New Provider Process
Office of Developmental Programs (ODP)

Important: Follow these steps in order.

STEPS	REFERENCE INFORMATION	EXPECTED RESULTS
1. Provider Applicant expresses interest in providing Consolidated, Community Living, P/FDS (the Intellectual Disability/Autism [ID/A] waivers) and/or Adult Autism Waiver (AAW) services within the ODP system. The Applicant is sent instructions to access the Provider Applicant Orientation course (and create an account, if necessary).	Applicant contacts any ODP office or AE: Applicants are emailed Instructions to create a MyODP account	The Applicant creates a MyODP account and begins Pre-Session requirements.
2. Provider Applicant CEO/Executive Director completes Pre-Session Modules as outlined in the Provider Applicant Orientation course on the MyODP website.	Provider Applicant Orientation Course on MyODP	The Applicant CEO/Executive Director completes the Pre-Session Modules. While the Applicant is waiting for the session, they review the *Getting Started* Materials.
3. After you have completed all Pre-Session Modules and tests, your next step is to wait to be invited to an Orientation session. Note that wait times for an Orientation session can be significant. If you have not already done so, review the Getting Started Materials for actions you can take while you are waiting for an invitation to a session. If you intend to provide services through the Adult Autism Waiver (AAW), you can contact the Bureau of Support for Autism and Special Populations (BSASP) at any time while you are waiting for your Orientation session. To begin an application to provide AAW services, you must have completed Module 5, including passing the test.	Getting Started Materials BSASP contact information	The invitation to an Orientation session will come from PAO@columbusorg.com. The invitation will be sent to the email associated with your MyODP account. Make sure to monitor this email and check your spam folder to ensure you don't miss important information. If you have completed all five (5) Pre-Session Modules and passed the Module tests, you have no further requirements while you are waiting for an invitation to attend a session.

STEPS	REFERENCE NFORMATION	EXPECTED RESULTS
3. When invited, the Applicant attends the Applicant Orientation session. • The Applicant CEO/Executive Director takes the post-test. • If the CEO/Executive Director fails the test, they will have to wait at least one year (365 days) before attending an Applicant Orientation session again.		If the CEO/Executive Director passes the post-test, they will have immediate access to open and save a Certificate and Next Steps document. The Certificate and Next Steps document <u>are not emailed</u>. **NOTE:** All information needs to be submitted to the Assigned AE within 60 days. The Certificate expires 120 days from the date that appears on the Certificate. If the provider does not become qualified within 120 days, the Applicant will need to complete the process a second time (Pre-Session Modules, Orientation session, post-test).
4. An Applicant intending to provide licensed Community Participation Supports provided in Adult Training Facilities, Vocational Facilities, and Older Adult Daily Living Centers: complete the Noncontiguous Clearance Form (sections A and B) and submit to the Waiver Capacity Manager.	[ODP 19-138: Approved Program Capacity (APC) and updated Noncontiguous Clearance Form](#)	The Applicant receives a determination from the Regional Waiver Capacity Manager.
5. An Applicant intending to provide licensed services under Regulation Chapters 2380 or 2390, applies for licensing through the Certification Licensing System (CLS). The Applicant accesses HCSIS and creates an account by clicking on the Provider Self-Service tile: • In the upper right-hand corner click on CREATE ACCOUNT. • Register as a Business Partner The Applicant will receive an email with instructions for the Business Partner ("B-" account).	https://www.hcsis.state.pa.us/	The Applicant obtains a Business Partner ("B-") account to access the Certification and Licensing process.
6. Using the B- account, the Applicant logs back into HCSIS, clicks the Provider Self-Service Tile, and completes the Certification and Licensing System (CLS) Application.	Provider accesses the Self-Service button on the Welcome to Provider Self-Service to complete the certification and licensing process.	After the CLS process is completed, the Applicant receives a license and Promise ID number. These items will be needed to complete the electronic Provider Enrollment Application further in the process.

STEPS	REFERENCE NFORMATION	EXPECTED RESULTS
7. The Applicant completes the Provider Qualification Documentation Record ("PQ Doc Record"), Form DP 1059, and New Provider Self-Assessment and submits the forms with supporting documentation within 60 days to the Assigned AE. The **60-day period** begins on the date on the Applicant's certificate, available after attending the Orientation session and passing the post- test.	All documents are available under: Provider Qualification and Enrollment Do not contact the ODP Provider Enrollment Unit until after you have received an approved DP 1059.	The Assigned AE reviews information and corresponds with the Applicant with requests for changes. When all documents have been reviewed, the DP 1059 will be returned with a determination of qualification status.
8. The Applicant completes the ODP Waiver Provider Agreement, following the instructions in the cover letter. Please submit completed agreement with copy of approved DP 1059 or DP 1088 for approval.	ODP Waiver Provider Instructions and Agreement	The Applicant receives an endorsed (date stamped) ODP Waiver Provider Agreement to use with the DP 1059 or DP 1088.
9. The Applicant accesses the electronic Provider Enrollment Application website and applies for the Service Specialties for which they are qualified. Supporting documentation needed: • The Approved Program Capacity (APC) letter (if needed) • DP FORM 1059 for each site. Other forms may be required depending on the specialty of service. • Approved Provider Agreement • License (if applicable) • The Applicant completes the ODP Quality Assessment & Improvement Process (QA&I) Contact Form and sends the confirmation e-mail to the Assigned AE.	Provider Enrollment Portal 888-565-9435 RA-odpproviderenroll@pa.gov The Applicant completes the ODP Quality Assessment & Improvement Process (QA&I) Contact Form and sends the confirmation e-mail to the Assigned AE.	The Provider Enrollment Unit will review the application. If approved, the organization will be enrolled in PROMISe™ Automated letter generated by the Office of Medical Assistance Programs (OMAP) and sent through **USPS** confirming site enrollment details. **NOTE:** **PROMISe™** – Is the Commonwealth of Pennsylvania Department of Human Services claims processing and management information system. New provider applicants need to understand ODP's claims billing process. Once a new applicant is successfully enrolled, they will have a recognized13-digit PROMISe™ ID number which is a combination of the provider's nine-digit MPI number and four-digit service location code. Training is available by appointment on-site at your office, via virtual web meeting, or teleconference. To request training e-mail promiseprovidertraining@dxc.com or register online at: PROMISe Provider Education and Training

10. Step 1: Providers performing personal care services (PCS) and home health care services must comply with the 21st Century CURES Act requiring a Electronic Visit Verification system (EVV). For more information on EVV click on the link. Services included in this requirement are Companion, In-Home and Community Support, Respite (unlicensed settings only) and Homemaker Chore.	Electronic Visit Verification (EVV)	Email the Provider Enrollment Unit the confirmation that your agency has an Electronic Visit Verification System. ODP will validate that your EVV system is interfaced with DHS before preceding step 13. The Provider Enrollment Unit the confirmation receipt showing that your agency is registered with QA&I.
11. The Provider Enrollment Unit will contact the HCSIS Help Desk and provide the FEIN number of the provider for the ODP role to be added. The Provider may now add services they are qualified for in HCSIS.	Provider Qualification and Enrollment on the MyODP website.	The Provider will receive notification from the HCSIS helpdesk that they have an ODP role to access HCSIS. The Provider Enrollment Unit will copy QA&I mailbox.
12. Rates are loaded into PROMISe™ and contracts are created in HCSIS within 5-7 business days.		
13. If the individual chooses the Provider, the Support Coordinator can now add services to an ISP.		