**Office of Developmental Programs (ODP): Adult Autism Waiver (AAW) Program**

**Checklist for Enrolling Providers**

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| **Provider Name:** Click or tap here to enter text. | **MPI** Click or tap here to enter text. | **FEIN**Click or tap here to enter text. |
| **CEO Name:** Click or tap here to enter text. | **Contact Email:** Click or tap here to enter text. | **Contact Phone**Click or tap here to enter text. |

**Have you completed the** [Course: Provider Applicant Orientation (myodp.org)](https://www.myodp.org/course/view.php?id=1563)**?**   **Yes**  **No**

**Have you completed and signed an** [**ODP Provider Agreement**](https://www.hcsis.state.pa.us/hcsis-ssd/default.aspx) **Yes**  **No**

*If you have* ***not*** *completed the Provider Application Orientation and you plan to pursue enrollment in the Adult Autism Waiver, you will need to register for* [*www.MyODP.org*](http://www.MyODP.org) *and set up your profile prior to completing the orientation. Adult Autism Waiver providers**are required to complete pre-registration modules 1-5. If you plan to enroll as an ODP ID/A provider as well, please complete all 6 modules .*

Once you have completed the AAW-required modules of the Provider Applicant Orientation, you will need to complete the AAW Initial Qualification process, which is done by the Bureau of Support for Autism & Special Populations (BSASP) Provider Enrollment lead.

Prior to submitting an electronic application, you will need to qualify as an AAW provider. This checklist, along with the [DP1088](https://www.myodp.org/mod/url/view.php?id=30778) and [Provider Qualification Documentation Record](https://www.myodp.org/course/view.php?id=1008) should be submitted to the BSASP Provider Enrollment lead along with supporting documentation at [ra-pwbasprovenroll@pa.gov](mailto:ra-pwbasprovenroll@pa.gov). BSASP will review your materials and return the Provider Qualification Documentation Record either approved or with comments for needed corrections**.** If your Provider Qualification Documentation Record is approved, the Provider Enrollment Lead will send your approved DP1088 as well. **Providers will need to submit an approved DP1088 that lists all service specialties included on their electronic application.**

**PERFORMANCE STANDARDS** ODP-BSASP may request to review the information below that addresses performance standards **at any time**. The performance standards are policy statements taken from the waivers, regulations, the ODP Provider Agreement, and ODP policies and procedures.

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| **“Yes” or “N/A”** | **APPLICABLE TO** | **DOCUMENTATION** | **DESCRIPTION** |
| Choose an item. | All Direct Service Providers | Documented description of Organizational Structure and/or Job Descriptions for key administrative roles. | 55 Pa. Code § 6000.941. Administrative structure  55 Pa. Code § 6000.953. Incident management representative  Per the regulation requirements above, provider should have staff assigned to the following areas:  Waiver Compliance  Incident/Risk Management  Quality Management  Provider Qualification Compliance  HCSIS & PROMISe Enrollment Compliance  Supports & Services Directory Maintenance  Claims Management & Fiscal Reconciliation |
| Choose an item. | Vendor Service Providers | Documented description of Organizational Structure and/or Job Descriptions for key administrative roles. | 55 Pa. Code § 6000.941. Administrative structure  55 Pa. Code § 6000.953. Incident management representative  Per the regulation requirements above, provider should have staff assigned to the following areas:  Provider Qualification Compliance  HCSIS & PROMISe Enrollment Compliance  Supports & Services Directory Maintenance  Claims Management & Fiscal Reconciliation |
| Choose an item. | All Direct Service Providers | ODP requires that potential providers review the three (101, 102, and 103) ODP Quality Management Certification pre-requisite modules [MyODP: Quality Management Certification Program](https://www.myodp.org/course/index.php?categoryid=363) | Certificates for Modules 101, 102, and 103  55 Pa. Code § 6100.45(a) The provider shall develop and implement a quality management plan.  Must include the following:   * Performance measures. * Performance improvement targets and strategies. * Methods to obtain feedback relating to personal experience from individuals, staff persons, & other affected parties, * Data sources used to measure performance. * Roles and responsibilities of the staff persons related to the practice of quality management   While providers aren’t required to become Quality Management certified through ODP, it is recommended. |
| Choose an item. | All Direct Service Providers | Copies of provider agency policies for each area. | 55 Pa. Code § 6100 requires provider agencies have policies in the following areas:  Staff Qualification Compliance  Checking Staff Exclusion Lists (LEIE, SAM, DHS’s Medicheck)  Use of Restrictive Procedures  Recordkeeping  Emergency Disaster Response plan for natural disasters  Procedures for responding to individual health and behavioral emergencies and crises.  Receiving, documenting, and management complaints  Replacement of individual lost/damaged property  Transition of individuals to other providers  Incident Management |
| Choose an item. | Remote Support Providers | Copies of provider agency policies or other evidence as applicable | The Adult Autism Waiver requires that providers have the following:  A secure, central facility where staff render Remote Supports that has appropriate and stable connections, including redundant Internet and power that ensure continuity of service in the event of a disruption or connection. This facility must be staffed 24 hours a day, 7 days a week.  Written privacy policies and procedures that are consistent with the Privacy Rule, subject to review by ODP when complaints are received regarding privacy or as part of Quality Assessment & Improvement when warranted.  Policy outlining the process for having emergency replacement devices or parts as soon as possible, but no later than 2 business days if the device(s) installed at the participant’s residence fail and cannot be repaired.  Secure and encrypted website or software that displays critical system information about each Remote Supports device installed in a participant’s residence.  Effective system for notifying personnel such as police, fire, emergency medical services, and psychiatric crisis response entities. |

**MEDICAL ASSISTANCE PROVIDER REQUIRED DOCUMENTATION**

To enroll as a participating provider with PA’s Department of Human Services, applicants must submit a new application in the online [Provider Enrollment System](https://provider.enrollment.dpw.state.pa.us/Home/BrowserError) for each **NEW Provider Type or Service Location** for which they are applying. Below is a partial list of documents to submit during the AAW Qualification process and with your electronic application.

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| **“Yes” or “N/A”** | **WHO MUST SUBMIT** | **DOCUMENTATION** | **DESCRIPTION** |
| Choose an item. | **Corporation, Partnership, LLC, Nonprofit Agency** | **Federal Employer Identification Number** | IRS documentation showing the name associated with the agency’sFEIN must *always* be included. |
| Choose an item. | **Corporation, Partnership, LLC, Nonprofit Agency** | **Pa Bureau of Corporations/ Charitable Organizations** | Current proof of registrationfor doing business w/in the Commonwealth of PA. |
| Choose an item. | **Corporation, Partnership, LLC, Nonprofit Agency** | **Insurances: Commercial General Liability, Worker’s Compensation** | Certificate of Liability Insurance or copy of the policy with expiration dates listed.  **If you believe this requirement does not apply because of the way your agency is organized, submit evidence via a letter from your insurance company or the State of PA.** |
| Choose an item. | **Provider Types**  **11, 19, & 31** | **Board Certification** | If you indicated that you are “board certified,” documentation is required. |
| Choose an item. | **ALL PROVIDER TYPES** | **“Approved” ODP Provider Agreement** | A copy of this agreement can be found on <https://www.hcsis.state.pa.us/hcsis-ssd/default.aspx> and needs to be submitted per the instructions. A date-stamped copy needs to be submitted with the electronic application. |

**FOR PROVIDERS INTERESTED IN RESIDENTIAL HABILITATION/COMMUNITY HOME OR RESIDENTIAL HABILITATION/LIFE SHARING SERVICES:** A pre-requisite for initial qualification in the AAW is completing qualification for the ID/A Consolidated and/or Community Living waivers. If you are not an enrolled ID/A provider, ODP-BSASP Provider Enrollment Lead will need to verify your qualification with submission of your completed **DP1059** prior to beginning the AAW Initial Qualification Process.

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| **“Yes” or “N/A”** | **SERVICE** | **LICENSE REQUIRED BY ODP** |
| Choose an item. | **Day Habilitation** | Title 55 PA Code Chapter 2380 License |
| Choose an item. | **Residential Habilitation/Life Sharing** | Title 55 PA Code Chapter 6400 license *for each Community Living Home*  Title 55 PA Code Chapter 6500 license *for each Life Sharing Home* |
| Choose an item. | **Residential Habilitation/Life Sharing** | Approved DP1059 listing licensed Residential Habilitation/Community Home  Approved DP1059 listing licensed Residential Habilitation/Life Sharing |

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| **“Yes” or “N/A”** | **SERVICE** | **LICENSE REQUIRED BY COMMONWEALTH OF PENNSYLVANIA** |
| Choose an item. | **Therapists for Family Support, Counseling, Speech/Language Therapy services or Behavioral Specialists** | *For individual practitioners only; indicate which Title 49 license is enclosed. A Behavioral Specialist license is not a requirement to provide services to participants in the AAW but should be uploaded if available.* |
| Choose an item. | **Nutritional Consultation** | |  | | --- | | *Individual Dietitian-Nutritionists must be licensed in Pennsylvania (49 Pa. Code Chapter 21, subchapter G), or be licensed in the state where the service is provided.* | |

**APPROVED PROGRAM CAPACITY (ODP-Licensed Services)**

If you plan to enroll in an ODP-Licensed service (2380, 6400, 6500), you must submit a [Request for Approved Program Capacity and Noncontiguous Clearance form](https://palms-awss3-repository.s3-us-west-2.amazonaws.com/MyODP_Content/Resources/Attachment+1+Request+for+Approved+Program+Capacity+(APC)+and+Noncontiguous+Clearance+Form.pdf) The provider is responsible for contacting the ODP Regional Waiver Capacity Manager for site clearance and non-contiguous approval with the required information.

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| **“Yes” or “N/A”** | **SERVICE** |  |
| Choose an item. | **Residential Habilitation** | Approved Program Capacity and Noncontiguous Clearance |
| Choose an item. | **Life Sharing** | Approved Program Capacity and Noncontiguous Clearance |
| Choose an item. | **Day Habilitation** | Approved Program Capacity and Noncontiguous Clearance |

**REQUIRED EDUCATION/EXPERIENCE DOCUMENTATION**

The Adult Autism Waiver has service-specific education or certification requirements for direct support staff or specialists that must be met prior to enrollment. Acceptable proof of education includes degree/transcripts (we must be able to verify the area of study and look at coursework for Behavioral Specialist Services if needed). Acceptable proof of experience (if needed) must be in the form of a resume or other verifiable work history. Staff with certifications must submit a valid certificate.

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| **“Yes” or “N/A”** | | **SERVICE** | EDUCATION/EXPERIENCE REQUIRED BY BSASP |
| *Education*  Choose an item. | *Experience*  Choose an item. | **Systematic Skill Building\*\*** | Staff must have one of the following:   * At least a Bachelor’s Degree (BA/BS) in Social Work, Psychology, or Education OR * At least a Bachelor’s Degree (BA/BS) in a human services field related to Social Work, Psychology, or Education (housed in the institution’s department or school of Social Work, Psychology, or Education)   \*\*If Staff does not have at least a BA/BS in one of the fields listed above, the Staff must have at least a BA/BS in another field AND at least 3 years’ experience directly supporting individuals with ASD in the community. |
| Choose an item. | | **Behavioral Specialist Services** | Staff must have one of the following:   * PA Behavioral Specialist License OR * A Master’s Degree in Social Work, Psychology, Education, or Applied Behavioral Analysis (ABA) OR * A Master’s Degree with 50% or more ABA course work\* OR * A Master’s Degree in a human services field related to Social Work, Psychology, or Education (housed in the institution’s department or school of Social Work, Psychology, or Education) with 33% or more course work in ABA\*.   \*Please contact BSASP if you have questions about course work being ABA-related. Email [ra-pwbasprovenroll@pa.gov](mailto:ra-pwbasprovenroll@pa.gov) or call 1-866-539-7689. |
| Choose an item. | | **Remote Supports, Residential Habilitation/Community Home and Life Sharing providers intending to provide Remote Supports** | Have a professional (direct, contracted, or in a consulting capacity) available who has either a current Assistive Technology Professional certificate from Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) or Enabling Technology Integration Specialist SHIFT certification. |

**TRAINING DOCUMENTATION**

Below, you will find a checklist for trainings required prior to qualification as an Adult Autism Waiver Provider or SCO. These trainings must be completed by direct support staff who meet the education/experience requirements described in the previous section. Once a provider is qualified and enrolled, any new staff working with AAW individuals must complete required trainings prior to service delivery. Ongoing, providers must ensure that they have qualified staff at all times in order to remain qualified for a service.

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| **“Yes” or “N/A”** | **SERVICE** | **TRAINING REQUIRED BY BSASP** |
| Choose an item. | **ALL  SERVICES \*** | [SPeCTRUM 2.0 Online Training](https://www.myodp.org/course/view.php?id=1070), Modules 1-9.  \*Except Assistive Technology and Home/Vehicle Modification |
| Choose an item. | **Supported Employment and Career Planning** | [Employment/Vocational Trainings](https://www.myodp.org/course/view.php?id=1625), including Career Planning: Vocational Assessment  All providers of Career Planning and Supported Employment MUST ALSO: Have documentation of and complete the following two AAW Employment/Vocational Services training modules prior to their first service provision.  • Understanding Vocational Issues for Persons with Autism, and  • Employer Development, not Job Development  • To access the courses on the MyODP Training & Resource Center, use this link:  [www.myodp.org/course/index.php?categoryid=200](http://www.myodp.org/course/index.php?categoryid=200)  All providers of Career Planning - Vocational Assessment MUST ALSO:  • Have documentation and complete the following AAW Employment/Vocational Services training prior to their first service provision:  o Vocational Assessment: Completing the Vocational Profile  o To access the course on the MyODP Training & Resource Center, use this link: [www.myodp.org/course/index.php?categoryid=200](http://www.myodp.org/course/index.php?categoryid=200)  BSASP TECHNICAL ASSISTANCE  • Vocational Assessment staff should submit their first Vocational Profile developed for a participant onto MyODP for review by BSASP.  o The Vocational Profile is submitted after it has been completed if this is the staff’s first assigned participant.  o The option to submit the profile on MyODP’s Employment/ Vocational trainings will become available only after the AAW Employment/Vocational Services training courses has been completed. BSASP will review the Vocational Profile and provide technical assistance to the provider, if required, regarding the quality of the profile.  Staff must have one of the following by 7/1/2021 or within 9 months of hire if hired after 1/1/2021:   * Hold a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE) or * Have been awarded a Basic Employment Services Certificate of Achievement or a Professional Certificate of Achievement in Employment Services from an Association of Community Rehabilitation Educations (ACRE) organizational member that has ACRE-approved training   Please contact [ra-bastrainings@pa.gov](mailto:ra-bastrainings@pa.gov) for more information on locating approved trainers. |
| Choose an item. | **Systematic Skill Building** | [SSB Training](https://www.myodp.org/course/index.php?categoryid=196), including Modules & Approved Sample Plan |
| Choose an item. | **Behavioral Specialists** | [BSS 101 & BSS 102](https://www.myodp.org/course/index.php?categoryid=198)  [Functional Behavior Assessment](https://www.myodp.org/course/index.php?categoryid=205) |

**CRIMINAL BACKGROUND CHECK**

ODP requires that Criminal Background Clearances be completed within 1 year **prior to employee’s date of hire.** Please review Provider Qualification Documentation Record Provisional Employment, Criminal Records, & Electronic Fingerprinting tabs for more information. **PA State Police background checks must be obtained from the PA State Police - 3rd party reports are not acceptable.**

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| **“Yes” or “N/A”** | **WHO** | **REQUIRED DOCUMENTATION** |
| Choose an item. | All applicants and any administrators and operators who have or may have direct contact with a participant | Pennsylvania State Police (PSP) Criminal Background Clearance  \*FBI clearances through the Department of Aging  \*Required only if the staff has not been a PA Resident for at least 2 consecutive years. |
| Choose an item. | Any staff with a Criminal History | If a criminal history clearance and/or the criminal history record check identifies a criminal record, providers must make a case-by-case decision about whether to hire the person that includes consideration of the following factors:   * The nature of the crime; * Facts surrounding the conviction; * Time elapsed since the conviction; * The evidence of the individual’s rehabilitation; and * The nature and requirements of the job.   Documentation of the review must be maintained for any staff that were hired whose criminal history clearance results or criminal history check identified a criminal record. |

**ADDTIONAL DOCUMENTATION**

Below, you will find a list of additional requirements, some needed prior to qualification and enrollment, and some requirements for after enrollment and prior to service provision.

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| **REQUIREMENTS** | AFTER INITIAL QUALIFICATION & ENROLLMENT |
| Periodic Risk Evaluation (PRE) Training (*Behavioral Specialists only*)  [MyODP: Periodic Risk Evaluation](https://www.myodp.org/course/index.php?categoryid=338) |  |
| All staff providing *the Day Habilitation, Residential Habilitation/Community Home, In and Out of Home Respite, Life Sharing, Supported Employment, Career Planning, Small Group Employment, Remote Supports, Therapy/Counseling, Speech/Language Therapy, Family Support, Nutritional Consultation, SSD: Behavioral Specialist, SSD: Systematic Skill Building, and SSD: Community Support* **are required to complete training on the individual’s service plan. This training should include, but is not limited to: the individual’s communication, mobility, and behavioral needs.** |  |
| Goal Attainment Scaling (GAS) Training (For providers of the *Day Habilitation, Residential Habilitation, SSD: Behavioral Specialist, Community Support, Systematic Skill Building, Supported Employment, and Small Group Employment services*, at least one person per agency must complete the Goal Attainment Scaling (GAS) online training prior to service provision.)  [MyODP: Goal Attainment Scaling (GAS)](https://www.myodp.org/course/index.php?categoryid=280) |  |
| Certified Investigator (ODP-Certified) – must be either on staff or contracted  [Course: Certified Investigators Home (myodp.org)](https://www.myodp.org/course/view.php?id=929)  **\*Agency’s Incident/Risk Manager is required to be a trained ODP-Certified Investigator** |  |
| 55 Pa. Code Chapter 6100 Regulations Orientation Training  [MyODP: 6100 Regs Landing page](https://www.myodp.org/mod/page/view.php?id=24070)  [55 Pa. Code Chapter 6100. Services For Individuals With An Intellectual Disability Or Autism (pacodeandbulletin.gov)](https://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/055/chapter6100/chap6100toc.html) |  |
| 55 Pa. Code Chapter 6100 Regulations Annual Training  [MyODP: 6100 Regs Landing page](https://www.myodp.org/mod/page/view.php?id=24070)  [55 Pa. Code Chapter 6100. Services For Individuals With An Intellectual Disability Or Autism (pacodeandbulletin.gov)](https://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/055/chapter6100/chap6100toc.html) |  |
| Electronic Visit Verification (EVV)Providers of ***SSD: Community Support* and *Unlicensed Respite*** are required to enroll in EVV as part of the 21st Century CURES Act.  You must complete the enrollment process (have an Master Provider Index (MPI) number) prior to registering for EVV, but it is important to register ASAP because you will not be able to submit billing for services rendered without being registered.  [EVV (pa.gov)](https://www.dhs.pa.gov/providers/Billing-Info/Pages/EVV.aspx) |  |
| Residential Services Fatal Five Training Requirement  All provider staff who will spend any time alone with a participant during the provision of residential services must complete a “Department approved training on the common health conditions that may be associated with preventable deaths in people with an intellectual or developmental disability.” This applies to provider staff that are direct employees of an agency, contracted employees of an agency, or volunteers.  [MyODP: Fatal 5 Approved Trainings](https://www.myodp.org/mod/page/view.php?id=40125)  To meet the qualification requirement, staff are required to complete approved training(s) through one organization listed OR if the agency has it’s own Fatal Five training curriculum, it must been reviewed and approved by a Health Care Quality Unit (HCQU). |  |

**AFTER ENROLLMENT FYI**

**It is important to note that AAW providers have many responsibilities after initial qualification and enrollment in order to maintain enrollment, even if not actively serving participants. The processes described below are designed to assist providers in maintaining their qualification status. ODP expects providers to subscribe to all appropriate listservs and review all ODP Communications, Bulletins, and notices. Providers should also ensure that ODP is informed of any changes in provider contacts after initial qualification and enrollment.**

**QUALITY ASSESSMENT & IMPROVEMENT (QA&I)**

The ODP QA&I Process is designed to conduct a comprehensive quality management review of county programs, AEs, SCOs and Providers delivering services and supports to individuals with intellectual disabilities and autism spectrum disorders. The mission of ODP is to support Pennsylvanians with developmental disabilities to achieve greater independence, choice, and opportunity in their lives. ODP’s vision is to continuously improve an effective system of accessible services and supports that are flexible, innovative, and person-centered. This QA&I Process is one of the tools that ODP uses to evaluate our current system and identify ways to improve services for all individuals. **Effective July 1, 2019, all Adult Autism Waiver (AAW) Providers and SCOs are expected to comply with all QA&I expectations.**

For more information about the QA&I Process, please visit [Course: Quality Assessment & Improvement (QA&I) Process Resources (myodp.org)](https://www.myodp.org/course/view.php?id=976)

**PROVIDER REQUALIFICATION**

The Centers for Medicare and Medicaid Services (CMS) requires a statewide process to ensure providers are qualified to render services to waiver-funded individuals. Following the provider’s initial qualification date, all providers classified as **New** are to be requalified by the end of the following fiscal year. 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. For reference to provider qualification in PA Code, please see [Pennsylvania Bulletin Volume 49, Number 40, Subsections 6100.83-84](http://www.pacodeandbulletin.gov/Display/pabull?file=/secure/pabulletin/data/vol42/42-23/index.html), which contain provider qualification citation specifications. Inquiries regarding the AAW qualification process, should be sent to the AAW Provider Enrollment Mailbox at [ra-pwaawproviderqual@pa.gov](mailto:ra-pwaawproviderqual@pa.gov).

**PROVIDER REVALIDATION**

Providers are required to revalidate service locations within 5 years of the initial date of enrollment and ongoing. Revalidation involves the submission of a revalidation application through the On-line Provider Enrollment Application System. For the application to be approved, providers will need to attach an approved DP1088 that demonstrates qualification included in the revalidation enrollment application. 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).](https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20OMAP/c_228794.pdf)

**ATTESTATION**

***I certify that the above information has been reviewed and that supporting documentation submitted meets the requirements as set out by ODP-BSASP. Entering your name and the date below will serve as your electronic signature.***

**CEO Signature:**Click or tap here to enter text. **Date:** Click or tap here to enter text.