

PROVIDER REQUEST FOR DISPUTE RESOLUTION

Part 1

This notification is to request resolution of a dispute between a provider and the Administrative Entity related to services within the Consolidated Medicaid Waiver.

To (check appropriate Office of Mental Retardation regional office)

Central Region Office of Mental Retardation, Willow Oak Building, Room 430, Harrisburg, Pennsylvania 17105. pmccool@state.pa.us or (717) 772-6507

Northeast Region Office of Mental Retardation, 100 Lackawanna Avenue, Scranton, Pennsylvania 18503. jwnorowski@state.pa.us or (570) 963-4749

Southeast Region Office of Mental Retardation, 1400 Spring Garden Street, Room 306, Philadelphia, Pennsylvania 19130. vstillmant@state.pa.us or (215) 560-2245

Western Region Office of Mental Retardation, 300 Liberty Avenue, Pittsburgh, Pennsylvania 15222. cschalcosk@state.pa.us or (412) 565-5144

Administrative Entity Administrator or designee:	
Address:	Telephone:
Date submitted to regional office: (mm/dd/yyyy)	

Administrative Entity: *(the provider is responsible for submitting this request for dispute resolution form to the regional office selected above, to the Administrative Entity at the same time).*

If an Administrative Entity's request is in response to the provider's request for dispute resolution, please include the following additional information:

Select all that apply:

- The provider has been determined not to be qualified as a waiver provider in accordance with the Office of Mental Retardation’s Provider Qualification requirements (see MR Bulletin 00-01-02, entitled “*Approved Consolidated Waiver*”).** *(Attach documentation/notification of denial and a description of requested qualifications)*
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- The qualified provider has received notification of refusal to contract.** *(List the services that the provider was seeking to provide; attach notification/documentation of denial; describe the reason for denial).*
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- The qualified provider has received notification of restrictions/suspension, including:** *Attach notification/documentation of the Administrative Entity’s action(s).*
- **Freezing capacity or enrollment.**
 - **Geographic limitations (distance).**
 - **Cost effectiveness.**
 - **Financial viability.**
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- The provider has received notice of intent to disqualify them from the waiver program.** *(Attach notice)*
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- The qualified provider is required to comply with additional contractual requirements beyond waiver qualification requirements.** *(Attach notification/documentation of county action).*

- The Administrative Entity has failed to comply with the provisions of 55 Pa Code §4300 that limit the provider’s ability to provide waiver services.** *(Attach documentation including specific citations of the 4300 regulations, and explain how the Administrative Entity failed to comply).*
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Providers must submit the following documentation with this dispute resolution request:

Date dispute initiated

Description of reason for disputing the Administrative Entity’s action(s)

Documentation/notification of Administrative Entity’s action(s)

Part 2
[For OMR use only]

DISPUTE RESOLUTION REVIEW

Tracking #	
Regional Reviewer:	
Regional Reviewer Title:	
Telephone:	
Date Received from Provider:	

Based on the information received, the regional office:

- Validates that the request meets one or more of the criteria for dispute¹, and**
- Agrees with Administrative Entity's Action(s)** *(If Reviewer agrees with the Administrative Entity's action(s), the appropriate box is checked, a written explanation, including the evidence relied on is completed and forwarded to the appropriate Director within 12 days following receipt of the dispute).*
- Disagrees with Administrative Entity's Action(s)** *(If Reviewer disagrees with the Administrative Entity's action(s), the appropriate box is checked, a written explanation, including the evidence relied on is completed, and the appropriate direction is chosen (See below). The form is then forwarded to the appropriate Director within 12 days following receipt of the dispute).*

Summary of dispute, evidence, determination and basis for determination

Regional Office instructs Administrative Entity to (Indicate all that apply):

- No action required. The regional office concurs with the action taken by the Administrative Entity.**
- The Administrative Entity shall ensure the provider's inclusion as a qualified waiver provider.**

¹If the request for dispute resolution is not complete and/or valid, the form is forwarded back to the Provider for either re-submission within 3 days or withdrawal by the provider.

- The Administrative Entity shall lift current restrictions or suspension of the provider.
- The Administrative Entity failed to comply with 42 CFR 431.54 related to action resulting in suspension or termination. Specifically:
 - Failure to document findings.
 - Failure to notify the provider of findings.
 - Failure to provide an opportunity for corrective action.
 - Failure to provide proper advance notice of intent to suspend or terminate.
- The Administrative Entity may not impose additional contractual requirements for provider participation in the waiver.
- The Administrative Entity violated the 55 Pa Code §4300.
- Concurrence by OMR:** *(If Director agrees with the decision, the form is returned to the reviewer for notification to the provider and the Administrative Entity. If Director reviews dispute and disagrees with the decision, the form is forwarded back to the OMR Regional Office with direction for revision within 3 days).*
- Pam Kuhno**
Eastern Area Director, Bureau of Program Operations
Date:
- Nancy Murray**
Western Area Director, Bureau of Program Operations
Date:

Reviewer signature:	
Date Finalized:	
Date mailed to Provider & Administrative Entity²	

² Copies of all determinations are to be sent to all regional offices, Area Directors, and OMR Central Office Bureau Directors for distribution to appropriate staff.