

# Attachment #2: New Provider Qualification - Additional Information Needed Template Applicant Name: Applicant Name

**Dear**: Provider Qualification Primary Contact Name,

This letter serves as notification that the ODP Provider Qualification Form DP 1059, the New Provider Self-Assessment Tool and the ODP Provider Qualification Documentation Record along with all required documentation were reviewed.

At this time, the request for qualification cannot be approved until the following information/documentation is submitted/corrected:

ODP Provider Applicant Orientation Certificate

ODP Dual Diagnosis Training Certificate (if becoming qualified to provide Residential Services)

ISP Residential Staffing Webinar Certificate (if becoming qualified to provide Residential Services)

Health Risk Screening Tool Webinar Certificate (if becoming qualified to provide Residential Services)

Residential Readiness Tool (if becoming qualified to provide Residential Services)

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information related to ODP Provider Self-Assessment Tool for New Providers**

Brief description of how services will be provided for each service listed

Organizational structure and/or job descriptions that show the following functions are identified:

How the organization is structured administratively

Roles identified for the following areas:

Waiver Compliance

Incident Management/Risk Management

Quality Management

Provider Qualification Compliance

HCSIS and PROMISe™ Enrollment Compliance

SSD Maintenance

Claims Management and Fiscal Reconciliation

Quality Management Plan

Mission and vision of organization

Policies/procedures regarding staff qualification requirements

Policies/procedures for checking staff on List of Excluded Individuals and Entities (LEIE), System for Award Management (SAM) and DHS’s Medicheck list

Restrictive Procedures Policy

Recordkeeping Policy

Emergency Disaster Response Plan

Crisis Policy

Complaints Procedures

Annual Training Plan

Transition of Individuals Procedure

Accessibility for Individuals who are deaf Protocol

Incident Management Policy

Transportation Aide Process (For Transportation Trip applicants only)

Process for transporting more than one participant at a time and division of shared miles equitably among participants (For Transportation Mile applicants only)

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information related to ODP Provider Qualification**

ODP Provider Qualification Documentation Record

ODP DP 1059

ODP Provider Agreement (2020 version, stamped approved)

Insurance Certificates, in accordance with State Statute

Worker’s Compensation Insurance

**NOTE:** Any "individual" provider who indicates they do not need to carry worker's compensation must submit a letter from an attorney, auditor, or accountant indicating that they meet all workers compensation requirements.

Commercial General Liability Insurance (Agency Providers Only)

Provisional employment disclosure statement (*as applicable)*

Copies of qualification supporting documentation for all staff as required

QA&I Contact Form

Copies of qualification supporting documentation for all agency owned automobiles

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Medical Assistance (MA) Program On-line Provider Enrollment Application will not be processed and cannot be approved until all applicable provider types and specialties are Qualified and you are in receipt of an Approved ODP Provider Qualification Form DP 1059.

The corrected documents must be submitted within 14 calendar days of the date of this letter. If you have any questions regarding the ODP Provider Qualification process, please do not hesitate to contact me at PQ AE Lead Contact Information.

Thank you.

Name of PQ AE Lead