



Informational Memo

WAIVER RENEWAL IMPLEMENTATION

PROVIDER QUALIFICATIONS: Revisions to the Provider Qualification Process During Fiscal Year (FY) 2012-2013

ODP Communication Number: Memo 068-12

The mission of the Office of Developmental Programs is to support Pennsylvanians with developmental disabilities to achieve greater independence, choice and opportunity in their lives.

AUDIENCE: Individuals, Direct Service Providers of Consolidated and Person/Family Directed Supports (P/FDS) waiver services, Administrative Entity (AE) Directors or Administrators, and Supports Coordination Organizations (SCOs)

PURPOSE: This Office of Developmental Programs (ODP) informational memo is intended to establish a standardized provider qualification “Due Date” of April 30, 2013 and “Expiration Date” of June 30, 2013 for all waiver providers and to explain the process of moving from an annual to a biennial (every two years) qualification process.



NOTE:

- *This change in qualification frequency does **not** apply to qualification of SCOs, Vendor Fiscal/Employer Agent Financial Management Service (VF/EA FMS) providers, or providers that render only base-funded services. Requirements for providers of base-only services are at the discretion of the County Mental Health (MH)/Intellectual Disabilities (ID) Program.*
- *This memo obsoletes Informational Memo # 047-12 titled “Changes to the Provider Qualification Process During Fiscal Year 2012-2013” and Informational Memo 152-10 titled “Annual Provider Qualification Process”.*

RATIONALE FOR CHANGING THE QUALIFICATION FREQUENCY

1. To align the biennial schedule for provider qualification with provider monitoring in order to streamline the process and improve efficiency. Beginning in FY 2013-2014, providers will be qualified during the same year that they are due for on-site Provider Monitoring.

2. To comply with the waiver renewals and regulations that specifies that provider qualifications will occur on a biennial basis.

DISCUSSION

The Consolidated and P/FDS Waiver renewals effective July 1, 2012 changed the frequency of the provider qualification process from an annual to a biennial (every 2 years) process. In order to transition waiver providers into this new biennial schedule for the qualification process, all waiver providers are required to be qualified during FY 2012-2013.

Starting in FY 2012-2013, in accordance with 55 Pa. Code § 51.13, all waiver providers now have a “Due Date” and an “Expiration Date” as well as the date in which supporting qualification documentation is due to the qualifying AE. The “Due Date” is the date by which all waiver providers must be qualified in the Home and Community Services Information System (HCSIS). The “Expiration Date” is the last date that a waiver provider can receive payment for a previously qualified service.

Providers whose specialties were in a qualified status as of June 30, 2012 with an annual expiration date of July 1, 2012 or later have had their “Expiration Date” changed in HCSIS to April 30, 2013. Although labeled in HCSIS as the “Expiration Date” this date will be used as a waiver provider’s “Due Date” for qualifications. Due to this change, providers are unable to submit “Annual” qualification applications until February 1, 2013. However, if an update is needed they are able to submit “Update” applications throughout the fiscal year. AEs should review and finalize “Update” applications as they are submitted.

Providers with an “Expiration Date” of April 30, 2013 must submit their qualification applications in HCSIS starting February 1, 2013 and supporting qualification documentation to the AE no later than **March 31, 2013** to ensure that their services are qualified by April 30, 2013. However, AEs can request providers to submit their supporting qualification documentation prior to submission of their annual qualification application in HCSIS. Qualification applications must be finalized by the qualifying AE no later than **April 30, 2013**.

<u>QUALIFICATION TARGET DATES</u>
February 1, 2013 – March 31, 2013 HCSIS application and supporting documentation due to AE
April 30, 2013 Due date for qualification to be completed
June 30, 2013 Expiration date of qualifications

Providers whose specialties were *not* in a qualified status as of June 30, 2012, as well as newly enrolled providers in FY 2012-2013, will be assigned an “Expiration Date” 365 days from their

qualification completion date. Providers with an “Expiration Date” of July 1, 2013 or later will not be required to submit another qualification application during FY 2012-2013.

PROCESS FOR PROVIDERS WHO DO NOT BECOME QUALIFIED BY THE DUE DATE (APRIL 30, 2013)

Providers who do not complete their “Annual” provider qualification application and whose specialties are not qualified by April 30, 2013 will be in jeopardy of having waiver participants who receive their services transitioned to another willing and qualified provider on July 1, 2013. For all waiver providers whose specialties are not in a qualified status as of April 30, 2013, Supports Coordinators (SCs) will start planning activities with waiver participants, families and Individual Support Plan (ISP) teams on May 1, 2013 for the transition of waiver participants to willing and qualified provider(s). If during planning activities the waiver participant chooses to begin service with an alternate willing and qualified provider prior to July 1, 2013, service authorizations in the FY 2012-2013 ISP will be end-dated accordingly.

Because HCSIS reflects the “Due Date” of April 30, 2013 as the “Expiration Date”, specialties not in a “Qualified” status as of May 1, 2013 will be reflected as “Expired” in HCSIS. A real contract will not be created in HCSIS for the upcoming FY for providers not in “Qualified” status and therefore, the affected provider’s service(s) cannot be authorized with waiver dollars in the FY 2013-2014 ISP until the provider becomes qualified. Waiver services rendered by a provider with a qualification status other than “Qualified” after June 30, 2013 **will not be paid**.

RESOURCES

Please note that the resources below are being reviewed and any modifications to these documents will be announced in future communications.

- Alert #052-10, titled “Impact of Provider Qualification in HCSIS on FY Renewal ISPs”, was issued on April 12, 2010. This communication reminded waiver providers and AEs that if a service specialty was not in “Qualified” status at the time of the upcoming rate load, real contracts for these services will not be created in HCSIS.
- Informational Memo # 030-10, titled “Provider Qualification Additional Information”, was issued on February 24, 2010. This communication provided guidance on the application and review of provider qualification within HCSIS.
- Bulletin # 00-08-01, titled “Process for Qualification and Disqualification of Waiver Providers”, was issued on December 27, 2007. The purpose of this bulletin was to outline the standardized process for qualification and disqualification of provider agencies, individual professionals, and vendors that provide licensed and unlicensed Medicaid Waiver services, with the exception of Supports Coordination Services, to individuals in the Consolidated and Person/Family Directed Support (P/FDS) Waivers.

INQUIRIES

For inquiries regarding this communication, contact the ODP Provider Qualification mailbox at: ra-odpproviderqualif@pa.gov