AUDIENCE: Individuals, Direct Service Providers of Consolidated and Person/Family Directed Supports (P/FDS) waiver services, base only providers, Administrative Entities (AEs) Directors or Administrators, Supports Coordination Organizations (SCOs), Agency with Choice (AWC) and Vendor Fiscal (VF)/Employer Agent Financial Management Services (EA/FMS) providers

PURPOSE: This Office of Developmental Programs (ODP) informational memo is intended to:

- Establish a standardized qualification “Due Date” of April 30, 2013 and “Expiration Date” of June 30, 2013 for all waiver providers.
- Transition all waiver providers from an annual re-qualification process to a biennial re-qualification process.

This change in process does not apply to VF/EA FMS providers, providers that render only base-funded services and Supports Coordination Organizations.

DISCUSSION

The Consolidated and P/FDS Waiver renewals that will be effective July 1, 2012, changes the frequency of the provider qualification process from an annual process to a biennial (every 2 years) process.

In order to move the qualification process of waiver providers into this new biennial schedule, all providers of waiver services will need to be qualified during FY 2012 – 2013. Starting July 1,
2012, the qualification “due date” for all qualified providers of waiver services will be April 30, 2013. Waiver participants authorized to receive services from providers of waiver services who have not been qualified by April 30, 2013 will be transitioned to new, willing and qualified providers during the time period of May 1, 2013 – June 30, 2013. Procedures regarding transitional processes will be communicated in future releases.

Starting July 1, 2012, the qualification “expiration date” for all qualified providers of waiver services will be June 30, 2013. Waiver services provided by a provider with a qualification status of “expired” after June 30, 2013 will not be paid.

RATIONAL FOR STANDARDIZED QUALIFICATION DUE DATE AND EXPIRATION DATE

The rationale for changing the provider qualification process by aligning all providers to the same due dates and expirations dates is as follows:

1. Providing a due date 60 days prior to an expiration date enables a period of time to transition waiver participants to other qualified providers before the provider’s qualification expires, thus preventing the use of waiver dollars to pay for unqualified services.
2. Aligning all providers to the same dates will improve tracking and efficiency as part of ODP’s oversight to ensure that all providers are qualified.

RATIONALE FOR CHANGING THE QUALIFICATION FREQUENCY

The rationale for changing the frequency of the provider qualification process is as follows:

1. To comply with the new waiver renewal which indicates that provider qualification will be on a biennial basis.
2. To align the biennial schedule for provider qualification with provider monitoring in order to streamline the process and improve efficiency.

HCSIS

For FY 2012-2013 HCSIS will continue to:

- Indicate provider expiration dates as 365 days after the finalization of their last annual qualification application.
- Prevent the creation of a REAL Contract for providers in a “not qualified” or “expired” status.
- Prevent the submission of an annual qualification application by a provider more than 90 days prior to their annual expiration date.
PROVIDER ACTION

Due to the HCSIS functionality mentioned in the prior section, during FY 2012 – 2013, providers of waiver services will need to continue to submit their annual qualification applications and supporting documentation according to timeframes in previous years. This will enable qualifying AEs the ability to finalize the provider annual applications before the provider’s qualification status in HCSIS is designated as “expired”. This applies to waiver providers with HCSIS annual qualification expiration dates between July 1, 2012 and April 30, 2013.

For those waiver providers with HCSIS annual expiration dates between May 1, 2013 and June 30, 2013, annual qualification applications must be finalized by the qualifying AE prior to April 30, 2013. These providers must submit their applications and supporting documentation by April 15, 2013 to ensure that their services are qualified by April 30, 2013.

RESOURCES

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

- Informational Memo # 152-10, titled “Annual Provider Qualification Process”, was issued on November 4, 2010. This communication detailed the AEs role in the Annual Qualification Process.

- 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