

## OLTL HCBS WAIVER CHECKLIST

- PROMISE™ Provider Enrollment Base Application
- Provider Agreement For Outpatient Providers
- Ownership or Control Interest Pages
- Copy of SSN cards for anyone with 5% or more ownership or controlling interest
- Legal Entity Verification Document
  - *IRS-generated form with FEIN, business name, and address*
- PA State Articles of Incorporation/Fictitious Name Registration
- Business Creation Agreements, i.e. Incorporation documents, partnership agreements, etc.
- Copy of Pennsylvania License/Certification based on the services you provide\*
- Most Recent Tax Return
  - *If the business has not filed, the owner must submit the most recent personal tax return*
- Most Recent Monthly Balance Sheet
  - *If your agency is new and does not have a balance sheet you must submit a complete Business Plan with loan/banking information*
- Most Recent Audit or Financial Review
  - *If completed in the last 5 years*
- Provider Enrollment Information Form
- Qualifications of the Executive Director and/or the Program Director
  - *Include copies of their diplomas and resume*
- Agency Employment Job Descriptions
- OLTL-HCBS Waiver Agreement Form
- Proof of General Liability Insurance
- Proof of Worker's Compensation Insurance
- Proof of Professional Liability Insurance, if required per specialty

### Compliance Policies

- |   |   |
|---|---|
| <input type="checkbox"/> ADA Compliance Policy                      | <input type="checkbox"/> Non-discrimination Policy                |
| <input type="checkbox"/> Criminal History Background Check Policy   | <input type="checkbox"/> Participant Complaint Management Policy  |
| <input type="checkbox"/> Critical Incident Management Policy        | <input type="checkbox"/> Quality Management Policy                |
| <input type="checkbox"/> Employee Healthcare Exclusion Check Policy | <input type="checkbox"/> Regulation Compliance Policy             |
| <input type="checkbox"/> Employee SSN Verification Policy           | <input type="checkbox"/> Staff Training Policy                    |
| <input type="checkbox"/> HIPAA Compliance Policy                    | <input type="checkbox"/> Limited English Proficiency (LEP) Policy |



**\*For specific license requirements for each individual service please read Appendix C of the individual waiver program that you are applying for.**

**Please Note:** OLTL must receive all documents in the checklist in order to process your enrollment application. The enrollment process may take several weeks to complete.

If you should have any questions, please contact the OLTL Provider Call Center at 1-800-932-0939 and select Option 1 or send an email to [RA-HCBSEnProv@pa.gov](mailto:RA-HCBSEnProv@pa.gov) .

**Please return all completed documents including the checklist to:**

Office of Long-Term Living  
Bureau of Quality and Provider Management  
Attention: Provider Enrollment  
555 Walnut Street, 6<sup>th</sup> Floor  
P.O. BOX 8025  
Harrisburg PA 17105-8025

# **OLTL WAIVER POLICY & PROCEDURE CHECKLIST**

## **Chapter 52.11(a)(5)**

### **Create and follow policies and procedures relating to the following:**

\*NOTE ALL POLICIES MUST BE AUTHENTIC TO THE PROVIDER.\*

\*EACH CATEGORY SHOULD BE EASILY IDENTIFIABLE WITH CLEAR POLICY STATEMENTS AND PROCEDURES FOLLOWING.\*

#### **Regulation Compliance Policy**

- Policy is clearly identifiable
- Statement of compliance with Chapter 52
- Statement of compliance with emphasis on 52.14 ongoing responsibilities of providers

#### **Non Discrimination Policy**

- Policy is clearly identifiable
- Statement of compliance with rendering services
- Statement that services will be provided in accordance with the Civil Rights Act of 1964 and that the provider will not discriminate against anyone based on grounds of race, color, religion or national origin
- Statement the information shall be kept in accordance with provider record (52.15)

#### **ADA Compliance Policy**

- Policy is clearly identifiable
- Statement of Compliance
- Policy must state the provider is making reasonable accommodations and inclusions for participants with disabilities.
- Statement the information shall be kept in accordance with provider record (52.15)

#### **Compliance with HIPAA**

- Policy is clearly identifiable
- Policy indicates HIPAA has been reviewed
- Statement of HIPAA compliance
- Statement that staff will be trained regarding HIPAA compliance and how HIPAA training will be conducted.
- Statement the information shall be kept in accordance with provider record (52.15)

#### **Staff Training Policy**

- Policy clearly identifiable
- Statement indicating tracking of staff trainings including an attendance list and training content
- Provider shall implement standard annual training for staff member providing services which contains at least the following
  - Prevention of abuse and exploitation of participants
  - Reporting critical incidents
  - Participant complaint resolution
  - Department of Human Services issued policies and procedures
  - Provider's quality management plan
  - Fraud and financial abuse prevention
- Provide Department of Human Services with documentation upon request
- Statement the information shall be kept in accordance with provider record (52.15)

#### **Participant Complaint Management**

- Policy is clearly identifiable
- Policy states will be in compliance with 52.18 or
- Policy must contain a system that includes the following information
  - Name of Participant
  - Nature of Complaint
  - Date of complaint
  - Provider's actions to resolve the complaint
  - Participants satisfaction of the resolution

# OLTL WAIVER POLICY & PROCEDURE CHECKLIST

- Methods utilized to receive complaints.
- Copy of the complaint form
- Provider review complaint system quarterly
- Develop a Quality Management Plan to analyze if the number of complaints resolved to a participant's satisfaction, is less than the number of complaints not resolved to a participant's satisfaction.
- Statement the information shall be kept in accordance with provider record (52.15)

## **Critical Incident Management**

- Policy is clearly identifiable
- Written policies and procedures on the prevention, reporting, notification, investigation and management of critical incidents
- Risk Management requirements specified in the approved applicable waivers
- Statement the information shall be kept in accordance with provider record (52.15)

## **Quality Management Policy**

- Policy is clearly identifiable
- Measureable goals to ensure compliance
- Data driven outcomes to achieve compliance
- Statement the Quality Management Plan is to be updated annually
- Statement the provider shall submit a copy of the Quality Management Plan to the Department of Human Services, if requested.
- Statement that the provider will meet the requirements of Chapter 1101 (general provisions)
- Statement the information shall be kept in accordance with provider record (52.15)

## **Criminal History Background Check Policy**

- Policy is clearly identifiable
- Policy contains language that includes the following information
- Prior to hiring an employee, a provider shall obtain a criminal history check which in compliance with the following for each employee who may have contact with a participant.
- Report of criminal history record information from the Pennsylvania State Police, if the employee has been a resident of Pennsylvania for the two years previous to hire
- Report of Federal criminal history record information under the Federal Bureau of Investigation if the employee has not been a resident of Pennsylvania for the two years previous to hire
- Criminal history checks shall be in accordance with the Department of Aging's Older Adults Protective Services Act policy.
- Statement indicating the hiring policies shall be in accordance with the Older Adult Protective Services Act.
- Copy of the final report received from the Pennsylvania State Police and/or the Federal Bureau of Investigation shall be kept in accordance with provider records. (52.15)

## **Employee Social Security Number Verification Policy**

- Policy is clearly identifiable
- Check the Official Social Security Website to verify SSN is real and belongs to the individual
- Statement the information shall be kept in accordance with provider record (52.15)

## **Employee Healthcare Exclusion Check Policy**

- Policy is clearly identifiable
- Policy states the LEIE, EPLS and Medichex will be used to screen staff members and contractors who have been excluded from participation in Federal healthcare programs by reviewing. Make sure that this is verified and logged in monthly.
- Statement the information shall be kept in accordance with provider record (52.15)

## **Limited English Proficiency (LEP) Policy**

- Policy is clearly identifiable
- Providers do not have to provide LEP services directly. However, they must be able to direct participants to agencies that have service without charge.
- Maintain a list of available staff members for each language