider/vendor was not re-qualified by the due date and is at risk of not being able to render services as of July 1; Schedule an ISP team meeting with the individual and family to review providers that are qualified, willing, and able to provide a service necessary to support the individual’s assessed needs and outcomes; Provide 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. The individual shall exercise choice in the selection of qualified providers. The SC should document this activity in a service note in HCSIS; If the individual chooses a new provider, the SC should inform the individual that he/she 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 SC should document this activity in a service note in HCSIS. If at any point during the transition planning an alternate provider is not identified, the SC should be in contact with the assigned ODP BSASP Regional Office Rep.

SCO - Facilitating Transition Planning



- If a provider completes qualification process after April 30 due date, but prior to July 1 deadline when status change occurs, SCOs will be notified.
- SCs are responsible for communicating that information to individuals/families working with that provider.
- If participant has started transition process, he/she can choose whether or not to continue with selecting a new provider or stay with current provider.

- If a provider is able to complete the requalification process after the April 30 due date, but prior to the July 1 deadline, ODP will send notification to the SCOs.
- The SC is responsible for communicating that information to the individual/family. The SC should document this in a service note.
- Again, providers are strongly encouraged to submit their documentation for re-qualification prior to the April 30 due date to eliminate the need for transition planning, which can cause undo stress on the individual/family.
- Please keep in mind that even if the current provider submits necessary documentation and re-qualifies prior to July 1, the participant may still choose to transition to a new provider if he/she has already started the process. The current provider is required to participate with the transition process if this occurs per Chapter 6100 regulations sections 6100.301, 6100.302, 6100.305, and 6100.307.

PROVIDER APPEALS



- When a provider's qualification status changes to Expired, that provider will be unable to receive waiver payments for services rendered after the date of the status change.
- The provider has appeal rights under 55 Pa. Code Chapter 41.

- When a provider's qualification status changes to Expired on July 1, that provider will be unable to receive waiver payments for services rendered on and after that date. The provider does have appeal rights under 55 Pa. Code Chapter 41.
- ODP will notify providers that have expired services effective July 1 via a letter describing ODP's attempts to bring the provider into compliance. This letter will include instructions on how a provider may file an appeal. The SCO(s) will be copied on this letter.

VOLUNTARY DISENROLLMENT



- During re-qualification, a provider may decide to voluntarily discontinue enrollment in AAW service(s).
- Providers enrolled to provide AAW services **must participate in the requalification process, even if they are not serving AAW individuals.**
- Any provider who is not currently serving AAW individuals and chooses to voluntarily discontinue PROMISe™ enrollment to render AAW services with ODP must notify the AAW Provider Enrollment Lead at RA-PWBASPROVENROLL@pa.gov

- During re-qualification, a provider may decide to voluntarily discontinue enrollment in AAW service(s). If the provider is currently serving AAW individuals for the services it wishes to discontinue, the provider must follow the Written Notice process outlined in 55 Pa. Code Chapter 6100.304 and participate with the transition process per 6100.301, 6100.302, 6100.305, and 6100.307. The Provider will need to notify any individuals they serve, the SCs working with those individuals, the appropriate ODP BSASP Regional Office, and the Provider Enrollment Lead.
- Providers enrolled to provide AAW services but not currently providing services to AAW individuals **must participate in the Requalification Process.** If a provider does not wish to participate in the requalification process and they are not serving AAW individuals the provider should contact the Provider Enrollment lead at ra-pwbasprovenroll@pa.gov to begin the disenrollment process.
- **BSASP asks providers who wish to voluntarily disenroll to notify BSASP prior to the 4/30/2022 deadline to so that BSASP PQ Reviewers can initiate disenrollment activities rather than continuing with written warnings and communications that are sent to providers who intend to remain enrolled.**

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

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

- ODP enrolled providers can become qualified for new specialties at any time throughout a given year.
- 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.
- If the provider meets all required qualification standards as evident by the documentation submitted, the AAW Provider Enrollment Lead will approve and date the DP1088 and return it to the provider via email.

- 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 (DP1088, 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 DP1088 and return it to the provider by email within 30 days of the provider's submission.

- Once the Provider Enrollment Lead has approved the AAW Provider Qualification Form – DP 1088 , a copy should be submitted each time a provider submits an application.
 - ◆ When adding a new service location through the Provider Enrollment System
<https://provider.enrollment.dpw.state.pa.us/>
 - ◆ When adding new service specialties to existing active service locations
 - ◆ When submitting a revalidation or reactivation application through the Provider Enrollment System

- When adding new service locations or submitting a revalidation or reactivation application, the AAW Provider Qualification form - DP 1088 should be submitted with the enrollment application through the On-line Provider Enrollment Application System.
- If the site already exists in HCSIS through a different program office, the provider should contact the Provider Enrollment Lead via ra-pwbasprovenroll@pa.gov for an application. The provider submits the Provider Qualification Form and supporting documentation along with the application and approved ODP Provider Agreement to the AAW Provider Enrollment Lead. If the provider is adding a licensed specialty, the provider must also submit a copy of their ODP license as well.

- The Office of Medical Assistance Programs (OMAP) reviews and processes all applications through the Provider Enrollment System. The AAW Enrollment Lead reviews each enrollment application processed and adds and authorizes all services in HCSIS.
- OMAP will not be able to approve an application through the Provider Enrollment System without an approved AAW Provider Qualification form - DP 1088 listing all requested specialty codes on the application as “Qualified”

- 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 Enrollment System application is programmed to request that providers upload a copy of their DP 1088 if they are selecting the AAW PEP on an application. OMAP will not be able to approve an application through the Provider Enrollment System without an approved AAW Provider Qualification form - DP 1088 listing all requested specialty codes on the application as “Qualified”
- If an application is approved by OMAP in error (ie the DP1088 is incorrect or the application is missing other required documentation), the BSASP Provider Enrollment Lead will follow up with the Provider via email to request the missing information. Failing to provide this information will result in the AAW PEP being end-dated in PROMISE.

- During requalification, providers can be marked qualified for new specialties on the AAW Provider Qualification form - DP 1088.
- Providers will need to take steps to enroll the new service specialty into a service location before being considered “enrolled” in a service.

- Providers are able to qualify for new service specialties during requalification. They should include the new specialty on their AAW Provider Qualification form - DP 1088 and submit supporting documentation along with the Provider Qualification Documentation Record (which Steph will be discussing later in the presentation).
- If a provider chooses to qualify a new specialty code during requalification, the provider should note which specialty codes are new in their submission communication to BSASP.
- However, please keep in mind that providers will still need to take steps to enroll the new service specialty into a service location before being considered “enrolled” in a service (ie through the PES or via paper application if it is an existing SL)

AAW DP 1088 at ENROLLMENT



- AAW Provider Qualification form - DP 1088 is used for multiple enrollment submissions until the date of expiration of the form.
- Provider will maintain only one AAW Provider Qualification form - DP 1088 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 AAW Provider Qualification form - DP 1088 with each enrollment application.

In previous slides, I've mentioned the AAW Provider Qualification form - DP 1088. This form is similar to the BCS form DP 1059 so shared providers will be familiar with the concept of this form. Shared providers must complete BOTH a DP 1088 AND a DP 1059 for services they provide across ODP. AAW only providers only need to complete the AAW DP 1088.

AAW DP 1088 for EXISTING providers



- Most Existing providers requalifying during this cycle will be submitting their first DP 1088 during their first AAW PQ cycle
- Providers who are being requalified in later cycles will submit their first AAW Provider Qualification form - DP 1088 during their PQ cycle OR if adding a new service OR if they are up for their 5-year revalidation

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Next we will discuss how Existing Providers should complete their AAW Provider Qualification form - DP 1088:

Some providers may already have a DP1088:

- Providers who participated in the FY20-21 Requalification
- Providers who submitted a new or revalidation application after 7/1/2021 through the Provider Enrollment System.
- Providers who added a specialty code to a service location after 7/1/2021.

If your agency has not had to complete a DP1088 per one of the examples listed above, you will complete your first DP1088 during the requalification cycle.

*Providers who have a DP1088 should submit that copy of the DP1088 and be sure to add ALL of the services they plan to requalify.

*Providers who are completing a DP1088 for the first time should list ALL enrolled services they plan to requalify. If you have any questions as to which services your agency is enrolled to provide, please contact ra-pwaawproviderqual@pa.gov.

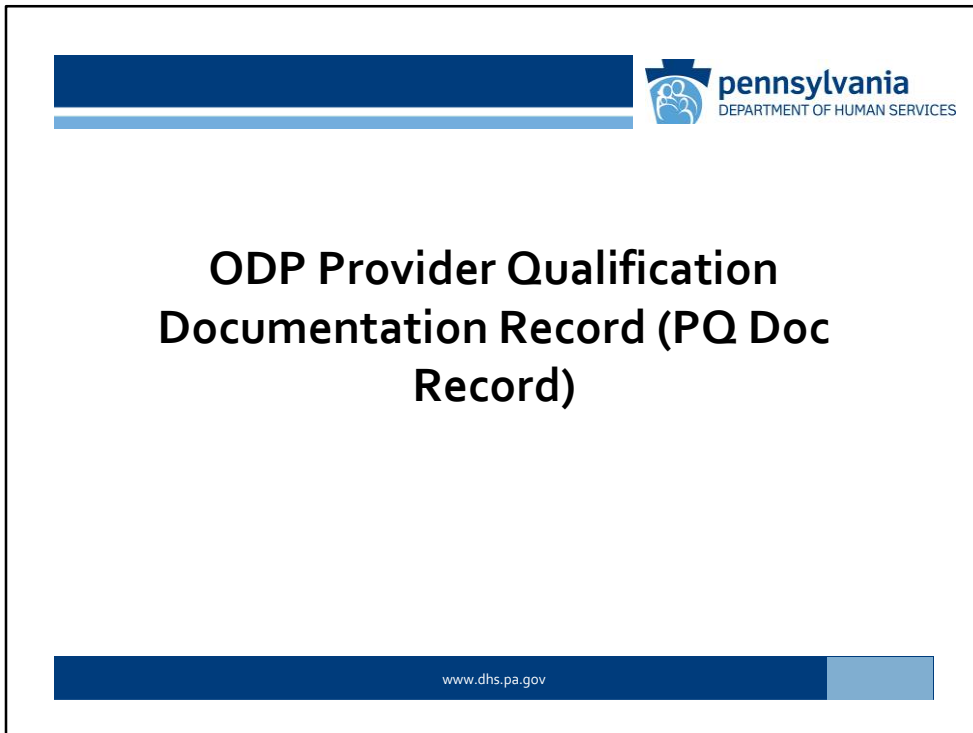
REVALIDATION vs REQUALIFICATION



- Providers are required to revalidate service locations within 5 years of 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 AAW Provider Qualification form - DP 1088 that demonstrates qualification of all service specialties included in the revalidation enrollment application.

Revalidation and Requalification are two different things. Requalification is managed by ODP, while Revalidation is a requirement for any provider with active Service Locations in PROMISE.

- Providers are required to revalidate service locations based on the initial date of enrollment of that Service Location and ongoing. Revalidation involves the submission of a Revalidation application through the On-line Provider Enrollment System.
- Service locations must be revalidated every 5 years to remain active.
- For the application to be approved, providers will need to attach an approved AAW Provider Qualification form - DP 1088 that demonstrates qualification of all service specialties included in the revalidation application.
- If a provider does not revalidate a service location every 5 years, it will automatically close and the provider will be unable to bill through that service location, even if the service specialties are qualified through ODP.
- 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).



We are now going to be spending some reviewing the ODP Provider Qualification Documentation Record also known as the PQ Doc Record.

The ODP Provider Qualification team updated the PQ Doc Record so that it can be used by ALL ODP providers – those who are enrolled to provide services in the Consolidated, Person/Family Directed (P/FDS), and Community Living waivers; as well as those who are enrolled to provide services in the Adult Autism Waiver (AAW). There is only ONE version of the PQ Doc Record that will be used by ALL ODP Providers.

Shared providers – you will be used to seeing the PQ Doc Record since it was what ID/A used previously but we have made some modifications to it to include AAW specific information and tabs. Shared providers will only have to complete ONE PQ doc record (but with both the AAW and ID/A tabs completed) and send it to both BSASP and the AE. AAW only providers also only have to complete just one with just AAW tabs completed.

The form is separated into 15 separate tabs:

- Green Tabs (tabs #1, 2, 3; and 12, 13, 14 and 15) apply to ALL agencies
- Blue Tabs (tabs # 4, 5, 6, 7, and 8) apply ONLY to ID/A providers
- Orange Tabs (tabs # 9, 10 and 11) apply ONLY to AAW providers

Note: this form itself is not a requirement; providers may use their own form as long as it contains all the qualification elements requested in this spreadsheet.

Note: Certain versions of Excel will automatically expand the rows if needed, but if the rows don't automatically expand, you may need to expand them manually by hovering the cursor immediately beneath the row # of the row that needs to be expanded and double clicking on the double arrow that appears.

PQ DOC RECORD LAYOUT



- Tab 1. Instructions (Info only)
- Tab 2. Agency Demographics
- Tab 3. Agency Owned Automobile Qualifications
- Tab 4. ID/A Staff Qualifications
- Tab 5. ID/A Documentation Requirements (Info only)
- Tab 6. ID/A CPSL Prohibitive Offenses (Info only)
- Tab 7. ID/A OHCDs AWC Vendors
- Tab 8. ID/A Educational Support
- Tab 9. AAW Staff Qualifications and Training
- Tab 10. AAW Documentation Requirements (Info only)
- Tab 11. AAW OHCDs/Vendor Services
- Tab 12. Provisional Employment
- Tab 13. Criminal Records (Info only)
- Tab 14. Electronic Fingerprinting (Info only)
- Tab 15. Q&A (Info only)

Although there are 15 tabs – most tabs are informational only and do not need to be completed by the provider, and some tabs only need to be completed if they are applicable to the provider. And this shows the tabs and which ones are for ALL (green), AAW only (orange) or ID/A only (Blue)

COMPLETING THE PQ DOC RECORD



- When in doubt, check the Instructions tab first. Each section of a tab has a corresponding section in the instructions to help guide you.
- Check other informational tabs - AAW Doc Requirements and Q&A tabs
- Reach out to BSASP via email: RA-PWAAWPROVIDERQUAL@pa.gov

www.dhs.pa.gov

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If you have questions about how to complete the PQ Doc Record

- When in doubt, check the Instructions tab first. Each section of a tab has a corresponding section in the instructions to help guide you.
- Then, check other informational tabs - AAW Doc Requirements and Q&A tabs to see if the information you need is there, and finally, if you still can't find the answer,
- Reach out to BSASP via email: RA-PWAAWPROVIDERQUAL@pa.gov and add: PQ Doc Record question in the subject line

AAW Staff Sample Selection



FOR AAW: All providers are required to submit copies of qualification supporting documentation for 25 staff currently working with AAW individuals. If your agency has less than 25 staff, send in documentation for all staff working with AAW individuals.

Staff selection must be inclusive of all services provided. If your agency provides multiple AAW services, your sample must include staff from all services that you are being requalified to provide.

*Exclude staff who are no longer working with individuals in AAW.

If you are not currently providing services to any individuals in AAW, provide verification for 1 staff member who must meet qualifications for every AAW service your agency is enrolled to provide.

All AAW services your agency provides should be identified on the ODP Provider Qualification form DP 1088

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All AAW services your agency provides should be identified on the ODP Provider Qualification form DP 1088



- We are now going to switch over to the PQ Doc Record and walk through each of the tabs

- **AAW-only providers** - submit all required documentation to ODP/BSASP at ra-pwaawproviderqual@pa.gov
- **Shared Providers** - submit all required documentation to both your Assigned AE and ODP/BSASP at ra-pwaawproviderqual@pa.gov

If shared providers fail to email submissions to AAW and send it ONLY to their AE, BSASP will not receive the submission and you will receive notification of failure to comply. The AEs do NOT forward your information to BSASP for review, it is your responsibility to send all the required information to BOTH BSASP and the AE. BSASP also does NOT send your submitted information to the AEs.

NAMING CONVENTIONS



When submitting qualification documentation to their assigned AE and/or BSASP, providers should include the name of their agency and MPI number in the Subject Line of the email.

In addition, all documentation and files should be named using the format(s) below:

Agency Demographics Documentation:

- Shared = Shared_Agency Name_Agency
- ID/A = IDA_Agency Name_Agency
- AAW = AAW_Agency Name_Agency

Staff Qualifications Documentation:

- ID/A = IDA_Agency Name_Staff
- AAW = AAW_Agency Name_Staff

This information is also included in the instructions of the PQ Doc Record

WHERE TO SEND QUESTIONS



- For questions related to the AAW Provider PQ process, contact ODP-BSASP at:
RA-PWAAWPROVIDERQUAL@pa.gov

As mentioned before, if you've reviewed the guidance material and various resources and still have a question, you can email BSASP at the email address listed again on this slide.

PROVIDER CONTACT INFORMATION



- Primary and Secondary PQ contact person(s)
- All Providers must complete and submit their information using the link below **by close of business on January 15, 2022.**

<https://aawqualscontacts.questionpro.com>

And here is a reminder about providing us with your contact info:

- Providers need to identify a primary and secondary contact person(s) 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 on the slide **by close of business on January 15, 2022 If you haven't done so already.**



Take time for questions – will respond to all questions even if we can't during the training, we will send out something in writing following the training