

**OFFICE OF DEVELOPMENTAL PROGRAMS**

**VENDOR/TRANSPORTATION  
MONITORING TOOL & GUIDELINES  
FOR NEW PROVIDERS  
Cycle 3, Year 1**

(FY 2015-16)

**Provider Monitoring Tool Instructions for Vendors/Transportation Providers****I. Overview of Provider Monitoring Tool**

The mission of the Office of Developmental Programs (ODP) is to support Pennsylvanians with developmental disabilities to achieve greater independence, choice and opportunity in their lives.

ODP's vision is to continuously improve an effective system of accessible services and supports that are flexible, innovative and person-centered.

Provider Monitoring is one of the monitoring processes that ODP uses to evaluate our current system and identify ways to improve it for all individuals.

**II. Tool Users**

This tool is intended for use by providers who are enrolled as a Provider type 55 – vendor only and provide no other waiver services, those providers who **only** provide Homemaker/Chore services (Provider type 43) or providers who **only** provide Transportation Trip services (Provider type 26).

Vendor services include:

- Assistive Technology
- Education Support
- Home Accessibility Adaptations
- Respite Camp
- Specialized Supplies
- Transportation Mile
- Vehicle Accessibility Adaptations

**Note 1:** Please note that Providers who provide **only vendor services** to waiver individuals (“Vendor-only Providers”) should complete this tool. Providers who provide vendor services in addition to other traditional services should use the Provider Monitoring tool.

**Note 2:** Transportation providers who provide **only transportation-trip services** to waiver individuals (Provider type 26, “Transportation-only providers”) should complete this tool. Providers who provide transportation-trip services in addition to other traditional services should use the Provider Monitoring tool.

**Note 3:** While Homemaker/Chore is technically not considered a Vendor service, providers who provide **only Homemaker Chore** service (Provider type 43) should complete this tool instead of the Provider Monitoring tool due to the nature of services they provide. If a provider provides Homemaker/Chore in addition to other traditional services, the provider should complete the Provider Monitoring tool.

### III. Tool Completion Instructions

The following guidelines are intended to help a user complete and submit this tool successfully.

1. All questions applicable to the provider have to be answered before the tool can be submitted.
2. There are four question formats in this tool:
  - a. Yes/No: These questions are to be answered by selecting 'yes' or 'no' based on the guidelines provided. Not applicable or 'N/A' can only be chosen where indicated. If there is a circumstance where 'N/A' applies but is not an option, please choose 'No' and explain the reason in the Section Comments box at the end of the section.
  - b. Numbered list: These questions require users to select a response from list selection provided.
  - c. Data entry: These questions require users to enter text information. These questions only appear in Section I: Introductory Questions.
  - d. Section Comments boxes: All sections in the tool except for Section I: Introductory Questions have a comment box at the end of the section. This comment box can be used to provide clarifications, explanations and relevant details related to the questions in that section. For example, as explained above, if there is a circumstance where N/A applies but is not an option, the reason can be explained in the Section Comments box at the end of the section. If adding a comment, please reference the question number[s] before adding the comment.
3. The **Vendor/Transportation Guidelines for New Providers** are located in this document beginning on page 11. It is **imperative** that the guidelines are used while completing the tool, as there are some detailed instructions that are not on the tool itself.

#### IV. Tool Sections

There are 3 sections in this tool:

1. Introductory Questions: These questions relate to basic organizational information related to the responding provider.
2. Policy/Procedure Questions: These questions relate to written policies, procedures, and other documentation that ODP requires the provider to maintain.
3. Attestations: This section is designed to ensure that the new provider has reviewed important documents and registered for ListSerts and websites that will help the provider navigate the system and obtain needed resources.

#### V. General instructions

1. In preparation for completing this tool, providers should review all relevant materials regarding the Provider Monitoring process that are posted on the available at the ODP Consulting System Website at <http://odpconsulting.net/> under Information Centers.
2. In case of questions, issues or concerns related to the questions on this tool or the Provider Monitoring process, please contact the ODP Provider Monitoring Mailbox at [ra-odpprovidermonito@pa.gov](mailto:ra-odpprovidermonito@pa.gov) and copy the ODP Regional Provider Monitoring Lead.

#### VI. Moving Forward

It is important for new providers to know that this tool must be completed in its entirety, submitted to the Lead AE with all supporting documentation and approved by the Lead AE before the PROMISE™ enrollment application is sent to the ODP enrollment unit for processing and PROMISE™ enrollment. All questions, including attestations, are based upon ODP policies, regulations and communications and must be answered in the affirmative for the approval process to move forward. If a question is answered 'N/A', an explanation must be included in the comments box. Again, please contact [ra-odpprovidermonito@pa.gov](mailto:ra-odpprovidermonito@pa.gov) with questions or concerns

## Vendor/Transportation Monitoring Tool for New Providers

### Section I: Introductory Questions

#### Question 1

What is the provider's legal IRS name and Master Provider Index (MPI) number?

- Provider Name (Name used in HCSIS during enrollment process):
- MPI Number (nine digit number):

#### Question 2

What is your organization's Data Universal Numbering System (D-U-N-S) number?

- D-U-N-S Number:

#### Question 3

In which Administrative Entities (AE) does your organization intend to provide services?

- AE Name(s):

#### Question 4

What is the provider organization's Lead Administrative Entity (AE)?

(This is the AE in which the most individuals you serve are registered or, for providers with no current authorizations, the AE within which your organization intends to serve the most individuals. This will also be the AE that processes your qualification application.)

- Lead AE Name:

#### Question 5

In which region is the Lead AE located?

- Central
- Northeast
- Southeast
- West

#### Question 6

What is the provider organization's contact information (for Provider Monitoring)?

- Contact Name (first and last name):
- Contact Phone Number:
- Contact E-mail Address:

Question 7

Please reference the list of waiver services below and select all services for which your organization is qualified to provide: (Select all that apply)

- Assistive Technology
- Education Support
- Home Accessibility Adaptations
- Homemaker Chore
- Respite Camp
- Specialized Supplies
- Transportation Mile
- Transportation Trip
- Vehicle Accessibility Adaptations

Section II. Policy and Procedure Questions

**Overview:** The following questions relate to the policies and procedures employed by the provider while providing waiver services to individuals. In order to answer these questions, providers need to be able to identify specific sections within their policy documentation that address the questions.

**Methodology:** When responding to these questions in the tool, providers **must** retain all related documentation, including policy & procedure documentation, training curriculum, training records, etc.

Question 8

Is there a designated role to assure ongoing compliance with all provider qualification requirements?

- If the role is identified, mark 'Yes'
  - If the role is not identified, mark 'No'
- 
- Yes
  - No

Question 9

Is there a designated role to assure ongoing compliance with HCSIS and PROMISE™ enrollment and SSD maintenance?

- If the role is identified, mark 'Yes'
- If the role is not identified, mark 'No'
  
- Yes
- No

**Question 10 (Respite Camp, Homemaker Chore and Transportation Trip Services only)**

Does the provider have policies and/or procedures to ensure that staff qualification requirements are met?

- If each requirement has been addressed, mark 'Yes'
- If any requirement is not addressed, mark 'No'
- If the provider does not provide Respite Camp, Homemaker Chore or Transportation Trip Services, mark 'N/A'
  
- Yes
- No
- Not Applicable "N/A"

**Question 11**

Does the provider have a policy/procedure for checking whether staff or anyone they contract with is listed on any of the following lists:

- List of Excluded Individuals and Entities (LEIE),
- System for Award Management (SAM) and
- DHS's Medichex list

and is it implemented?

- Yes
- No

**Question 12**

Does the provider have records management policies in accordance with 55 Pa. Code Chapter 51 regulations?

- If the policy includes ALL provisions mark 'Yes'
- If the policy does not include ALL provisions or if there is no policy, mark 'No'
  
- Yes
- No

**Question 13 (Respite Camp, Education Support and Transportation Trip Services only)**

Are there policies and procedures on how to respond in cases of individual health and behavioral emergencies and crises?

- If the provider has a documented policy, mark 'Yes'
  - If the provider does not have a documented policy, mark 'No'
  - If the provider does not provide direct services (Respite Camp, Education Support, Transportation Trip), mark 'N/A'
- 
- Yes
  - No
  - Not Applicable "N/A"

**Question 14**

Does the provider have grievance procedures to document, respond and resolve grievances in accordance with 55 Pa. Code Chapter 51 regulations?

- If the provider has a written procedure in accordance with regulations, mark 'Yes'
  - If the provider does not have a written procedure or the procedure is not in accordance with regulations, mark 'No'
- 
- Yes
  - No

**Question 15**

Does the provider have written protocols in place that address accessibility for individuals who are deaf as specified in ODP Bulletin 00-14-04, *Accessibility of Intellectual Disability Services for Individuals Who Are Deaf*?

- If each requirement has been addressed, mark 'Yes'
  - If any requirement is not addressed or if there is no protocol, mark 'No'
- 
- Yes
  - No

**Question 16 (Transportation Trip Services only)**

Does the transportation trip provider have a process to ensure that there is an aide on the vehicle when transporting more than six individuals?

- If the transportation trip provider has a process to ensure there is an aide when more than 6 individuals are being transported, mark 'Yes'



- If the transportation trip provider does not have a process to ensure there is an aide when more than 6 individuals are being transported, mark 'No'
- If the provider does not provide transportation trip services, mark 'N/A'
  
- Yes
- No
- Not Applicable "N/A"

**Question 17 (Transportation Mile Services only)**

For providers who provide transportation mile, is there a process to ensure that when transportation is provided to more than one participant at a time, the provider divides the shared miles equitably among the participants to whom transportation is provided?

- If the transportation mile provider has a process to ensure the distribution of shared miles, mark 'Yes'
- If the transportation mile provider does not have a process to ensure the distribution of shared miles, mark 'No'
- If the provider does not provide transportation mile services, mark 'N/A'
  
- Yes
- No
- Not Applicable "N/A"

**Question 18 - Comments Box**

Please enter any comments related to Policy and Procedure questions where you responded "N/A." Include the question numbers in your response. If you did not respond, "N/A" to a question in this section, please type N/A in the comments box.

**Section III. Attestations**

**Overview:** The following section relates to various documents and resources with which the new provider should be familiar. The provider will attest to having reviewed important documents and registered for ListSrvs and websites that ODP uses to communicate valuable information to providers.

**Methodology:** When responding the provider will review and ensure that they are able to answer each attestation in the affirmative. If there are documents that have not been reviewed or ListSers/websites for which the provider has not registered, the provider will do whatever is necessary to answer positively. This tool cannot be approved until the provider has attested to each of these items.

### Question 19

The provider attests to having reviewed the following documents:

- a. Consolidated/Person/Family Directed Support waivers (as applicable)
  - b. ISP Manual (including Section 13 – Waiver Services)
  - c. Provider Handbook for Intellectual Disability Services
  - d. Qualification Criteria as enumerated in Appendix C of the Consolidated/PFDS waivers
  - e. Licensure processes and requirements (as applicable)
  - f. HCSIS materials including Provider Registration Job Aid and Provider Updates Tip Sheet
  - g. 55 Pa Code Chapter 51 Regulations
  - h. Provider Monitoring process manual, guidelines, relevant tools and webcasts
- Yes  
 No

### Question 20

The provider attests to registering for:

- a. Ratesetting ListServ
  - b. ODP Consulting System Website (Provider Information Center)
  - c. Learning Management System (LMS)
- Yes  
 No

### Question 21

The provider attests that all answers provided on this document are accurate and true.

- Yes  
 No

## Section I: Introductory Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
<p><b>Overview:</b> The following questions are introductory questions to your organization.</p> <p><b>Timeframe:</b> The timeframe for each question is the prior fiscal year (July 1 – June 30) unless otherwise specified in the question.</p>			
1)	<p><i>Question:</i> What is the provider's legal IRS name (the name used in the enrollment process) and Master Provider Index (MPI) number?</p>		<ul style="list-style-type: none"> <li>Please enter your organization's name used in HCSIS during the enrollment process along with your nine digit MPI number. Ensure and double check that you have entered the correct information.</li> </ul>
2)	<p><i>Question:</i> What is your organization's Data Universal Numbering System (D-U-N-S) number?</p>		<ul style="list-style-type: none"> <li>Please enter your organization's D-U-N-S number. Ensure that it has been entered correctly.</li> <li>A D-U-N-S number can be obtained by visiting <a href="http://fedgov.dnb.com/webform">http://fedgov.dnb.com/webform</a> and clicking on the link entitled "Click here to request your D-U-N-S number via the Web."</li> <li>There is also a toll-free number: 1-866-705-5711</li> </ul>
3)	<p><i>Question:</i> In which Administrative Entities (AE) does your organization intend to provide services?</p>		<ul style="list-style-type: none"> <li>Please list all AEs (Counties) in which your organization intends to provide service.</li> </ul>
4)	<p><i>Question:</i> What is the provider organization's lead Administrative Entity? (This is the AE from which the provider supports the most number of waiver participants or, for providers with no current authorizations, the AE within which your organization intends to serve the most waiver participants. This will also be the AE that processes your qualification application).</p>		<ul style="list-style-type: none"> <li>Please use the drop down to select the appropriate Lead AE.</li> <li>Providers will be notified of their sample by their Lead AE.</li> <li>The Lead AE is identified in the spreadsheet received by AEs that identifies the provider's sample of individuals. AEs will be receiving this in the first quarter of the new fiscal year.</li> </ul>
5)	<p><i>Question:</i> In which region is the Lead AE located?</p> <ul style="list-style-type: none"> <li>Central</li> <li>Northeast</li> </ul>		<ul style="list-style-type: none"> <li>Please use the drop down to select the appropriate region for your Lead AE.</li> </ul>

## Section I: Introductory Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
	<ul style="list-style-type: none"> <li>• Southeast</li> <li>• West</li> </ul>		
6)	<p><i>Question:</i> What is the provider organization's contact information (for Provider Monitoring)?</p> <ul style="list-style-type: none"> <li>• Contact Name (first and last name):</li> <li>• Contact Phone Number:</li> <li>• Contact E-mail Address:</li> </ul>		<ul style="list-style-type: none"> <li>• Reviewers will enter the contact information for the primary contact person for the organization who is responsible for Provider Monitoring. This should be the person who received the link to the on-line version of the tool via email and the one who is entering the self-assessment for the provider.</li> </ul>
7)	<p><i>Question:</i> Please reference the list of waiver services below and select all services the organization is qualified to provide.</p>	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> <li>• <a href="#">ODP Announcement 092-14 – Office of Developmental Programs HCSIS Services and Supports Directory (SSD) Reminder</a></li> </ul>	<ul style="list-style-type: none"> <li>• Please select, review and confirm all services provided.</li> <li>• The provider should take this opportunity to check the SSD and ensure that it is correct.</li> </ul>

## Section II: Policy and Procedure Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
<p><b>Overview:</b> When responding to these questions in the tool, providers must retain all related documentation, including policy &amp; procedure documentation, training curriculum, training records, etc.</p>			
<p><b>For recommended remediation actions:</b></p> <p><b>Short Term: Immediate action taken to correct specific non-compliance</b></p> <p><b>Long Term: Actions taken to correct the non-compliance systemically</b></p>			
8)	<p><i>Oversight area:</i> Organizational structure</p> <p><i>Compliance Standard:</i> There is a written organizational structure outlining key administrative functions.</p>	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> <li>• 55 Pa Code Chapter 51 Sections <a href="#">51.4</a> and <a href="#">51.13(g)</a></li> <li>• Waiver Assurance on Administrative Authority (Appendix A)</li> </ul>	<ul style="list-style-type: none"> <li>• Reviewers will review the organizational structure and job descriptions to ensure that the function of assuring ongoing provider qualifications is identified.</li> <li>• This function is applicable to <b>ALL</b> providers.</li> </ul>

## Section II: Policy and Procedure Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
	<p><i>Question:</i> Is there a designated role to assure ongoing compliance with all provider qualification requirements?</p> <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> </ul>		<p><i>Remediation:</i></p> <ul style="list-style-type: none"> <li>▪ Provider will include the function of assuring provider qualifications is identified in the organizational structure.</li> </ul>
9)	<p><i>Oversight area:</i> Organizational structure</p> <p><i>Compliance Standard:</i> There is a written organizational structure outlining key administrative functions.</p> <p><i>Question:</i> Is there a designated role to assure ongoing compliance with HCSIS and PROMISe™ enrollment and SSD maintenance?</p> <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> </ul>	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> <li>• 55 Pa Code Chapter 51 Sections <a href="#">51.4</a> and <a href="#">51.13(g)</a></li> <li>• Waiver Assurance on Administrative Authority (Appendix A)</li> </ul>	<ul style="list-style-type: none"> <li>• Reviewers will review the organizational structure and job descriptions to ensure that the function of assuring ongoing compliance with HCSIS and PROMISe™ enrollment and SSD maintenance is identified.</li> <li>• This function is applicable to <b>ALL</b> providers.</li> <li>• The AE reviewer will review with the provider the importance of ensuring that the SSD is correct and accurate as required in Chapter 51 regulations.</li> </ul> <p><i>Remediation:</i></p> <ul style="list-style-type: none"> <li>▪ Provider will include the function of assuring compliance with HCSIS and PROMISe™ enrollment and SSD maintenance is identified in the organizational structure.</li> </ul>
10)	<p><i>Oversight area:</i> Staffing</p> <p><i>Compliance Standard:</i> Staff are trained and qualified to provide supports to individuals as required in the ISPs.</p> <p><i>Question:</i> Does the provider have policies and/or procedures to ensure that staff qualification requirements are met?</p> <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> </ul>	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> <li>• 55 Pa. Code Chapter 51 Sections <a href="#">51.4</a>, <a href="#">51.20</a>, <a href="#">51.21</a></li> <li>• Waiver Assurance on Qualified Providers (Appendix C)</li> <li>• <a href="#">The Office of Developmental Programs Provider Agreement for Participation in Pennsylvania's Consolidated and Person/Family Directed Support Waivers</a></li> <li>• <a href="#">ODP Informational Packet 104-12 – Clarification and Changes to Provider Qualification Requirements</a></li> </ul>	<ul style="list-style-type: none"> <li>• Reviewers will review policies and procedures to ensure all listed staff qualification requirements are met. There should be a mechanism in place to ensure that staff qualification requirements remain in compliance throughout the year.</li> <li>• The following requirements will be met: <ol style="list-style-type: none"> <li>1. Orientation / Staff Training</li> <li>2. Background Checks (criminal history, child abuse, FBI)</li> <li>3. All staff are 18 years old or older</li> </ol> </li> <li>• This question is only applicable for Respite Camp, Homemaker Chore and Transportation Trip Services. Providers who provide other services should mark N/A.</li> </ul>

**Section II: Policy and Procedure Questions**

	<b>Monitoring Questions</b>	<b>Source Document(s)/ODP Guidelines</b>	<b>Implementation Guidelines/Suggested Remediation</b>
			<p><i>Remediation:</i></p> <ul style="list-style-type: none"> <li>▪ Provider will develop a policy/procedure for staff qualifications including orientation/staff training, background checks, and requirement for staff to be 18 or older.</li> </ul>
<p><b>11)</b></p>	<p><i>Oversight area:</i> Staffing</p> <p><i>Compliance Standard:</i> The provider ensures that staff are not on any exclusion lists.</p> <p><i>Question:</i> Does the provider have a policy/procedure for checking whether staff or anyone they contract with is listed on any of the following lists:</p> <ul style="list-style-type: none"> <li>• List of Excluded Individuals and Entities (LEIE)</li> <li>• System for Award Management (SAM) and</li> <li>• DHS's Mediceck list</li> </ul> <p>and is it implemented?</p> <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> </ul>	<p><i>Source document(s):</i></p> <ul style="list-style-type: none"> <li>• 55 Pa. Code Chapter 51 Sections <a href="#">51.62</a>, <a href="#">51.141</a> and <a href="#">51.152</a></li> <li>• <a href="#">MA 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</a></li> <li>• <a href="#">ODP Announcement 031-13 – Migration of the Excluded Parties List System to the System for Award Management</a></li> </ul>	<ul style="list-style-type: none"> <li>• Reviewers will review the provider's policy/procedure for checking exclusion lists (LEIE, SAM and DHS's Mediceck). All three exclusion lists must be included.</li> <li>• The policy must include a process for screening their employees and contractors (individuals and entities) to determine if they have been excluded from participation in Medicare, Medicaid or any other federal health care program, process for documenting screening efforts and process to conduct self-audits to ensure compliance. Screening should occur prior to hire and on an ongoing monthly basis after hire.</li> <li>• Reviewers will review documentation of screening efforts that should include dates the screenings were performed, the source data checked and the date of its most recent update to show that the Provider has been implementing the process.</li> </ul> <p><i>Remediation:</i></p> <ul style="list-style-type: none"> <li>▪ Provider will develop/modify a policy/procedure for checking whether staff or anyone they contract with is listed on LEIE, SAM and DPW's Mediceck list.</li> <li>▪ If the provider has no process in place, they will immediately check the lists to ensure that no staff or contractors are excluded. If staff or contractors are found to be on one or more of the lists, the provider will terminate contracts</li> </ul>

## Section II: Policy and Procedure Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
			with the staff/contractor and void all claims associated with the staff/contractor.
12)	<p><i>Oversight area:</i> Regulatory and policy requirements</p> <p><i>Compliance Standard:</i> The provider has a written policy for retention and access to records in compliance with 55 Pa. Code Chapter 51 regulations.</p> <p><i>Question:</i> Does the provider have records management policies in accordance with 55 Pa. Code Chapter 51 regulations?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> <li>• <a href="#">55 Pa. Code Chapter 51 section 51.15</a></li> </ul>	<ul style="list-style-type: none"> <li>• Reviewers will review policy and procedures regarding records management to ensure all of the requirements are met.</li> <li>• Requirements are: <ol style="list-style-type: none"> <li>1. The preservation of records until the expiration of 5 years after the waiver service is provided, unless otherwise specified;</li> <li>2. The restriction of use or disclosure of information for purposes directly related to the implementation of the ISP</li> <li>3. The availability and accessibility of the records to the individual, staff, SC, AE, ODP and the US Health &amp; Human Services Department or an entity permitted to access records under law.</li> <li>4. The use of electronic record documentation.</li> </ol> </li> </ul> <p><i>Remediation:</i></p> <ul style="list-style-type: none"> <li>▪ Provider will develop/modify a policy for records management including provisions for the preservation of records, restriction of use or disclosure of information, availability and accessibility of records.</li> </ul>
13)	<p><i>Oversight area:</i> Contingency planning</p> <p><i>Compliance Standard:</i> Provider has procedures on how to respond to individual health and behavioral emergencies and crises.</p> <p><i>Question:</i> Are there policies and procedures on</p>	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> <li>• <a href="#">MR Bulletin 6000-04-01, Incident Management</a></li> <li>• <a href="#">MR Bulletin 00-06-09, Elimination of Restraints through Positive Practices</a></li> <li>• Waiver Assurances Appendix G-3, (relating to Participant Safeguards)</li> <li>• <a href="#">The Office of Developmental Programs Provider</a></li> </ul>	<ul style="list-style-type: none"> <li>• Reviewers will review policy and procedures for information on how to respond to health and behavioral emergencies and crises. This policy should include guidance on when it is appropriate to call 911.</li> <li>• This question is only applicable to Respite Camp, Education Support and Transportation Trip</li> </ul>

## Section II: Policy and Procedure Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
	<p>how to respond in cases of individual health and behavioral emergencies and crises?</p> <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> </ul>	<p><a href="#">Agreement for Participation in Pennsylvania's Consolidated and Person Family Directed Support Waivers Conditions #1 &amp; 2</a></p> <ul style="list-style-type: none"> <li>• <a href="#">55 Pa. Code Chapter 51 Section 51.4</a></li> </ul>	<p>Services. Providers who provide other services should mark N/A.</p> <p><i>Remediation:</i></p> <ul style="list-style-type: none"> <li>▪ Provider will develop policies/procedures on responding to individual health and behavioral emergencies and crises.</li> </ul>
14)	<p><i>Oversight area:</i> Grievances</p> <p><i>Compliance Standard:</i> A provider shall develop grievance procedures to document, respond and resolve grievances.</p> <p><i>Question:</i> Does the provider have grievance procedures to document, respond and resolve grievances in accordance with 55 Pa. Code Chapter 51 regulations?</p> <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> </ul>	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> <li>• 55 Pa. Code Chapter 51 Sections <a href="#">51.4</a>, <a href="#">51.26 (a)(1), (2), (c), (d)</a></li> <li>• Waiver Assurance on Health and Welfare (Appendix G)</li> </ul>	<ul style="list-style-type: none"> <li>• Reviewers will review the provider's grievance procedures.</li> <li>• The procedures should include the following: <ol style="list-style-type: none"> <li>1. Processes to resolve a grievance within 21 days.</li> <li>2. Instructions for individuals and their families regarding grievance procedures, including how to seek help in filing a grievance.</li> <li>3. Process to review, document and resolve each grievance including name, nature, date, actions to resolve resolution and date resolved.</li> <li>4. Process to review procedures annually to determine number of grievances and their disposition.</li> </ol> </li> <li>• Compliance is indicated when a provider has grievance procedures that meet <b>all</b> criteria above.</li> </ul> <p><i>Remediation:</i></p> <ul style="list-style-type: none"> <li>▪ Provider will develop grievance procedures in accordance with regulations.</li> </ul>
15)	<p><i>Oversight area:</i> Accessibility</p> <p><i>Compliance standard:</i> The provider maintains protocols consistent with ODP Bulletin 00-14-04, <i>Accessibility of Intellectual Disability Services for Individuals Who Are Deaf</i>.</p>	<p><i>Source document(s):</i></p> <ul style="list-style-type: none"> <li>• <a href="#">ODP Bulletin 00-14-04, Accessibility of Intellectual Disability Services for Individuals Who Are Deaf</a></li> </ul>	<ul style="list-style-type: none"> <li>• Reviewers will review protocols that address accessibility for individuals who are deaf.</li> <li>• The protocol will include: <ol style="list-style-type: none"> <li>1. Process for staff to request and obtain necessary communication assistance.</li> <li>2. Process to ensure that communication assistance deemed necessary is provided</li> </ol> </li> </ul>



## Section II: Policy and Procedure Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
	<p><i>Question:</i> Does the provider have written protocols in place that address accessibility for individuals who are deaf as specified in ODP Bulletin 00-14-04, <i>Accessibility of Intellectual Disability Services for Individuals Who Are Deaf</i>?</p> <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> </ul>		<p>as indicated in the ISP.</p> <p>3. Process to contact Supports Coordinator within 10 days from the date the provider becomes aware of the need for communication assistance that was not included in the ISP.</p> <p><i>Remediation:</i></p> <ul style="list-style-type: none"> <li>▪ The provider will develop/modify a protocol that addresses all requirements.</li> </ul>
16)	<p><i>Oversight Area:</i> Transportation</p> <p><i>Compliance Standard:</i> Providers that transport more than 6 participants are required to have an aide on the vehicle.</p> <p><i>Question:</i> Does the transportation trip provider have a process to ensure that there is an aide on the vehicle when transporting more than six individuals?</p> <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> <li>○ Not Applicable "N/A"</li> </ul>	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> <li>• Waiver Assurance on Participant Services (Appendix C)</li> <li>• <a href="#">55 Pa. Code Chapter 51 Section 51.4</a></li> </ul>	<ul style="list-style-type: none"> <li>• <b>This question only pertains to providers who provide transportation trip services (Provider Type 26), in addition to other traditional services.</b></li> <li>• Reviewers will review the provider's process for ensuring that there is an aide on the vehicle when transporting more than six individuals.</li> <li>• If the provider does not provide transportation trip services, mark 'N/A'.</li> </ul> <p><i>Remediation:</i></p> <ul style="list-style-type: none"> <li>▪ Provider will develop and implement a process to ensure that there is an aide on the vehicle whenever transporting more than six individuals.</li> </ul>
17)	<p><i>Oversight Area:</i> Transportation</p> <p><i>Compliance Standard:</i> Providers who transport more than one participant at a time will divide the shared miles equitably among the participants.</p> <p><i>Question:</i> For providers who provide transportation mile, is there a process to ensure that when transportation is provided to more</p>	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> <li>• <a href="#">55 Pa. Code Chapter 51 Section 51.4</a></li> <li>• Waiver Assurance on Participant Services (Appendix C)</li> <li>• <a href="#">ISP Manual</a></li> </ul>	<ul style="list-style-type: none"> <li>• <b>This question only pertains to providers who provide transportation mile (Provider Type 55, Specialty Code 267), in addition to other traditional services.</b></li> <li>• Reviewers will review the provider's process for ensuring that when transportation is provided to more than one participant at a time the provider divides the shared miles equitably among the participants to whom transportation is provided.</li> </ul> <p><i>Remediation:</i></p>

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	<p>than one participant at a time, the provider divides the shared miles equitably among the participants to whom transportation is provided?</p> <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> <li>○ Not Applicable "N/A"</li> </ul>		<ul style="list-style-type: none"> <li>▪ Provider will develop and implement a process to ensure that when transportation is provided to more than one participant at a time, the provider divides the shared miles equitably among the participants to whom transportation is provided.</li> </ul>
18)	Comments Box:		

## Section III: Attestations

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
<p><b>Overview:</b> The following section relates to various documents and resources with which the new provider should be familiar. The provider will attest to having reviewed important documents and registered for ListServes and websites that ODP uses to communicate valuable information to providers.</p> <p><b>Methodology:</b> When responding, the provider will review and ensure that they are able to answer each attestation in the affirmative. If there are documents that have not been reviewed or ListServes/websites for which the provider has not registered, the provider will do whatever is necessary to answer positively. This tool cannot be approved until the provider has attested to each of these items.</p>			
19)	<p>The provider attests to having reviewed the following documents:</p> <ul style="list-style-type: none"> <li>a. <a href="#">Consolidated/Person/Family Directed Support</a> waivers (as applicable)</li> <li>b. <a href="#">ISP Manual</a> (including Section 13 - Waiver Services)</li> <li>c. <a href="#">Provider Handbook for Intellectual Disability Services</a></li> <li>d. <a href="#">Qualification Criteria</a> as enumerated in Appendix C of the Consolidated/PFDS</li> </ul>		<ul style="list-style-type: none"> <li>• The provider should review each document listed.</li> <li>• A 'yes' response attests that all documents have been reviewed.</li> </ul>

Section III: Attestations			
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	<p>waivers</p> <p>e. <a href="#">Licensure processes and requirements</a> (as applicable)</p> <p>f. HCSIS materials including <a href="#">Provider Registration Job Aid</a> and <a href="#">Provider Updates Tip Sheet</a></p> <p>g. <a href="#">55 Pa. Code Chapter 51</a></p> <p>h. Provider Monitoring process manual, guidelines, relevant tools and webcasts</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>		
20)	<p>The provider attests to registering for:</p> <p>a. <a href="#">Ratesetting ListServ</a></p> <p>b. <a href="#">ODP Consulting System Website (Provider Information Center)</a></p> <p>c. <a href="#">Learning Management System</a> (LMS)</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p><i>ODP Consulting Help Desk: 1-855-252-9482</i></p> <p><i>HCSIS Help Desk: 1-866-444-1264</i></p>	<ul style="list-style-type: none"> <li>The provider should register for each item listed.</li> <li>A 'yes' response attests that all have been registered for.</li> </ul>
21)	<p>The provider attests that all answers provided on this document are accurate and true.</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>		<ul style="list-style-type: none"> <li>A 'yes' response attests that all answers on this tool are true and accurate to the provider's best knowledge.</li> </ul>