



PROCEDURES

1. Providers should submit the Provider Vacancy Notification form, DP 1024 (revised 7/12), to the AE/county of registration for the individual who created the vacancy and the appropriate regional office of ODP as soon as they become aware of the vacancy. This applies to homes licensed under 55 Pa. Code Chapter 6400.

This process is intended to ensure the timely reporting and efficient use of residential capacity. Residential habilitation providers may only bill for the days when a person is receiving the residential habilitation service, as defined in the approved service definitions.

Submission of the form to the appropriate regional Waiver Capacity Manager (WCM) should be completed within three (3) business days of becoming aware of the vacancy.

2. Movement of an individual to a different site location within the same provider agency can occur when a vacancy exists at one of the provider's site locations that would better meet the needs of the individual. When a vacancy exists, a provider may move an individual internally in order to accommodate the individual's changing needs with advanced concurrence from the team. The movement plan referenced on the front of DP 1024 must be attached and the changing need of the individuals who will be moved must be reflected in each individual's Individual Support Plan (ISP).

The provider agency must communicate the site location of the final remaining vacancy to the regional WCM within five (5) calendar days.

3. Upon receiving the completed form, the regional WCM will contact the AE where the individual who created the vacancy was registered. The AE must identify an individual who has needs that will most appropriately be addressed by the existing residential vacancy and is required to provide that information to the Regional WCM within five calendar days.
 - If the AE does have an individual identified as likely to be appropriate for the vacancy, the AE, SCO and provider will move toward filling the vacancy.
 - If the initial AE does not have an individual identified as likely to be appropriate for the vacancy, the regional WCM will release the vacancy for statewide use. Referrals can then be secured from AEs across the state to ensure that individuals waiting for services have the choice of provider who best meets the individual's need.
4. ODP will review and re-evaluate whether the needs of an individual support the continuation of any one person 6400 home.

INSTRUCTIONS

When a vacancy occurs in a licensed 6400 setting, the provider will notify the appropriate regional WCM and assure provision of the information outlined below.

Provider Information

- The name and address of the provider, service location code, program and licensed capacity;
- The circumstances resulting in the vacancy;
- The name of the person, MCI #, program/funding type associated with the vacancy and their AE/county of registration;
- Date of the vacancy;
- Provider contact information.

If the provider anticipates using the vacancy to make an internal move(s) so that the needs of another person could be better served, the movement plan must be submitted. This shall include the service location where the vacancy resulting from the moves will be located. In no event may this plan alter the program capacity at any service location unless requested and approved by ODP.

The regional WCM will review a form, contact the AE (as outlined above) and, as appropriate, make information about the vacancy available for statewide use.



Provider Vacancy Notification Form

DP 1024 replaces all other
Vacancy Management Notification Forms issued by ODP

Legal Entity Name
Street Address
City/State/Zip
Phone (include area code)

MPI #:	Program Capacity:
Site Location Code:	Licensed Capacity:
<input type="checkbox"/> Community Home	
Residential Site Name	Residential Site Street Address
Residential Site City/State/Zip	

Responsible AE:
Date of Vacancy (mm/dd/yyyy):
Vacancy Reason: <ul style="list-style-type: none"> <input type="checkbox"/> Change in residential provider or service change due to residential vacancy. <input type="checkbox"/> Death <input type="checkbox"/> Moving out of Pennsylvania <input type="checkbox"/> Permanent Placement in Alternative setting <input type="checkbox"/> Moved to another residential habilitation site, but still enrolled in Waiver <p style="font-size: small;">If internal moves are planned, attach the movement plan (include name of the individual(s) expected to move, reason(s) for the planned move, affected service location(s), projected move date(s) and service location where the vacancy resulting from the moves will be located.)</p>

Name of Individual:	MCI #:
County of Registration:	Waiver Status <input type="checkbox"/> Yes <input type="checkbox"/> No
Waiver Status at Request <input type="checkbox"/> Enrolled <input type="checkbox"/> Disenrolled	

Submitted By:	Provider Name:
Contact Person:	Phone (include area code):
E-Mail Address:	Date of Request (mm/dd/yyyy):

Signature of Regional Waiver Capacity Manager	Date (mm/dd/yyyy)
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Comments: