

Attachment #3: New Provider Qualification Not Approved Template

Applicant Name: Applicant Name

Dear: Provider Qualification Primary Contact Name,

The ODP New Provider Self-Assessment Tool, the ODP Provider Qualification Form DP 1059, and the Provider Qualification Documentation Record along with all supporting documentation were reviewed by the <u>Assigned AE Entity Name</u> effective <u>Date AE Completed Review</u>. A communication indicating additional information was needed was sent on <u>Date</u> Letter Sent.

This letter serves as notification that the Office of Developmental Programs (ODP) Provider

Qualification Form DP 1059 and supporting documentation received on <u>Indicate date of receipt</u>
is not approved due to:

☐ Lack of sufficient information.
☐ Not meeting the 120-day timeframe to complete the qualification process.
☐ Not meeting qualification requirements as described in the Consolidated,
Community Living and Person/Family Directed Support (P/FDS) Waiver services

The Medical Assistance (MA) Program Online Provider Enrollment Application will not be processed without an approved DP 1059. In order to be reconsidered as a provider for ODP and be able to render waiver services, you must reregister for Provider Applicant Orientation (PAO) via the Department of Human Services (DHS) website:

Applicant Orientation Registration

Please note that provider applicants may only attend PAO training twice in a 365-day period.

If you disagree with the determination that you are not qualified to provide services through the Consolidated, Community Living and/or P/FDS Waivers, you may appeal this decision by

filing a request for hearing in writing within thirty-three (33) days of this letter to:

Department of Human Services

Bureau of Hearings and Appeals

2330 Vartan Way Second Floor

Harrisburg, PA 17110-9721

Send a copy of your appeal to:

Department of Human Services

Office of Developmental Programs

Division of Program Management

P.O. Box 2675

Harrisburg, Pennsylvania 17105

Please refer to <u>55 Pa.Code Chapter 41</u> (relating to Medical Assistance Provider Appeal Procedures) for more information about your appeal rights and responsibilities.

If you have any questions, please do not hesitate to contact me at <u>PQ AE Lead Contact</u> Information.

Thank you.

Name of PQ AE Lead

cc: Regional PQ Lead