

Attachment #1: New Provider Qualification Approval Template Provider Name: Provider Name

**Dear**: Provider Qualification Primary Contact Name,

Attached is your DP 1059, which verifies your qualification for specific services through the Consolidated, Community Living and Person/Family Directed Support (P/FDS) Waivers.

Your next step is to complete a PROMISe [enrollment application](https://provider.enrollment.dpw.state.pa.us/) using the MA Program On-line Provider Enrollment Application System. You are required to attach your approved DP 1059 along with all other required supporting documentation.

If you have any questions regarding the ODP Provider Qualification process, please do not hesitate to contact me at PQ AE Lead Contact Information.

If the DP 1059 indicates you are not qualified to provide specific services through the Consolidated, Community Living and Person/Family Directed Support (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

A copy of your appeal must be sent 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. You may view Chapter 41 in its entirety at: [MA Provider Appeal Procedures](https://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/055/chapter41/chap41toc.html&d=)

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