



# Informational Packet

## Clarification and Changes to Provider Qualification Requirements

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**ODP Communication Number: Packet 104-12**

**AUDIENCE:** Administrative Entities (AEs), and Providers of Consolidated and Person/Family Directed Support (P/FDS) Waiver services.

Providers for the purpose of this Information Packet are defined as direct providers, vendors<sup>1</sup>, Agency With Choice (AWC) providers, and Organized Health Care Delivery System (OHCDs) providers of waiver services.

This Informational Packet does not apply to qualification of Vendor Fiscal/Employer Agent (VF/EA) Financial Management Services (FMS) providers, providers that render only base-funded services or Supports Coordination Organizations (SCO).

**PURPOSE:** This Informational Packet is intended to provide clarification and to reflect changes in provider qualifications in the following areas as result of the promulgation of regulations at 55 Pa. Code Chapter 51 “Office of Developmental Programs Home and Community-Based Services” and the approved Waiver renewals effective July 1, 2012:

- Completion of a Provider Qualification application including which specialties to choose
- Qualification requirements for all Waiver providers
- How to qualify employees providing enhanced services
- Requirements for the completion of background checks

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<sup>1</sup> See Attachment 1 entitled “Provider Qualification Documentation Requirements for Consolidated and Person/Family Directed Support (P/FDS) Vendor Waiver Service Providers.” An Informational Memo specifically regarding vendor qualifications will be released soon.

- Requirements for the screening of employees and contractors  
Update to the Provider Qualification Documentation Requirements charts
- Qualification requirements for Transportation providers

### **DISCUSSION:**

It is a provider's responsibility to be familiar with and comply with all applicable Department regulations and state and local codes. All Waiver providers, including transportation providers (including those that hold a Public Utility Commission [PUC] license), must complete an application choosing each Waiver service they render or intend to render. An application must be completed in HCSIS on a biennial (every 2 years) basis, and more frequently as enumerated in 55 Pa. Code § 51.13(c), prior to qualification expiration<sup>2</sup>.

The application can be found at the following menu path after logging into HCSIS: Provider > Qualification > Application.

### **How does a provider determine which specialty to choose?**

Providers should reference, Attachment 3, "*ODP Provider Qualification Service Name/Specialty Crosswalk*", to determine which specialties they should choose in the HCSIS application. The provider should follow this row across to determine which specialty name should be selected on the application as needing to be qualified. The AE should verify when they are reviewing the application that the correct specialty was selected based upon this crosswalk.

For more information regarding adding services to the Services and Supports Directory please see [http://documents.odpconsulting.net/alfresco/d/d/workspace/SpacesStore/1ba3bc3b-c4ca-4c3a-86c4-ab29fc6caaf7/ODP\\_Provider\\_Handbook.pdf](http://documents.odpconsulting.net/alfresco/d/d/workspace/SpacesStore/1ba3bc3b-c4ca-4c3a-86c4-ab29fc6caaf7/ODP_Provider_Handbook.pdf).

### **Qualifications for enhanced services**

The following services have an enhanced service option:

- Home and Community Habilitation (Unlicensed)
- Licensed Day Habilitation
- Prevocational Services
- Residential Habilitation
- Respite

For the provider to be qualified to render enhanced levels of service, the staff person working with the participant receiving enhanced Waiver services must have at least a 4-year degree or be a licensed nurse. The provider must submit documentation of these licenses and/or degrees to the AE for verification.

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<sup>2</sup> More information regarding provider qualification timeframes can be found in Informational Packet 068-12.

**The use of enhanced levels of service is based on the participant's assessed need, not the staff person's personal qualifications.**

**Prior to providing enhanced levels of service the provider must complete the following:**

1. Provider Qualification Application within HCSIS - the provider should indicate by comment on question 3.4.1 the initials of each staff person who is currently and/or is anticipated to be providing enhanced levels of service in the future (when known).
2. Submit their documentation (including applicable licenses and/or degrees) to the Qualifying AE - the provider will include specific information regarding the staff person's license number and/or type and date of degree for each of the staff listed in step 1 above.

The AE should verify that they have received a current and valid license or degree for each staff person per the Documentation Requirement Charts (Attachments 1 and 2 of this Informational Packet).

**What background checks are required for staff?**

According to bulletin 3490-08-03 entitled "Implementation of Act 179 of 2006 and Act 73 of 2007 Amending the Child Protective Services Law", any staff hired after June 30, 2008, who work with participants under the age of 18 must have background checks from the FBI, Pennsylvania State Police and the Act 33/Child Abuse Clearance. Employees hired prior to July 1, 2008, are not required to obtain FBI background checks as a condition of continued employment and are "grandfathered". Employees may transfer to another service within the same organization without having to obtain an FBI background check as a condition of transferring. Please note that these requirements pertain to all staff who work with participants under the age of 18, including staff who provide transportation.

In accordance 6 Pa. Code Chapter 15 – Protective Services for Older Adults, staff hired by home health care agencies after May 17, 2002 who "provides care to a care-dependent individual in the individual's place of residence" or who work in an older adult daily living center as defined in the Older Adult Daily Living Centers Licensing Act (62 P. S. § 1511.1—1511.22) must have background checks from the Pennsylvania State Police. If the applicant has not lived in Pennsylvania for the previous two years immediately preceding the date of application or does not currently live in Pennsylvania, they must also have an FBI background check completed. The background checks must have been obtained within 1 year immediately preceding the date of application to be valid. Employees who were employed for a continuous period of at least one year prior to July 1, 1998, are exempted from these requirements. Based on the results of these background checks, employment determinations are made by either facility staff (as defined in 6 Pa. Code §15.2) or the Pennsylvania Department of Aging (PDA). Please note that facility staff review and make employment determinations for applicants required only to have Pennsylvania State Police background checks done. However, employment determinations for FBI background checks are made by PDA. Information regarding the PDA Cogent Process for FBI background checks can be found in Attachment 4.

In accordance with 55 Pa. Code § 51.20, all staff must obtain a report of criminal history record information from the Pennsylvania State Police or a statement from the Pennsylvania State Police

that the State Police Central Repository does not contain information relating to that person if the staff has been a resident of this Commonwealth for at least 2 years. If the staff has been a resident of this Commonwealth for less than 2 years or is currently a resident of another state, a report of Federal criminal history record information must be obtained under the FBI. This reporting requirement is in addition to requirements under Chapters 2380, 2390, 3800, 5310, 6400 and 6500, 6 Pa. Code Chapter 11 (relating to older adult daily living centers) and, when applicable, 28 Pa. Code Chapters 601 and 611 (relating to home health care agencies; and home care agencies and home care registries). Please note that these requirements pertain to all staff who, have a strong likelihood of having direct contact with participants. For this reason, these background checks are required for all staff who, provide any Waiver service with the following exceptions: Assistive Technology, Education Support Services (because background checks are required to receive an education certificate), Home Accessibility Adaptations, Specialized Supplies and Vehicle Accessibility Adaptations.

If a provider wishes to hire someone provisionally, they may do so as long as it is in compliance with bulletin 3490-08-03 and 55 Pa. Code § 51.22. Additional information on provisional hiring for prospective child care personnel can also be found in 55 Pa. Code § 3490.127.

If a background check comes back with a prohibitive offense, the hiring policies shall be in accordance with the Child Protective Services Law and the Department of Aging's Older Adult Protective Services Act policy as posted on the Department of Aging's web site <http://www.portal.state.pa.us/portal/server.pt?open=514&objID=616044&mode=2>. If in doubt, the provider should consult with legal counsel.

### **Screening of Employees and Contractors**

In accordance with Medical Assistance Bulletin 99-11-05 "Provider Screening of Employees and Contractors for Exclusion from Participation in Federal Health Care Programs and the Effect of Exclusion on Participation", providers must screen their employees and contractors, both individuals and entities, to determine if they have been excluded from participation in Medicare, Medicaid or any other federal health care program.

The United States Department of Health and Human Services-Office of Inspector General maintains a list of all currently excluded parties called the List of Excluded Individuals/Entities (LEIE). The Department of Public Welfare (DPW) also maintains an online listing called the Pennsylvania Mediceck List that identifies providers, individuals, and other entities who are precluded from participation in the MA Program.

### **Changes to the Documentation Requirements**

The Documentation Requirements charts have been updated to reflect changes that occurred in the Consolidated and P/FDS Waiver renewals that became effective July 1, 2012. Attachment 1 "*Provider Qualification Documentation Requirements for Consolidated and Person/Family Directed Support (P/FDS) Vendor Waiver Service Providers*" and Attachment 2 "*Provider Qualification Documentation Requirements for Consolidated and P/FDS Non-Vendor Waiver Service Providers*" charts, should replace all previous versions.

The new documentation requirements will be required in order for a provider to be qualified for Fiscal Year (FY) 2013-2014. Providers should be prepared to have this documentation

submitted to the AE no later than **March 31, 2013**.

**NOTE: All providers enrolled as PT 55 must have their vendor services qualified in HCSIS for FY 2013-2014. All vendor services must be qualified as per the standards listed in Attachment 1. A separate Informational Memo will be sent to address how the functionality of directly enrolled vendors shall utilize HCSIS for the qualification.**

**Qualification documentation requirements for PUC licensed providers**

Due to the nature of the service and the licensing requirements of PUC licensed providers, only a copy of the PUC license must be submitted for supplementary documentation, as indicated on the Documentation Requirements Charts (Attachments 1 and 2). However, providers that have a PUC license must still complete an application in HCSIS. PUC licensed providers should apply the standards listed below to the accompanying questions in the HCSIS application:

- Are you/your organization willing to provide and/or participate in training specific to the services provided and to the needs of the individuals served?  
*The PUC licensed provider should expect to be informed of anything they need to know specific to the individuals served as appropriate.*
- Do you/your organization agree to carry out the person's Individual Support Plan?  
*The PUC provider should agree to carry out the service of transportation as approved on the ISP.*

All answers provided must be true and correct. Questions may be marked "N/A" as appropriate, however comments should be provided for each "N/A" response. The AE needs to review the application (and any comments) carefully to be certain that the answers and comments are accurate. The comment sections can be used for clarification purposes, as needed.

**Which transportation providers need a contract carrier permit?**

A contract carrier does not offer its services to the general public, but only provides transportation to those as specified in a contract with a provider organization. Transportation providers that meet this definition must complete an Application for Motor Contract Carrier of Persons. Instructions for preparing and filing the application may be accessed at [http://www.puc.state.pa.us/general/onlineforms/pdf/App\\_MCC\\_Contract\\_Carrier\\_Persons.pdf](http://www.puc.state.pa.us/general/onlineforms/pdf/App_MCC_Contract_Carrier_Persons.pdf). It is the provider's responsibility to verify that the contract carrier has an approval from the Public Utility Commission.

**Attachments:**

- **Attachment 1** - Provider Qualification Documentation Requirements for Consolidated and Person/Family Directed Support (P/FDS) Vendor Waiver Service Providers
- **Attachment 2** - Provider Qualification Documentation Requirements for Consolidated and P/FDS Non-Vendor Waiver Service Providers
- **Attachment 3** - ODP Provider Qualification Service Name/Specialty Crosswalk
- **Attachment 4** – PA Department of Aging Cogent Process

**Obsolete Documents**

Informational Packet #030-10 – Provider Qualification Additional Information

**Provider Qualification Documentation Requirements for Consolidated and Person/Family Directed Support (P/FDS) Vendor Waiver Service Providers**

Revised September 2012

Requirements	Waiver Services										Supporting Documentation		
<p>Waiver standards and other requirements are listed below. Waiver services are in the columns in the middle. An "X" indicates the standard applies to the service. The supporting documentation is verified by the Administrative Entity (AE) to determine the provider's qualification. The AE maintains documentation as per the current Operating Agreement.</p>	Assistive Technology--Medical	Assistive Technology-Non-Medical	Education Support Services-Outcome Based	Home Accessibility Adaptations	Respite Camp, 24 hours, Eligible-Day	Respite Day Camp, 15 Mins, Eligible-15 Mins	Specialized Supplies	Transportation-Mile	Transportation-Public	Vehicle Accessibility Adaptations	<p>All providers are required to submit the documentation below that corresponds to the service(s) for which they are applying for qualification. Interpretive guidelines are provided to ensure the privacy of individual(s) providing services and to describe supporting documentation requirement differences for biennial (ongoing) qualification.</p>		
	18 years of age and older					X	X		X	X			<p><b>Licensed providers:</b> copy of current 55 Pa.Code license certificate(s).  <b>Unlicensed providers:</b> list of all employees/individual(s) providing service with date-of-hire and date-of-birth. <i>Month and Day of Birth may be excluded except for an employee whose hire date is the same year as their 18th birthday. For ongoing qualification, may differentiate new employees hired after previous qualification.</i></p>
	Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania	X	X	X	X	X	X	X	X	X		X	<p>If the vendor is not directly enrolled in PROMISe, supporting documentation may include utility bills, lease information, HCSIS documentation, FEIN address or any other documentation showing the provider's waiver service location. If the vendor is enrolled in PROMISe this requirement is automatically met.</p>
	ISP based Training					X	X						<p>The provider's answers on the HCSIS application will be used to determine the provider's qualification status for these items.</p>
	Agreement to carry out ISP responsibilities			X		X	X		X	X			
	Criminal clearances as per 35 P.S. 10225.101 et seq. and 6 Pa. Code Chapter 15.					X	X		X	X			<p><b>Licensed providers (excluding prevocational providers):</b> copy of current 55 Pa. Code license certificate(s).  <b>Licensed prevocational (55 Pa. Code Chapter 2390) and unlicensed providers:</b> list of all employees/individual(s) providing service with date and status of clearance(s). <i>For ongoing qualification, may differentiate new employees hired after previous qualification. NOTE: Clearances must be verified and obtained within 1 year prior to application for employment.</i></p>
	Act 33/Child Abuse Clearance as per 23 Pa. C.S. Chapter 63					X	X		X	X			
	Act 73/FBI clearance (When applicable, please see Informational Packet #XX-XX for more details)			X		X	X		X	X			

Requirements	Waiver Services										Supporting Documentation
<p>Waiver standards and other requirements are listed below. Waiver services are in the columns in the middle. An “X” indicates the standard applies to the service. The supporting documentation is verified by the Administrative Entity (AE) to determine the provider’s qualification. The AE maintains documentation as per the current Operating Agreement.</p>	Assistive Technology--Medical	Assistive Technology-Non-Medical	Education Support Services-Outcome Based	Home Accessibility Adaptations	Respite Camp, 24 hours, Eligible-Day	Respite Day Camp, 15 Mins, Eligible-15 Mins	Specialized Supplies	Transportation-Mile	Transportation-Public	Vehicle Accessibility Adaptations	<p>All providers are required to submit the documentation below that corresponds to the service(s) for which they are applying for qualification. Interpretive guidelines are provided to ensure the privacy of individual(s) providing services and to describe supporting documentation requirement differences for biennial (ongoing) qualification.</p>
Criminal or FBI clearance as per 55 Pa. Code § 51.20					X	X		X	X		
PA Education Certificate or Certification required in the contiguous state where the service is provided for the subject being taught.			X								<p>All providers: list of all employees/individual(s) providing service with certificate/license number, title, and expiration date. For four year degree: include the degree, area of study, school and date acquired. For ongoing qualification, may differentiate new employees hired after previous qualification.</p>
Commercial General Liability Insurance	X	X		X	X	X		X	X	X	<p><b>Agency providers:</b> copy of Insurance Certificate. <i>Commercial General Liability is required for agency-based providers only.</i></p>
Workers Compensation Insurance, when required	X	X		X	X	X		X	X	X	<p><b>Agency and individual providers:</b> copy of insurance certificate, as required.</p>
Automobile insurance					X	X		X	X		<p><b>All providers:</b> list of insurance certificates for all automobiles owned, leased, and/or hired IF used to transport waiver participants with policy numbers and expiration dates.</p>
Valid Driver's License					X	X		X	X		<p><b>All providers:</b> list of all employees/individual(s) who transport waiver participants with license number and expiration date. <i>For ongoing qualification, may differentiate new employees hired after previous qualification.</i></p>
Current State motor vehicle registration					X	X		X	X		<p><b>All providers:</b> list of vehicles used to transport waiver participants with make, model, VIN #, license plate #, date of vehicle registration, &amp; date of last inspection. <i>Include employees' vehicles if they are used to transport individuals. For ongoing qualification, may differentiate new vehicles acquired after previous qualification.</i></p>
Public Utilities Commission (PUC) certification if the provider meets PUC requirements								X	X		<p><b>PUC providers:</b> copy of PUC License. <i>Transportation providers who hold a valid PUC License need only submit a copy of their current license and ODP Provider Agreement in lieu of all other documentation.</i></p>

Requirements	Waiver Services										Supporting Documentation
<p>Waiver standards and other requirements are listed below. Waiver services are in the columns in the middle. An "X" indicates the standard applies to the service. The supporting documentation is verified by the Administrative Entity (AE) to determine the provider's qualification. The AE maintains documentation as per the current Operating Agreement.</p>	Assistive Technology--Medical	Assistive Technology-Non-Medical	Education Support Services-Outcome Based	Home Accessibility Adaptations	Respite Camp, 24 hours, Eligible-Day	Respite Day Camp, 15 Mins, Eligible-15 Mins	Specialized Supplies	Transportation-Mile	Transportation-Public	Vehicle Accessibility Adaptations	<p>All providers are required to submit the documentation below that corresponds to the service(s) for which they are applying for qualification. Interpretive guidelines are provided to ensure the privacy of individual(s) providing services and to describe supporting documentation requirement differences for biennial (ongoing) qualification.</p>
ODP Provider Agreement	X	X	X	X	X	X	X	X	X	X	<p><b>All providers:</b> signed copy of the ODP Provider Agreement, as required. <i>All waiver service providers are required to sign the ODP Provider Agreement except for individuals who work for agencies and/or provide participant directed services and receive payment through Vendor Fiscal Financial Management Services.</i></p>
Comply with the Pennsylvania Home Improvement Consumer Protection Act				X							<p>A copy of a Pennsylvania contractor's license or be named on the list of registered contractors at <a href="http://hicsearch.attorneygeneral.gov/">http://hicsearch.attorneygeneral.gov/</a></p>

**Provider Qualification Documentation Requirements for Consolidated and Person/Family Directed Support (P/FDS) Non-Vendor Waiver  
Service Providers**  
Revised September 2012

Requirements	Waiver Services														Supporting Documentation	
	Behavioral Support	Companion	Day Habilitation	Home & Community Habilitation	Homemaker/Chore	Supports Broker Services	Prevocational Services	Residential Habilitation (Licensed)	Residential Habilitation (Unlicensed)	Respite (Licensed)	Respite (Unlicensed)	Supported Employment (Job Finding/Job Support)	Extended State Plan Services (RN, LPN, OT, S/L, V/M, Behavior)	Transitional Work		Transportation Trip
Waiver standards and other requirements are listed below. Waiver services are in the columns in the middle. An "X" indicates the standard applies to the service. The supporting documentation is verified by the Administrative Entity (AE) to determine the provider's qualification. The AE maintains documentation as per the current Operating Agreement.																All providers are required to submit the documentation below that corresponds to the service(s) for which they are applying for qualification. Interpretive guidelines are provided to ensure the privacy of individual(s) providing services and to describe supporting documentation requirement differences for biennial (ongoing) qualification.
18 years of age and older	X	X	X	X	X	X	X	X	X	X	X	X		X	X	<b>Licensed providers:</b> copy of current 55 Pa.Code license certificate(s). <b>Unlicensed providers:</b> list of all employees/individual(s) providing service with date-of-hire and date-of-birth. <i>Month and Day of Birth may be excluded except for an employee whose hire date is the same year as their 18th birthday. For ongoing qualification, may differentiate new employees hired after previous qualification.</i>
Have a waiver service location in PA or state contiguous to PA.	X	X	X	X	X	X	X			X	X	X	X	X	X	Providers enrolled in PROMISE have already met this requirement.
Have a waiver service location in Pennsylvania								X	X							
ISP based Training	X	X	X	X		X	X	X	X	X	X	X		X		The provider's answers on the HCSIS application will be used to determine the provider's qualification status for these items.
Agreement to carry out ISP responsibilities	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Criminal clearances as per 35 P.S. 10225.101 et seq. and 6 Pa. Code Chapter 15.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	<b>Licensed providers (excluding prevocational providers):</b> copy of current 55 Pa. Code license certificate(s). <b>Licensed prevocational (55 Pa. Code Chapter 2390) and unlicensed providers:</b> list of all employees/individual(s) providing service with date and status of clearance(s). <i>For ongoing qualification, may differentiate new employees hired after previous qualification. NOTE: Clearances must be verified and obtained within 1 year prior to application for employment.</i>
Act 33/Child Abuse Clearance as per 23 Pa. C.S. Chapter 63	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Act 73/FBI clearance (if serving people under age 18)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Criminal or FBI clearance as per 55 Pa. Code § 51.20	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	

Requirements	Waiver Services													Supporting Documentation					
<p>Waiver standards and other requirements are listed below. Waiver services are in the columns in the middle. An "X" indicates the standard applies to the service. The supporting documentation is verified by the Administrative Entity (AE) to determine the provider's qualification. The AE maintains documentation as per the current Operating Agreement.</p>	Behavioral Support	Companion	Day Habilitation	Home & Community Habilitation	Homemaker/Chore	Supports Broker Services	Prevocational Services	Residential Habilitation (Licensed)	Residential Habilitation (Unlicensed)	Respite (Licensed)	Respite (Unlicensed)	Supported Employment (Job Finding/Job Support)	Extended State Plan Services (RN, LPN, OT, S/L, V/M, Behavior)	Transitional Work	Transportation Trip				
	Practicing License or certificate																X		
	PA Education Certificate or Certification required in the contiguous state where the service is provided for the subject being taught.																		
	Licensed Nurse or Other 4 Year Degree (Enhanced Level Staff Support)			X	X			X	X	X	X	X							
	Training and Experience Requirements (see Waivers)	X					X												
	Commercial General Liability Insurance	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	Workers Compensation Insurance, when required	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	Automobile insurance	X	X	X	X		X	X	X	X	X	X	X			X	X		
	Older Adult Day Services 6 Pa.Code Chapter 11			X															
	Adult Training Facilities 55 Pa.Code Chapter 2380			X															
	Prevocational Services 55 Pa.Code Chapter 2390							X											
	Child Facilities 55 Pa.Code Chapter 3800								X		X								
	MH Residential Rehabilitation 55 Pa.Code Chapter 5310								X		X								
<p><b>All providers:</b> list of all employees/individual(s) providing service with certificate/license number, title, and expiration date. For four year degree: include the degree, area of study, school and date acquired. <i>For ongoing qualification, may differentiate new employees hired after previous qualification.</i></p>																			
<p><b>All providers:</b> list of all employees/individual(s) providing service with employment history, training records and certificate/license number, title, and expiration date. <i>For ongoing qualification, may differentiate new employees hired after previous qualification.</i></p>																			
<p><b>Agency providers:</b> copy of Insurance Certificate. <i>Commercial General Liability is required for agency-based providers only.</i></p>																			
<p><b>Agency and individual providers:</b> copy of insurance certificate, as required.</p>																			
<p><b>All providers:</b> list of insurance certificates for all automobiles owned, leased, and/or hired IF used to transport waiver participants with policy numbers and expiration dates.</p>																			
<p><b>Licensed providers:</b> copy of 6 Pa. Code License Certificate or comparable license for providers with a waiver service location in states contiguous to PA.</p>																			
<p><b>Licensed providers:</b> copy of 55 Pa. Code License Certificate or comparable license for providers with a waiver service location in states contiguous to PA.</p>																			
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Requirements	Waiver Services														Supporting Documentation			
<p>Waiver standards and other requirements are listed below. Waiver services are in the columns in the middle. An "X" indicates the standard applies to the service. The supporting documentation is verified by the Administrative Entity (AE) to determine the provider's qualification. The AE maintains documentation as per the current Operating Agreement.</p>	Behavioral Support	Companion	Day Habilitation	Home & Community Habilitation	Homemaker/Chore	Supports Broker Services	Prevocational Services	Residential Habilitation (Licensed)	Residential Habilitation (Unlicensed)	Respite (Licensed)	Respite (Unlicensed)	Supported Employment (Job Finding/Job Support)	Extended State Plan Services (RN, LPN, OT, S/L, V/M, Behavior)	Transitional Work	Transportation Trip			
	Community Homes 55 Pa.Code Chapter 6400								X		X							<p><b>Licensed providers:</b> copy of 55 Pa. Code License Certificate or comparable license for providers with a waiver service location in states contiguous to PA.</p>
	Family Living Homes 55 Pa.Code Chapter 6500								X		X							<p><b>Licensed providers:</b> copy of 55 Pa. Code License Certificate or comparable license for providers with a waiver service location in states contiguous to PA.</p>
	Valid Driver's License	X	X	X	X		X	X	X	X	X	X	X		X	X		<p><b>All providers:</b> list of <u>all</u> employees/individual(s) who transport waiver participants with state license issued under, license number and expiration date.</p>
	Current State motor vehicle registration	X	X	X	X		X	X	X	X	X	X	X		X	X		<p><b>All providers:</b> list of vehicles used to transport waiver participants with make, model, VIN #, license plate #, date of vehicle registration, &amp; date of last inspection. <i>Include employees' vehicles if they are used to transport participants. For ongoing qualification, may differentiate new vehicles acquired after previous qualification.</i></p>
	Public Utilities Commission (PUC) certification if the provider meets PUC requirements																X	<p><b>PUC providers:</b> copy of PUC License. <i>Transportation providers who hold a valid PUC License need only submit a copy of their current license and ODP Provider Agreement in lieu of all other documentation.</i></p>
	ODP Provider Agreement	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	<p><b>All providers:</b> signed copy of the ODP Provider Agreement, as required. <i>All waiver service providers are required to sign the ODP Provider Agreement except for individuals who work for agencies and/or provide participant directed services and receive payment through Vendor Fiscal Financial Management Services.</i></p>
	Comply with Department standards related to provider qualifications.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	

## ODP Provider Qualification Service Name/Specialty Crosswalk

August 2012

When the service name in HCSIS starts with...	And your Provider Type   Specialty is...	Select this specialty in the PQ Application...
Assistive Technology*	<b>55.</b> Vendor   <b>552.</b> Adaptive Appliances/Equipment	Adaptive Appliances/Equipment
Behavior therapy	<b>19.</b> Psychologist   <b>208.</b> Behavioral Therapist Consultant	Behavioral Therapist Consultant
Behavioral Support	<b>51.</b> Home and Community Habilitation   <b>510.</b> Home and Community Habilitation	Home and Community Habilitation
Child Resid	<b>52.</b> Community Residential Rehabilitation   <b>520.</b> Child Residential Services - 3800	Child Residential Services - 3800
Comm 1-Indiv Home	<b>52.</b> Community Residential Rehabilitation   <b>521.</b> Adult Residential - 6400	Adult Residential - 6400
Comm 2-Indiv Home	<b>52.</b> Community Residential Rehabilitation   <b>521.</b> Adult Residential - 6400	Adult Residential - 6400
Comm 3-Indiv Home	<b>52.</b> Community Residential Rehabilitation   <b>521.</b> Adult Residential - 6400	Adult Residential - 6400
Comm 4-Indiv Home	<b>52.</b> Community Residential Rehabilitation   <b>521.</b> Adult Residential - 6400	Adult Residential - 6400
Comm 5 to 8	<b>52.</b> Community Residential Rehabilitation   <b>521.</b> Adult Residential - 6400	Adult Residential - 6400
Comm Resid Rehab	<b>52.</b> Community Residential Rehabilitation   <b>456.</b> CRR-Adult	CRR-Adult
Community Habilitation	<b>51.</b> Home and Community Habilitation   <b>514.</b> Adult Training - 2380	Adult Training - 2380
Companion Services*	<b>51.</b> Home and Community Habilitation   <b>363.</b> Companion Service	Companion Service
Education Support*	<b>55.</b> Vendor   <b>533.</b> Educational Service	Educational Service
Family Liv	<b>52.</b> Community Residential Rehabilitation   <b>522.</b> Family Living Homes - 6500	Family Living Homes - 6500
Home and Comm. Hab*	<b>51.</b> Home and Community Habilitation   <b>510.</b> Home and Community Habilitation	Home and Community Habilitation
Home Accessibility Adaptations*	<b>55.</b> Vendor   <b>543.</b> Environmental Accessibility Adaptations	Environmental Accessibility Adaptations
Homemaker/Chore*	<b>43.</b> Homemaker Agency   <b>430.</b> Homemaker Agency	Homemaker/Chore Services
Homemaker/Chore*	<b>51.</b> Home and Community Habilitation   <b>431.</b> Homemaker/Chore Services	Homemaker/Chore Services
Homemaker/Chore*	<b>51.</b> Home and Community Habilitation   <b>430.</b> Homemaker Agency	Homemaker/Chore Services
Licen Day Hab	<b>51.</b> Home and Community Habilitation   <b>410.</b> Adult Day Services	Adult Day Services
Nursing	<b>05.</b> Home Health   <b>051.</b> Private Duty Nursing	Private Duty Nursing
Nursing - LPN	<b>16.</b> Nurse   <b>161.</b> Licensed Practical Nurse	Licensed Practical Nurse
Nursing - RN	<b>16.</b> Nurse   <b>160.</b> Registered Nurse	Registered Nurse
Occupational Therapy	<b>17.</b> Therapist   <b>171.</b> Occupational Therapist	Occupational Therapist
Physical Therapy	<b>17.</b> Therapist   <b>170.</b> Physical Therapist	Physical Therapist
Prevocational Services	<b>51.</b> Home and Community Habilitation   <b>515.</b> Pre-Vocational - 2390	Pre-Vocational - 2390
Resid Hab	<b>52.</b> Community Residential Rehabilitation   <b>524.</b> Unlicensed Residential	Unlicensed (Community Residential Rehab.)

When the service name in HCSIS starts with...	And your Provider Type   Specialty is...	Select this specialty in the PQ Application...
Resid. Hab.	52. Community Residential Rehabilitation   524. Unlicensed Residential	Unlicensed (Community Residential Rehab.)
Respite - In Home*	51. Home and Community Habilitation   512. Respite Care - Home Based	Respite Care - Home Based
Respite - Out-of-Home*	51. Home and Community Habilitation   513. Respite Care - Out of Home	Respite Care - Out of Home
Respite Camp*	55. Vendor   554. Respite Overnight Camp	Respite, Overnight Camp
Respite Day Camp*	55. Vendor   555. Respite Day Camp	Respite, Day Camp
Specialized Supplies*	55. Vendor   553. Habilitation Supplies	Habilitation Supplies
Speech/Language Therapy	17. Therapist   173. Speech/Hearing Therapist	Speech/Hearing Therapist
Supported Employment*	53. Employment - Competitive   531. Job Support	Job Support
Supported Employment*	53. Employment - Competitive   530. Job Finding	Job Finding
Supports Broker*	51. Home and Community Habilitation   510. Home and Community Habilitation	Home and Community Habilitation
Transitional Work Services	51. Home and Community Habilitation   516. Transitional Work Services	Transitional Work Services
Transportation*	26. Transportation   267. Non-emergency (Transportation)	Non-emergency (Transportation)
Transportation Mile*	55. Vendor   267. Non-emergency (Transportation)	Non-emergency (Transportation)
Transportation Public*	55. Vendor   267. Non-emergency (Transportation)	Non-emergency (Transportation)
Vehicle Accessibility*	55. Vendor   543. Environmental Accessibility Adaptations	Environmental Accessibility Adaptations
Visual/Mobility Therapy	51. Home and Community Habilitation   517. Visual & Mobility Therapy	Visual & Mobility Therapy

\*Agency With Choice (AWC) Providers should select each specialty in the third column above for which they provide the corresponding service in the first column, as well as the "ISO - Agency With Choice" specialty indicated below. The middle column can be disregarded for AWC providers.

AWC Providers*		
Services provided through AWC FMS	54. Intermediary Service Organization   540. ISO - Agency With Choice	ISO - Agency With Choice

**The following service specialties on the PQ Application do not need to be selected as they are not used for Qualifications in HCSIS:**

- ATTENDANT CARE/PERSONAL ASSISTANCE SERVICE
- FSS/Consumer Payment (Family Aide)
- HOMEMAKER SERVICES
- ISO - Fiscal/Employer Agent
- RECREATION
- Registered Nutritionist
- RESPITE CARE (Base funded)



***ATTENTION: Effective June 4, 2012, The Department of Aging will begin using an electronic fingerprinting process. Manually submitted background check requests will no longer be accepted.***

All requests for FBI background checks must be made directly through Cogent Systems, a 3<sup>rd</sup> party electronic background check processor contracted by the Department of Aging. This change will expedite the submission and processing of FBI background check requests.

**Background:**

As required by the Older Adults Protective Services Act (OAPSA), applicants/employees of specific [facilities or agencies](#) who have **NOT** been a resident of the Commonwealth of Pennsylvania for the last two years must obtain criminal history record information reports from both the Pennsylvania State Police (PSP) and the Federal Bureau of Investigation (FBI). The employment determinations for applicants/employees who require an FBI check must come from the PA Department of Aging.

**The Process:**

(1) Applicant Registration: Applicants will now register online at [www.pa.cogentid.com](http://www.pa.cogentid.com) or by telephone at: 1-888-439-2486, Monday through Friday, 8 A.M. to 6 P.M. EST. Following registration, the applicant will be provided with a registration number that they will take with them when they go to the Cogent site for fingerprinting. Applicants must be registered with Cogent Systems prior to arriving at a fingerprinting site.

When registering on-line, please select the Pennsylvania Department of Aging icon. Fingerprinting requests processed through any other agency cannot be accepted. If an applicant mistakenly registers through a different department, the registration must be cancelled. The applicant must restart the registration process using the Aging icon. This must be completed prior to being fingerprinted. Once fingerprinted, registration and/or results cannot be transferred to another state agency.

Note to facilities and/or agencies: If your agency chooses to be billed for fingerprinting, Cogent Systems allows the fee to be billed to the facilities/agencies address. In order to use this course of action, the facility/agency must complete and submit the Cogent Systems' Agency Billing Agreement. The agreement is available on the Cogent website at

## Attachment 4

[www.pa.cogentid.com](http://www.pa.cogentid.com). The billing account must be established prior to sending applicants to the fingerprint site.

**(2) FEES:** The fee for an FBI background check is **\$34.25**. Payment can be made during on-line registration by using a credit or debit card or in-person at the fingerprinting site with a money order or cashier's check made payable to Cogent Systems. No cash transactions or personal checks will be accepted.

**(3) FINGERPRINT SITES:** Since April 2007, Cogent Systems has established more than 110 sites across the Commonwealth. We encourage all facilities to direct perspective applicants to the most convenient fingerprint service site. To find a site near you visit [www.pa.cogentid.com](http://www.pa.cogentid.com)

**(4) Processing FBI Reports:** Cogent Systems will forward the applicant's fingerprints electronically to the FBI. Responses from the FBI will be sent to the PA Department of Aging for analysis. The Department of Aging will review the results to determine if any convictions listed in OAPSA would prohibit the applicant/employee from being employed. The Department of Aging will send employment determination letters to both the facility and applicant. Employment determinations from any other source are not acceptable under the law.

**Security of Applicant Information:** Data collected during the fingerprinting process is secured and regulated by both Cogent Systems and the regulations governing the use of that data. The computer system is housed within a secured network that is protected by firewall devices configured to allow only permissible protocols and traffic. Cogent Systems will ensure that all devices procured under this process continue to adhere to the Commonwealth's Security requirements.

**Inquiries or Questions:** Individuals who are seeking additional information regarding the process and print locations may contact Cogent Systems at: [www.pa.cogentid.com](http://www.pa.cogentid.com).

For more information on criminal history background checks, please visit the Department of Aging [online training](#) or call 717-265-7887.

## Attachment 4

### **Facility/Agency Types**

Adult Daily Living Center

Assisted Living

Birth Center

Community Homes for Individuals with Mental Retardation – Group Home/Community Living Arrangement

Community Residential Rehabilitation Services

Domiciliary Care

Family Living Home

Home Care Agency or Registry - is defined to include those agencies licensed by the Department of Health and any public or private organization which provide care to a care-dependent individual in their place of residence.

Home Health Care Organization or Agency

Hospitals – ONLY those with a *Long Term Care Unit, Skilled Transitional Unit, OR Extended Care Unit* AND you must be employed in or potentially rotate to one of these units.

Hospice

Intermediate Care Facilities for Individuals with Mental Retardation

Living Independence for the Elderly

Long Term Structured Residence

Nursing Home/Long Term Care Nursing Facility

Office of Long Term Living/Waiver Program

Personal Care Home

Nursing Schools - for students doing an internship or clinical rotation, or any other individual, who has been granted access to the facility to perform clinical services.

State Mental Hospital

South Mountain Restoration Center

Staffing Agency – entity that supplies, arranges for, or refers their employees to provide care in other OAPSA facilities.