



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 Training
- 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 Medicare list
- Restrictive Procedures Policy
- Recordkeeping Policy
- Business Continuity and Emergency Response Plan
- Physical and behavioral health, emergency, 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 Online 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 [PQAE Lead Contact Information](#).

Thank you.

Name of PQAE Lead