



Adult Autism Waiver Supports Coordination Organization Qualification Form Instructions

- ◆ This Qualification Form (“Form”) must be completed and submitted in its entirety, and a copy of the signed Form and all required supplemental documents received, before ODP will consider it complete and begin its review.
- ◆ ODP will provide a confirmation e-mail to the individual designated as the contact person on the Form. The email will indicate whether the Form is complete or whether additional information is required in order for ODP to begin its review of the Form.
- ◆ All communication about the SCO Qualification process will be directed to the designated contact person; therefore, it is essential that this person ensures appropriate and timely dissemination, collection and review of all material to and from ODP related to the SCO’s Form.

PLEASE NOTE: It is the responsibility of the SCO to ensure that ALL required information and supplemental documentation is submitted to ODP timely as described in ODPANN 20-111. Failure to provide necessary information or documents could result in the SCO losing its qualification to provide Supports Coordination services under the waivers.

General Instructions

Please carefully read these instructions prior to completing the Form. A review of the organization’s internal procedures and documentation should occur prior to answering the Assurances and Attestations.

Agency Demographics

This section provides the SCO’s identifying information.

Demographic Items:

- Organization’s Legal Entity Name – the legal name of the SCO.
- Address and Phone Number – the SCO’s complete administrative office mailing address, including the nine-digit zip code, and the phone number for the administrative office.
- Master Provider Index (MPI) Number
- Federal Employer Identification Number (FEIN)
- ODP Waivers Served: Check all that apply
- Region where the SCO’s main office is located: Check the region that applies
- Organized Healthcare Delivery System (OHCDS): Please check any services that your agency is currently providing or requesting to provide as an OHCDS.
- County (ies) where the organization currently provides Supports Coordination services – please list.



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- Contact person – Please designate one contact for the SCO, provide that person's email address, and *ensure that that person coordinates the preparation, review and submission of all required documents associated with the Form.*

Assurances and Attestations

The SCO is to provide all assurances and attestations. Documentation of compliance with those assurances and attestations must be presented upon request and may be part of the SCO Qualification Process or Quality Assessment and Improvement Process.

- Executive Director– the name, title, signature and date are required.

ODP Verification

This section will be completed by ODP's Bureau of Support for Autism and Special Populations (BSASP) Representative following their review of the agency's form, as well as the all required supplemental documents.

ODP will select one of the following:

- New SCO (Initial Qualification) – SCO who is submitting initial qualification application to provide services within the AAW.
 - SCOs who are enrolled with other offices (i.e. OLTL, etc.) but have never completed the enrollment process with ODP are considered "New SCOs."
 - New SCOs re-qualification time frame is the following fiscal year after their initial qualification.
- Existing SCO (Re-Qualification) – SCO who has previously been qualified to provide services within the AAW and is due for re-qualification.
 - Ongoing re-qualification is based on SCO's MPI# and occurs every three years

ODP will select OHCDs if SCO is qualified as an OHCDs:

- Ongoing re-qualification is based on SCO's MPI# and occurs every three years

Form Submittal Requirements

The Form must be completed and submitted electronically to ra-pwaawproviderqual@pa.gov along with the AAW SCO Qualification Documentation Record and all required documentation.

Maintain one complete copy of the Form, with the original signatures, for SCO records.

Please direct any questions about the AAW SCO Qualification Form to ra-pwaawproviderqual@pa.gov.