pennsylvania
DEPARTMENT OF HUMAN SERVICES

Attachment #3: New Provider Qualification Not Approved Template

Applicant Name: Applicant Name

Dear: Provider Qualification Primary Contact Name,

The ODP New Provider Self-Assessment Tool, the ODP Provider Qualification Form DP 1059, and the Provider Qualification Documentation Record along with all supporting documentation were reviewed by the Assigned AE Entity Name effective Date AE Completed Review. A communication indicating additional information was needed was sent on Date Letter Sent.

This letter serves as notification that the Office of Developmental Programs (ODP) Provider Qualification Form DP 1059 and supporting documentation received on Indicate date of receipt is not approved due to:

☐ Lack of sufficient information.

☐ Not meeting the 120-day timeframe to complete the qualification process.

☐ Not meeting qualification requirements as described in the Consolidated, Community Living and Person/Family Directed Support (P/FDS) Waiver services.

The Medical Assistance (MA) Program Online Provider Enrollment Application will not be processed without an approved DP 1059. In order to be reconsidered as a provider for ODP and be able to render waiver services, you must reregister for Provider Applicant Orientation (PAO) via the Department of Human Services (DHS) website:

Applicant Orientation Registration

Please note that provider applicants may only attend PAO training twice in a 365-day period.

If you disagree with the determination that you are not qualified to provide services through the Consolidated, Community Living and/or P/FDS Waivers, you may appeal this decision by

filing a request for hearing in writing within thirty-three (33) days of this letter to:

Department of Human Services

Bureau of Hearings and Appeals

2330 Vartan Way Second Floor
Harrisburg, PA 17110-9721

Send a copy of your appeal to:

Department of Human Services

Office of Developmental Programs

Division of Program Management

P.O. Box 2675

Harrisburg, Pennsylvania 17105

Please refer to **55 Pa.Code Chapter 41** (relating to Medical Assistance Provider Appeal Procedures) for more information about your appeal rights and responsibilities.

If you have any questions, please do not hesitate to contact me at PQ AE Lead Contact Information.

Thank you.

Name of PQ AE Lead

cc: Regional PQ Lead