

OFFICE OF DEVELOPMENTAL PROGRAMS

PROVIDER MONITORING TOOL & GUIDELINES

Cycle 3, Year 1

(FY 2015-16)

Provider Monitoring Tool Instructions

I. Overview of Provider Monitoring

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. Overview of Provider Monitoring Tool

This tool consists of 82 questions addressing compliance standards divided broadly into 19 Oversight Areas. The accompanying guidelines include "compliance standards" which are policy statements taken from the waivers, regulations, the Provider Agreement and policies and procedures that this monitoring process will use to measure compliance.

III. Tool Users

The tool is intended for use by waiver providers excluding Supports Coordination Organizations (SCO), Agency with Choice (AWC) providers and providers under the Vendor Fiscal/Employer Agent (VF/EA) model, as follows:

1. Current Providers: Providers need to complete and submit this tool if they have 1) been determined qualified and 2) completed the Provider Monitoring Tool for New Providers by June 30th of the previous fiscal year. Providers should utilize this tool to complete their self-assessment annually thereafter. Some questions are applicable to only licensed or unlicensed providers.

Note 1: Please note that providers who provide only transportation trip services to waiver individuals (Provider type 26, "Transportation-only providers") should complete the "Vendor/Transportation Monitoring Tool" which can be found on the Administrative Entity Information Center (AEIC) at <http://aeinfo.odpconsulting.net/>. Providers who provide Transportation services

in addition to other traditional services or AWC services should use this Provider Monitoring Tool, not the “Vendor/Transportation Monitoring Tool.”

Note 2: Providers of vendor services **only** and providers of Provider type 43, Homemaker/Chore services **only** should complete the “Vendor/Transportation Monitoring Tool” which can be found on the Administrative Entity Information Center (AEIC) at <http://aeinfo.odpconsulting.net/>. Vendors who provide vendor services in addition to other traditional services or AWC services should use this Provider Monitoring Tool, not the “Vendor/Transportation Monitoring Tool.”

2. Lead AEs: As part of the On-site Review phase, Lead AEs will validate providers’ responses and complete this tool for all selected providers.

IV. Tool Completion Instructions

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

*****AWC services should not be reviewed during this monitoring. *****

1. All questions applicable to the provider have to be answered before the tool can be submitted.
2. The timeframe for each question is the prior fiscal year [July 1 – June 30] unless otherwise specified.
3. 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 the list provided.
 - c. Data entry: These questions require users to enter text information. These questions only appear in “Section I: Introductory Questions” and the first question of “Section V: Record Review.”
 - 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. If adding a comment, please reference the question number[s] before adding the comment.

4. The **Provider Monitoring Guidelines** are located in this document beginning on page 30. 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.
5. The **MCI Tracker** can be found on the [AEIC](#) and [PIC](#). The MCI Tracker **must** be used for questions related to the individual sample and is intended to assist the provider in gathering information, completing the Provider Monitoring Tool and maintaining documentation that is crucial to the On-site Review phase. This document shall be retained for your records and made available to the Lead and Reviewing AEs or ODP upon request and for their on-site reviews. In addition, Reviewing AEs will be expected to forward the MCI Tracker to Lead AEs to document their reviews.
6. **Important instructions for Providers:** When responding to questions in this Provider Monitoring Tool, providers **MUST** retain all related documentation, including policy & procedure documentation, training curriculum, training records, progress notes, claims substantiation documentation, etc., as well as the MCI Tracker (discussed above). This file with supportive or documentary evidence (referred to as “relevant documentation” throughout this tool) must be retained and made available to the AE reviewers during the on-site review or ODP upon request. ODP suggests each provider print this tool and mark their responses on this document before transferring final answers to the electronic version of the tool. Submissions can be printed once complete. This and the e-mail confirmation will serve as the provider’s submission record.

V. Tool Sections

There are 7 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. Training Questions: Training questions relate to questions around the provider’s compliance with provider training requirements and mandates.
4. Interview Sample questions: These questions are to be asked in person by the reviewer to the provider staff and the individual receiving services.
5. Record Review Questions: Record Review questions should be answered for the sample of waiver individuals provided to the provider by ODP.
6. Financial Management and Accountability Questions: These questions relate to the authorization and utilization of services [including vendor services provided through an Organized Health Care Delivery System (OHCDS)] as defined by the Waiver Assurance on Service Plans and 55 Pa. Code Chapter 51.

7. Health Care Services Questions: These questions specifically relate to coordinating, obtaining and/or providing health care services and supports for the individual. The reviewer should read each question to determine the applicability of the question for the provider.

VI. General instructions

1. In preparation for completing this tool, providers and AEs should review all relevant materials regarding the Provider Monitoring process that are posted on the [AEIC](#) and [PIC](#) 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 and copy the ODP Regional Provider Monitoring Lead(s).
3. If an incident is discovered during the course of the Provider Monitoring process that has not been reported, the incident must be immediately reported in the Home and Community Services Information System (HCSIS) and Incident Management procedures should be followed. The AE shall ensure the health and welfare of individuals at all times. If the AE determines there is an imminent threat to the health and welfare of an individual, the AE shall take immediate steps to ensure the health and welfare of the individuals and contact the appropriate regional ODP office. Based on circumstances, the AE shall proceed according to the policy established in [ODP Bulletin # 6000-04-01, Incident Management](#) and as determined appropriate by the regional ODP office.

VII. What's new for 2015-2016

1. AWC services will be monitored separately. The AWC section has been removed from this tool.
2. All questions regarding the organizational structure were combined into one question.
3. The question regarding the Board of Directors was removed.
4. The question regarding the protocol for accessibility for deaf people was moved to the Policy and Procedure section.
5. Quarterly review of incidents must include 30-day analyses of medication errors and restraints and was added to the guidelines.
6. Components of the Peer Review Process were added to the guidelines.
7. New question added (Q32) in the Policy and Procedure section regarding transportation mile services for more than one individual at a time. In these cases, miles must be distributed equitably for billing.
8. Questions regarding Organized Health Care Delivery Systems (OHCDs) were moved to the Policy and Procedure section.

9. Annual training questions are to be completed by the Lead and Reviewing AEs during on-site review.
10. Language was added regarding sign language in the guidelines for the question regarding Individual Support Plan (ISP) training.
11. Staff interviewed should have been employed by the provider for at least a year when possible.
12. Two questions regarding assistive technology were combined.
13. The question regarding completion of investigations was removed.
14. The medication error question requirement was moved to the Policy and Procedure section with the question regarding quarterly review.
15. The Provider and AE may look at more than 2 weeks of billing documentation for claims substantiation.
16. Two questions regarding variance in frequency and duration were combined.
17. The AE question regarding provider participation in the on-site review was broadened to include completion of the MCI Tracker and cooperation with scheduling.

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

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

(This is the AE in which the most waiver participants you serve are registered 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).

- Lead AE Name:

Question 4

In which region is the Lead AE located?

- Central
- Northeast
- Southeast
- West

Question 5

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 6

Does the provider provide transportation services?

- Yes

- No

Question 7

Is the provider an Organized Health Care Delivery System (OHCDs)?

- Yes
- No

Question 8

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

- | | |
|---|---|
| <input type="radio"/> Assistive Technology | <input type="radio"/> Public Transportation |
| <input type="radio"/> Behavioral Support | <input type="radio"/> Residential Habilitation Services, Unlicensed |
| <input type="radio"/> Behavioral Therapy | <input type="radio"/> Respite Camp |
| <input type="radio"/> Child Residential Habilitation Services, Licensed | <input type="radio"/> Respite, In-Home |
| <input type="radio"/> Community Home Residential Habilitation Services, Licensed | <input type="radio"/> Respite, Licensed Out-of-Home |
| <input type="radio"/> Community Home Residential Habilitation Services for the Mentally Ill, Licensed | <input type="radio"/> Respite, Unlicensed Out-of-Home |
| <input type="radio"/> Companion | <input type="radio"/> Specialized Supplies |
| <input type="radio"/> Education Support Services | <input type="radio"/> Speech and Language Therapy |
| <input type="radio"/> Family Living Home Residential Habilitation, Licensed | <input type="radio"/> Supported Employment |
| <input type="radio"/> Home Accessibility Adaptations | <input type="radio"/> Supports Broker Services |
| <input type="radio"/> Home and Community Habilitation (Unlicensed) | <input type="radio"/> Transitional Work |
| <input type="radio"/> Homemaker/Chore Services | <input type="radio"/> Transportation Mile |
| <input type="radio"/> Licensed Day Habilitation | <input type="radio"/> Transportation Trip |
| <input type="radio"/> Nursing Services | <input type="radio"/> Vehicle Accessibility Adaptations |
| <input type="radio"/> Occupational Therapy | <input type="radio"/> Visual/Mobility Therapy |
| <input type="radio"/> Physical Therapy | |
| <input type="radio"/> Pre-vocational Services | |

Provider Monitoring Tool
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 9

Is a clearly defined organizational structure available?

- If an organizational structure is available and includes all functions listed in the guidelines, mark 'Yes'
 - If an organizational structure is not available or does not include all functions listed in the guidelines, mark 'No'
-
- Yes
 - No

Question 10

Does the provider have a Quality Management Plan in accordance with the approved applicable waiver and 55 Pa. Code Chapter 51 regulations?

- If there is a plan that is in accordance with regulations, mark 'Yes'
 - If there is no plan or the plan is not in accordance with regulations, mark 'No'
-
- Yes
 - No

Question 11

Did the provider review and evaluate performance data in the development of their Quality Management Plan in accordance with 55 Pa. Code Chapter 51 regulations?

- If there is documentation that performance data was reviewed, mark 'Yes'
 - If there is no documentation that performance data was reviewed, mark 'No'
-
- Yes
 - No

Question 12

Does the mission/vision statement of the organization reflect the Department's policy on intellectual disability principles and values?

- If the statement does address the Department's policy, mark 'Yes'
 - If the statement does not address the Department's policy, or if the provider does not have a mission or vision statement, mark 'No'
-
- Yes
 - No

Question 13

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'
-
- Yes
 - No

Question 14

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 15

Does the provider's restraint policy address the requirements of 55 Pa. Code Chapter 51 regulations and MR Bulletin 00-06-09, *Elimination of Restraints through Positive Practices*?

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

- No

Question 16

Does the provider have a policy that addresses restrictive interventions as described in Informational Memo – 080-12 – Reporting Unauthorized Restrictive Interventions?

- If there is a policy that addresses the memo, mark 'Yes'
- If there is not a policy or the policy does not address the memo, mark 'No'

- Yes
- No

Question 17

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 18

Does the provider have a documented Emergency Disaster Response plan that addresses individual's safety and protection, communications and/or operational procedures?

- If the provider has a documented Emergency Disaster Response plan that includes all of the above, mark 'Yes'
- If the provider does not have a documented Emergency Disaster Response plan or if the plan does not include all of the above, mark 'No'

- Yes
- No

Question 19

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'

- Yes
- No

Question 20

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 21

Does the provider have an annual training curriculum in accordance with 55 Pa. Code Chapter 51 regulations?

- If the provider has an annual training curriculum in accordance with regulations, mark 'Yes'
- If the provider does not have an annual training curriculum or it is not in accordance with regulations, mark 'No'

- Yes
- No

Question 22

Does the provider have a written protocol in accordance with 55 Pa. Code Chapter 51 regulations to ensure the successful implementation of each individual's back-up plan?

- If the provider has a written protocol in accordance with regulations, mark 'Yes'
- If the provider does not have a written protocol or it is not in accordance with regulations, mark 'No'
- For guidance regarding the applicability of this question, please refer to the Provider Monitoring Guidelines.

- Yes
- No
- Not applicable "N/A"

Question 23

Does the provider have an internal conflict of interest protocol in accordance with 55 Pa. Code Chapter 51 regulations?

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

Question 24

Does the provider have a process/procedure to ensure the replacement of an individual's lost or damaged property in accordance with 55 Pa. Code Chapter 51 regulations?

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

Question 25

Does the provider have a process/procedure to ensure the appropriate transition of individuals in accordance with 55 Pa. Code Chapter 51 regulations?

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

Question 26

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 27

Does the provider's Incident Management policy meet the requirements of 55 Pa. Code Chapter 51 regulations and MR Bulletin 6000-04-01, *Incident Management*?

- If all of the above provisions have been addressed in a policy, mark 'Yes'
- If any of the above provisions have not been addressed in a policy or if there is no policy, mark 'No'

- Yes
- No

Question 28

Did the provider review and analyze incidents at least quarterly?

- If the quarterly review and analysis has been completed, mark 'Yes'
- If the quarterly review and analysis has not been completed, mark 'No'
- If there were no incidents in the prior fiscal year, mark 'N/A'

- Yes
- No
- Not applicable "N/A"

Question 29

Was the peer review process to review the quality of investigations completed and documented in the prior fiscal year?

- If a peer review was completed and documented in the prior fiscal year, mark 'Yes'
- If a peer review was not completed and/or not documented in the prior fiscal year, mark 'No'
- If there have been no Certified Investigations completed by the provider, mark 'N/A'

- Yes
- No
- Not applicable "N/A"

Question 30

Were follow-up recommendations from the Peer Review implemented?

- If the follow-up recommendations have been implemented, mark 'Yes'
 - If the follow-up recommendations have not been implemented, mark 'No'
 - If there have been no Certified Investigations completed by the provider or if there were no follow-up recommendations, mark 'N/A'
-
- Yes
 - No
 - Not applicable "N/A"

Question 31

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 six 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 six 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 32

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 33

Is the qualification documentation present for each of the vendors to whom the Organized Health Care Delivery System (OHCDs) provider rendered payment?

- If the documentation supports that all vendors meet ODP's qualification requirements, mark 'Yes'

- If the documentation does not support that all vendors meet ODP's qualification requirements, mark 'No'
- If the provider is not an OHCDS, mark 'N/A'

- Yes
- No
- Not applicable 'N/A'

Question 34

Did the OHCDS document that the vendor charge is the same cost for the good or service as for the general public as per 55 Pa. Code Chapter 51 regulations?

- If the OHCDS has documentation that the vendor's charges are the same cost for the good or service as for the general public, mark 'Yes'
- If the OHCDS cannot document that the vendor charges are the same cost for the good or service as for the general public, mark 'No'
- If the provider is not an OHCDS, mark 'N/A'

- Yes
- No
- Not applicable 'N/A'

Question 35 - Comments Box

Please enter any comments related to the Policy and Procedure questions, including explanations for any non-compliance or N/A response. Include the question numbers in your response. If you have no comments, please type N/A in the comments box.

Section III: Training Questions

Overview: This section contains questions regarding staff training.

Methodology: Please refer to the methodology in the **Provider Monitoring Guidelines** before completing this section to assure accurate completion.

The provider should maintain documentation to be reviewed by the AE during the on-site review.

Please select from the list the number of staff reviewed in the first row and the number of staff trained as required in the second row.

Questions for most recently hired staff to be completed by Lead AE during on-site

Question 36

Did staff receive training on the Emergency Disaster Response plan?

- Number of staff reviewed (0-10): _____
- Number of staff where training on the provider's Emergency Disaster Response plan can be verified (0-10): _____

Question 37

Did staff receive training on the provider's policy/procedure on how to respond to individual health and behavioral emergencies and crises?

- Number of staff reviewed (0-10): _____
- Number of staff where training on how to respond to individual health and behavioral emergencies and crises can be verified (0-10): _____

Question 38

Did staff receive training to meet the needs of the individual they support as identified in the last approved Individual Support Plan (ISP) for the period being reviewed before providing services to the individual?

- Number of staff reviewed (0-10): _____
- Number of staff where training on the ISP of the individual(s) they support before providing services to the individual can be verified (0-10): _____

Questions for staff being interviewed in Section IV to be completed by Lead and Reviewing AE during on-site

Question 39

Did staff receive annual training on the Department's policy on intellectual disability principles and values?

- Number of staff reviewed (0-10): _____
- Number of staff where training can be verified (0-10): _____

Question 40

Did staff receive annual training on the provider's grievance procedures?

- Number of staff reviewed (0-10): _____
- Number of staff where training on the provider's grievance procedures can be verified (0-10): _____

Question 41

Did staff receive annual training on recognizing and reporting incidents as required by 55 Pa. Code Chapter 51 regulations?

- Number of staff reviewed (0-10): _____
- Number of staff where training on recognizing and reporting incidents can be verified (0-10): _____

Question 42

Did staff receive annual training on identifying and preventing abuse, neglect and exploitation?

- Number of staff reviewed (0-10): _____
- Number of staff where training on abuse, neglect and exploitation can be verified (0-10): _____

Question 43

Did staff receive annual training on the provider's Quality Management Plan?

- Number of staff reviewed (0-10): _____
- Number of staff where training on the Quality Management Plan can be verified (0-10): _____

Question 44

Did staff receive annual training on accurate documentation of service delivery?

- Number of staff reviewed (0-10): _____
- Number of staff where training on accurate documentation of service delivery can be verified (0-10): _____

Question 45 - Comments Box

Please enter any comments related to the Training questions, including explanations for any non-compliance. Include the question numbers in your response. If you have no comments, please type N/A in the comments box.

Provider Monitoring Tool
Section IV: Interview Sample Questions

Overview: The following questions are Interview Sample questions. The individuals being interviewed are a randomly selected sample distributed to the provider and AE by ODP. These questions are to be asked in person by the reviewer to the provider staff and individuals who are capable of communicating where indicated. It is also important for the provider to interview staff from as many different services as are provided across the sample.

Methodology: Please refer to the methodology in the **Provider Monitoring Guidelines** before completing this section to assure accurate completion. The reviewer should complete the **MCI Tracker** for this section and then transfer the results to this tool. The **MCI Tracker** should be maintained for review during the on-site review or any other review as deemed necessary.

Please select from the list the number of individuals in the sample who are applicable to the question in the first row and the number of those individuals (or their staff) who are in compliance in the second row.

NOTE: If the provider did not have any waiver services authorized for the prior fiscal year [July 1 – June 30] and the provider did not receive a sample, the provider should select “0” in the first and second rows for each question in this section and explain in each section comment box.

Question 46

For the identified sample, reviewers will interview the **assigned staff** on duty to verify that assigned staff have read the current approved ISP and can describe how it is being implemented.

- Number of individuals in the sample (0-10): _____
- Number of individuals with staff who have read and are implementing the ISP (0-10): _____

Question 47

For the identified sample, reviewers will interview the **assigned staff** on duty. Are the individual’s risk mitigation strategies implemented per the ISP?

- Number of individuals in the sample with risk mitigation strategies in their ISP (0-10): _____
- Number of individuals with risk mitigation strategies in their ISPs whose staff are implementing the strategies (0-10): _____

Question 48

For the identified sample, reviewers will interview the **assigned staff** on duty. Are the individual’s preferences, likes and dislikes reflected in the services they receive, including community integrated activities?

- Number of individuals in the sample (0-10): _____

- Number of individuals with preferences, likes and dislikes reflected in services (0-10): _____

Question 49

For the identified sample, reviewers will interview the ***assigned staff*** on duty. Are individuals able to fully access their services as they relate to their needs, mobility, hearing and vision?

- Number of individuals in the sample (0-10): _____
- Number of individuals who are able to fully access their services (0-10): _____

Question 50

For the identified sample, reviewers will interview the ***assigned staff*** on duty. Are the individual's preferred modes of communication used?

- Number of individuals in the sample (0-10): _____
- Number of individuals whose preferred modes of communication are used (0-10): _____

Question 51

For the identified sample, reviewers will interview the ***assigned staff*** on duty. Are needed adaptations and equipment (including assistive technology) in good repair and in use?

- If the provider is not responsible for maintaining the equipment/adaptations, please select N/A in both areas.
- Number of individuals in the sample with adaptations/equipment (0-10): _____
- Number of individuals in the sample with adaptations/equipment in good repair and in use (0-10): _____

Question 52

For the identified sample, reviewers will interview the ***assigned staff*** on duty. Does all staff know how to support the individual in the use of equipment and adaptations (including assistive technology)?

- If the provider is not required to support the individuals with regard to the equipment/adaptations, please select N/A in both areas.
- Number of individuals in the sample with equipment and adaptations (0-10): _____
- Number of individuals with staff who know how to support the individual in the use of equipment/adaptations (0-10): _____

Question 53

For the identified sample, reviewers will interview ***assigned staff*** on duty. For individuals with special health care needs, can the staff identify their special requirements or restrictions such as specialized diets and food preparation, positioning, medications, mobility, allergies, etc.?

- Number of individuals with special health care needs (0-10): _____

- Number of individuals with special health care needs whose staff can identify special requirements or restrictions (0-10): _____

Question 54

For the identified sample, reviewers will interview the **sample individuals**. Are the individual's preferences, likes and dislikes reflected in the services they receive, including community integrated activities?

- Number of individuals in the sample that were interviewed (0-10): _____
- Number of individuals with preferences, likes and dislikes reflected in services (0-10): _____

Question 55

For the identified sample, reviewers will interview the **sample individuals**. Are the individual's preferred modes of communication used?

- Number of individuals in the sample that were interviewed (0-10): _____
- Number of individuals whose preferred modes of communication are used (0-10): _____

Question 56

For the identified sample, reviewers will interview the **sample individuals** to determine if individuals are satisfied with the services they receive. Any comments that would help the provider to improve services should be listed in the comment box for this question.

Question 57 - Comments Box

Please enter any comments related to the Interview Sample questions, including explanations for any non-compliance. Include the question numbers in your response. If you have no comments, please type N/A in the comments box.

Provider Monitoring Tool
Section V: Record Review Questions

Overview: The following questions involve the review of records of individuals supported by the provider. The records being reviewed are a randomly selected sample of individuals distributed to the provider and AE. Please note that if the provider renders multiple waiver services to the same individual, the provider has to review and consider **all** the waiver services when answering the questions below.

Please select from the list the number of individuals in the sample who are applicable to the question in the **first row** and the number of individuals who are in compliance in the **second row**.

NOTE: If the provider did not have any waiver services authorized for the prior fiscal year [July 1 – June 30] and the provider did not receive a sample, the provider should select “0” in the first and second rows for each question in this section and explain in each section comment box.

The reviewer should complete the **MCI Tracker** for this section and then transfer the results to this tool. The **MCI Tracker** should be maintained for review during the on-site review or any other review as deemed necessary.

Timeframe: The timeframe for each question is the prior fiscal year [July 1 – June 30] unless otherwise specified in the **Provider Monitoring Guidelines**.

Question 58

List all sample individuals used to complete this tool by MCI number and include each individual’s county of registration. Indicate whether any of these individuals are from the back-up list. If there are less than 10 individuals in the sample or there are no sample individuals, please mark “N/A” in each box.

MCI Number	County	Back-up list (Y/N)

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Question 59

For the identified sample, are progress notes written in accordance with 55 Pa. Code Chapter 51 regulations?

- Number of individuals reviewed (0-10): ____
- Number of individuals with progress notes written in accordance with the regulations (0-10): ____

Question 60

For the identified sample, do the descriptions of the services in the progress notes match the definitions for the services that are authorized in the approved ISP?

- Number of individuals reviewed (0-10): ____
- Number of individuals with progress notes where the description of services match the definitions of the services as authorized in the current approved ISP (0-10): ____

Question 61

For the identified sample, if a monthly progress note indicates lack of progress in achieving an outcome, does the progress note indicate what action(s) have been taken?

- Number of individuals with progress notes indicating lack of progress in achieving an outcome (0-10): ____
- Number of individuals (of those above) with progress notes written to indicate what actions have been taken to address the lack of progress (0-10): ____

Question 62

For the identified sample, did the provider follow its written protocol with regard to implementing the individual's back-up plan when an event occurred which required such implementation?

- Number of individuals in the sample for whom an event has occurred which required the implementation of the back-up plan (0-10): ____
- Number of individuals in the sample (of those above) whose back-up plan was implemented appropriately (0-10): ____

Question 63

For the identified sample, did the provider implement the necessary corrective action for each individual's incidents?

- Number of individuals in the sample with incidents where a corrective action was needed (0-10): ____
- Number of individuals in the sample (of those above) where the necessary corrective action was implemented (0-10): ____

Question 64

For the identified sample, did initial incident reports include evidence that the provider ensured the individual's health, safety and rights?

- Number of individuals in the sample with incidents reviewed (0-10): _____
- Number of individuals in the sample with incidents where the provider successfully ensured health, safety and rights (0-10): _____

Question 65

For the identified sample, did the provider offer victims assistance to individuals who were involved in reported incidents of abuse, neglect, injury or crime?

- Number of individuals in the sample with incidents of abuse, neglect, injury or crime reviewed (0-10): _____
- Number of individuals in the sample with incidents (above) where the provider offered victims assistance (0-10): _____

Question 66

For the identified sample, were all required investigations conducted by Certified Investigators?

- Number of individuals in the sample with incidents requiring investigation reviewed (0-10): _____
- Number of individuals in the sample with incidents requiring investigations where the investigator was certified at the time of the investigation (0-10): _____

Question 67

For the provider as a whole, were the incident reports finalized **by the provider** within 30 days? If not, were extensions requested?

- Yes
- No
- Not applicable 'N/A'

Question 68

For the identified sample, did the provider participate in the development of the current approved ISP?

- Number of individuals in the sample (0-10): _____
- Number of individuals where the provider participated in the development of the current approved ISP (0-10): _____

Question 69

For the identified sample, did the provider participate in the 6 month review of all required services?

- Number of individuals in the sample with a service that requires a 6 month review (0-10): _____

- Number of individuals (of those above) where the provider participated in the 6 month review (0-10): ____

Question 70

For the identified sample, has the provider been entering the individual's progress related to their communication outcomes into the progress notes?

- If the provider is not responsible to implement communication outcomes for the individuals in the sample, please select N/A in both areas.
- Number of individuals in the sample with communication outcomes (0-10): ____
- Number of individuals (of those above) with evidence of the provider entering communication progress (0-10): ____

Question 71

For the identified sample, was there sufficient staff to provide the services as required in the ISP?

- Number of individuals in the sample (0-10): ____
- Number of individuals with sufficient staff to provide services as required (0-10): ____

Question 72 - Comments Box

Please enter any comments related to the Record Review questions, including explanations for any non-compliance. Include the question numbers in your response. If you have no comments, please type N/A in the comments box.

Section VI: Financial Management and Accountability Questions

Overview: The following questions are financial management and accountability questions that relate to the authorization and utilization of services as defined by the Waiver Assurance on Service Plans and 55 Pa. Code Chapter 51 regulations, as well as vendor services.

Please select from the numbered list the number of individuals in the sample who are applicable to the question in the first row and the number of individuals who are in compliance in the second row.

NOTE: If the provider did not have any waiver services authorized for the prior fiscal year [July 1 – June 30] and the provider did not receive a sample, the provider should select “0” in the first and second rows for each question in this section and explain in each section comment box.

The reviewer should complete the **MCI Tracker** for this section and then transfer the results to this tool. The **MCI Tracker** should be maintained for review during the on-site review or any other review as deemed necessary.

Timeframe: The timeframe for each question is the prior fiscal year [July 1 – June 30] unless otherwise specified in the **Provider Monitoring Guidelines**.

Question 73

For the identified sample, if there are variances in frequency and/or duration from authorized services, did the provider document the reason and address any issues with the team?

- Number of individuals in the sample with variances in services (0-10): _____
- Number of individuals with reasons for variances documented and addressed (0-10): _____

Question 74

For the identified sample, for the **prior fiscal year** (July 1 - June 30), was the percentage of units billed to units authorized, on average, greater than 90% for all authorized services or is there documentation to show that the provider is addressing utilization with the team?

- Number of individuals in the sample (0-10): _____
- Number of individuals with units billed to units authorized greater than 90% or if there is documentation that the provider is addressing utilization with the team(0-10): _____

Question 75

For the identified sample, does the provider's documentation, as described in 55 Pa. Code Chapter 51, support the claims for services?

Note: This question applies only to services for which there are claims billed. Please list all reviewed claims, by ICN, on the specified tab of the MCI Tracker.

- Number of individuals in the sample (0-10): _____
- Number of individuals with documentation that supports the claims for services delivered (0-10): _____

Question 76 - Comments Box

Please enter any comments related to the Financial Management and Accountability questions, including explanations for any non-compliance. Include the question numbers in your response. If you have no comments, please type N/A in the comments box.

Section VII: Health Care Services Questions

Overview: The following questions are health care services questions for the identified sample. Questions that are not applicable to the provider should be answered with N/A.

Please select from list the number of individuals in the sample who are applicable to the question in the first row and the number of individuals who are in compliance in the second row.

NOTE: If the provider did not have any waiver services authorized for the prior fiscal year [July 1 – June 30] and the provider did not receive a sample, the provider should select “0” in the first and second rows for each question in this section and explain in each section comment box.

The reviewer should complete the **MCI Tracker** for this section and then transfer the results to this tool. The **MCI Tracker** should be maintained for review during the on-site review or any other review as deemed necessary.

Timeframe: The timeframe for each question is the prior fiscal year [July 1 – June 30] unless otherwise specified in the question.

Question 77

For the identified sample, if the ISP designates the provider as the designated health support person, is a person identified within the provider organization?

- If the provider is not the designated health support person for anyone in the sample, mark N/A.
- Number of individuals in sample for whom the provider is the designated health support person (0-10): ____
- Number of individuals where the health support person is identified within the organization (0-10): ____

Question 78

For the identified sample, have all required health care practitioners been identified?

- If the provider is not responsible to locate health care practitioners for anyone in the sample, mark N/A.
- Number of individuals in the sample for whom the provider is responsible to locate health care practitioners (0-10): ____
- Number of individuals of those above whose health care practitioners have been located (0-10): ____

Question 79

For the identified sample, if the individual has a dual diagnosis, are they receiving needed mental health services?

- If the provider is not responsible for ensuring mental health services for anyone in the sample, mark N/A.
- Number of individuals with a dual diagnosis for whom the provider is responsible for ensuring mental health services (0-10): ____
- Number of individuals of those above receiving needed mental health services (0-10): ____

Question 80

For the identified sample, is there a record of health promotion options available to individuals such as exercise, diet and smoking cessation?

- If the provider is not responsible for providing health promotion options for anyone in the sample, mark N/A.
- Number of individuals in the sample with health promotions in the ISP for whom the provider is responsible for providing health promotions (0-10): ____
- Number of individuals of those above with a record of health promotion options available (0-10): ____

Question 81

For the identified sample, were all health care appointments, screenings and follow-up treatment completed as prescribed?

- If the provider is not responsible for health care appointments for anyone in the sample, mark N/A.
- Number of individuals in the sample for whom the provider is responsible for health care appointments (0-10): ____
- Number of individuals in the sample of those above with health care appointments, screenings and follow-up treatment completed as prescribed (0-10): ____

Question 82 - Comments Box

Please enter any comments related to the Health Care Services questions, including explanations for any non-compliance. Include the question numbers in your response. If you have no comments, please type N/A in the comments box.

Please ensure that ALL documentation utilized to complete this tool is organized, maintained and available for the on-site review. Failure to maintain documentation will result in a Corrective Action Plan (CAP). It is the expectation of ODP that all areas of non-compliance will be remediated by the provider within 30 days of discovery.

What is the provider organization's CEO contact information?

- CEO Name (first and last name):

Office of Developmental Programs

Provider Monitoring Tool

Provider

- CEO Phone Number:
- CEO E-mail Address:
- CEO Mailing Address:

Section I: Introductory Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
<p>Overview: The following questions are introductory questions to your organization.</p> <p>Timeframe: 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"> 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.
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"> Please enter your organization's D-U-N-S number. Ensure that it has been entered correctly. A D-U-N-S number can be obtained by visiting http://fedgov.dnb.com/webform and clicking on the link entitled "Click here to request your D-U-N-S number via the Web." There is also a toll-free number: 1-866-705-5711
3)	<p><i>Question:</i> What is the provider organization's Lead Administrative Entity (AE)? (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"> Please use the drop down to select the appropriate Lead AE. Providers will be notified of their sample by their Lead AE. 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.
4)	<p><i>Question:</i> In which region is the Lead AE located?</p> <ul style="list-style-type: none"> Central Northeast Southeast West 		<ul style="list-style-type: none"> Please use the drop down to select the appropriate region for your Lead AE.

Section I: Introductory Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
5)	<p><i>Question:</i> What is the provider organization's contact information (for Provider Monitoring)?</p> <ul style="list-style-type: none"> • Contact Name (first and last name): • Contact Phone Number: • Contact E-mail Address: 		<ul style="list-style-type: none"> • 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.
6)	<p><i>Question:</i> Does the provider provide transportation services?</p> <ul style="list-style-type: none"> ○ Yes ○ No 	<p><i>Sources Document(s):</i></p> <ul style="list-style-type: none"> • HCSIS Services and Supports Directory (SSD) 	<ul style="list-style-type: none"> • Agencies that provide Transportation Mile: Provider Type 55, Specialty 267, Procedure code W7271. • Agencies that provide Transportation Trip: Provider Type 26, Specialty 267, Procedure codes W7274, W7275, W7276.
7)	<p><i>Question:</i> Is the provider an Organized Health Care Delivery System (OHCDs)?</p> <ul style="list-style-type: none"> ○ Yes ○ No 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • ODP Informational Memo 106-12 – Qualification of Vendors 	<ul style="list-style-type: none"> • Agencies that are qualified as a waiver provider, and render at least one direct waiver service and are enrolled in HCSIS and PROMISe™ as a Provider Type 55, may function as an Organized Health Care Delivery System (OHCDs).
8)	<p><i>Question:</i> Please reference the list of waiver services in the tool and select all services the organization is qualified to provide.</p>	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • ODP Announcement 092-14 – Office of Developmental Programs HCSIS Services and Supports Directory (SSD) Reminder 	<ul style="list-style-type: none"> • Please select, review and confirm all services provided. • The provider should take this opportunity to check the SSD and ensure that it is correct.

Section II: Policy and Procedure Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
<p>Overview: When responding to these questions in the tool, providers must retain all related documentation, including policy & procedure documentation, training curriculum, training records, etc.</p>			

Section II: Policy and Procedure Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
<p>For recommended remediation actions:</p> <p>Short Term: Immediate action taken to correct specific non-compliance</p> <p>Long Term: Actions taken to correct the non-compliance systemically</p>			
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 a clearly defined organizational structure available?</p> <ul style="list-style-type: none"> ○ Yes ○ No 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • 55 Pa. Code Chapter 51 Section 51.4 • Waiver Assurance on Administrative Authority (Appendix A) • § 6000.941. Administrative structure • § 6000.953. Incident management representative 	<ul style="list-style-type: none"> • Reviewers will review relevant documentation and job descriptions to ensure an organizational structure is defined and includes all of the following functions: <ul style="list-style-type: none"> • Waiver compliance • Incident/Risk Management • Quality Management • Provider Qualification compliance • HCSIS and PROMISe Enrollment compliance • SSD Maintenance • Claims Management and Fiscal Reconciliation • This does not necessarily have to be a chart, but relevant documentation to explain how the organization is structured administratively. • Compliance is determined if an organizational structure exists that includes all of the above functions. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Provider will develop an organizational structure that outlines key administrative functions as designated.
10)	<p><i>Oversight area:</i> Regulatory and Policy Requirements</p> <p><i>Compliance Standard:</i> A provider shall have a QM plan in accordance 55 Pa. Code Chapter 51 Regulations.</p> <p><i>Question:</i> Does the provider have a Quality</p>	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • 55 Pa. Code Chapter 51 Sections 51.13(j) and 51.25 (d), (e) (c) • The Pennsylvania Bulletin, 42 Pa.B. 7350, Office of Developmental Programs Priorities for Provider QM Plan Development published 12/1/12 	<ul style="list-style-type: none"> • Reviewers will review the provider's Quality Management Plan. • The following criteria must be included in the plan: <ol style="list-style-type: none"> 1. Goals of the QM plan, which include how the provider will meet Department priorities that are published as a notice in the PA Bulletin.

Section II: Policy and Procedure Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
	<p>Management Plan in accordance with the approved applicable waiver and 55 Pa. Code Chapter 51 Regulations?</p> <ul style="list-style-type: none"> ○ Yes ○ No 	<ul style="list-style-type: none"> • ODP Informational Memo 107-12 – Chapter 51 Regulation Implementation Instructions for Providers, including SCOs on Quality Management Plans • ODP Information Memo 038-15 – Implementation Instructions for Providers, including SCOs on Quality Management Plans 	<ol style="list-style-type: none"> 2. Target objectives that support each goal. 3. Performance measures the provider will use to evaluate progress in achieving the target objectives. 4. The data source for each performance measure. 5. The person responsible for the QM plan. 6. Actions to be taken to meet the target objectives. 7. The plan shall be updated at least every 2 years. <ul style="list-style-type: none"> • Compliance is indicated if the provider has a QM plan that meets all criteria. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ The provider will develop a QM plan or revise an existing plan to meet the criteria. ▪ The provider will update the QM plan every 2 years.
11)	<p><i>Oversight area:</i> Regulatory and Policy Requirements</p> <p><i>Compliance Standard:</i> A provider shall have a QM plan in accordance with 55 Pa. Code Chapter 51 Regulations.</p> <p><i>Question:</i> Did the provider review and evaluate performance data in the development of their Quality Management Plan in accordance with 55 Pa. Code Chapter 51 Regulations?</p> <ul style="list-style-type: none"> ○ Yes ○ No 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • 55 Pa. Code Chapter 51 Sections 51.13(j) and 51.25 (c), (e), (f) • The Pennsylvania Bulletin, 42 Pa.B. 7350, Office of Developmental Programs Priorities for Provider QM Plan Development published 12/1/12 • ODP Informational Memo 107-12 – Chapter 51 Regulation Implementation Instructions for Providers, including SCOs on Quality Management Plans • ODP Information Memo 038-15 – Implementation Instructions for Providers, including SCOs on Quality Management Plans 	<ul style="list-style-type: none"> • Reviewers will review relevant documentation to verify that the provider reviewed performance data when developing the QM plan. • Documentation should show that the provider evaluated the following: <ol style="list-style-type: none"> 1. The manner in which the provider will meet the Department’s QM plan criteria. 2. The provider’s quarterly performance review data and available reports in HCSIS. 3. The results from Provider Monitoring. 4. Compliance with the requirements in 42 CFR 441.302 (relating to state assurances). 5. Incident Management data, including data on the incident target under 51.17 (relating to incident management). 6. Results of satisfaction surveys and reviews of grievances.

Section II: Policy and Procedure Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
			<p><i>Remediation:</i></p> <ul style="list-style-type: none"> The provider will ensure that their QM process includes reviewing performance data in the development of the QM plan and documenting that said review occurred.
12)	<p><i>Oversight area:</i> Mission and Vision</p> <p><i>Compliance Standard:</i> There is a mission/vision statement that supports ODP's mission, vision, values and quality framework.</p> <p><i>Question:</i> Does the mission/vision statement of the organization reflect the Department's policy on intellectual disability principles and values?</p> <ul style="list-style-type: none"> Yes No 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> ODP Bulletin 00-10-02, Quality Management Strategy of the Office of Developmental Programs MR Bulletin 00-03-05, Principles for the Mental Retardation System <p>Note: Please reference Everyday Lives: Making it Happen for more information.</p>	<ul style="list-style-type: none"> Reviewers will review the organization's mission and vision to ensure that they reflect the Department's policy on intellectual disability principles and values. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> Provider will revise their mission/vision statement to reflect the Department's policy on intellectual disability principles and values.
13)	<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"> Yes No 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> 55 Pa. Code Chapter 51 Sections 51.4, 51.20, 51.21 Waiver Assurance on Qualified Providers (Appendix C) The Office of Developmental Programs Provider Agreement for Participation in Pennsylvania's Consolidated and Person/Family Directed Support Waivers ODP Informational Packet 104-12 – Clarification and Changes to Provider Qualification Requirements 	<ul style="list-style-type: none"> 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. The following requirements will be met: <ol style="list-style-type: none"> Orientation / Staff Training Background Checks (criminal history, child abuse, FBI) All staff are 18 years old or older <p><i>Remediation:</i></p> <ul style="list-style-type: none"> Provider will develop a policy/procedure for staff qualifications including orientation/staff training, background checks, and requirement for staff to be 18 or older.

Section II: Policy and Procedure Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
14)	<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"> • List of Excluded Individuals and Entities (LEIE) • System for Award Management (SAM) and • DHS's Medichex list <p>and is it implemented?</p> <ul style="list-style-type: none"> ○ Yes ○ No 	<p><i>Source document(s):</i></p> <ul style="list-style-type: none"> • 55 Pa. Code Chapter 51 Sections 51.62, 51.141 and 51.152 • 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 • ODP Announcement 031-13 – Migration of the Excluded Parties List System to the System for Award Management 	<ul style="list-style-type: none"> • Reviewers will review the provider's policy/procedure for checking exclusion lists (LEIE, SAM and DHS's Medichex). All three exclusion lists must be included. • 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. • 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. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Provider will develop/modify a policy/procedure for checking whether staff or anyone they contract with is listed on LEIE, SAM and DHS's Medichex list. ▪ 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 with the staff/contractor and void all claims associated with the staff/contractor.
15)	<p><i>Oversight area:</i> Regulatory and Policy Requirements</p> <p><i>Compliance Standard:</i> The provider maintains a</p>	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • MR Bulletin 00-06-09, Elimination of Restraints through Positive Practices • 55 Pa. Code Chapter 51 section 51.13 (w)(2),(3) 	<ul style="list-style-type: none"> • Reviewers will review the provider's policy on restraints to ensure all listed components on restraints are addressed. • The following requirements will be met:

Section II: Policy and Procedure Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
	<p>policy consistent with MR Bulletin 00-06-09, Elimination of Restraints through Positive Practices.</p> <p><i>Question:</i> Does the provider's restraint policy address the requirements of 55 Pa. Code Chapter 51 regulations and MR Bulletin 00-06-09, <i>Elimination of Restraints through Positive Practices</i>?</p> <ul style="list-style-type: none"> ○ Yes ○ No 		<ol style="list-style-type: none"> 1. Staff Training requirements 2. Positive Approaches 3. Internal review committee's responsibilities 4. Data Collection 5. Plan for reduction and eventual elimination of restraints or to maintain a restraint free agency. 6. The following may not be used: seclusion, chemical restraint, mechanical restraint, prone position manual restraint, manual restraints that inhibit respiratory/digestive system, inflicts pain, causes hyperextension of joints and pressure on chest or joints, techniques in which the individual is not supported. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Provider will develop/modify a restraint policy that addresses staff training, positive approaches, internal review, data collection and plan for reduction/elimination and excluded procedures.
16)	<p><i>Oversight area:</i> Regulatory and Policy Requirements</p> <p><i>Compliance Standard:</i> The provider maintains a policy consistent with Informational Memo 080-12 – Reporting Unauthorized Restrictive Interventions.</p> <p><i>Question:</i> Does the provider have a policy that addresses restrictive interventions as described in Informational Memo 080-12 – Reporting Unauthorized Restrictive Interventions?</p> <ul style="list-style-type: none"> ○ Yes ○ No 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • ODP Informational Memo 080-12 – Reporting Unauthorized Restrictive Interventions 	<ul style="list-style-type: none"> • Reviewers will review the provider's policy that addresses restrictive interventions. • The policy should address the following: <ol style="list-style-type: none"> 1. The use of allowable restrictive interventions. 2. Prohibited restrictive interventions. 3. Reporting misuse of restrictive interventions. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Provider will develop/modify a policy to address restrictive interventions.
17)	<p><i>Oversight area:</i> Regulatory and policy requirements</p>	<p><i>Source Document(s):</i></p>	<ul style="list-style-type: none"> • Reviewers will review policy and procedures

Section II: Policy and Procedure Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
	<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> <ul style="list-style-type: none"> ○ Yes ○ No 	<ul style="list-style-type: none"> • 55 Pa. Code Chapter 51 section 51.15 	<p>regarding records management to ensure all of the requirements are met.</p> <ul style="list-style-type: none"> • Requirements are: <ol style="list-style-type: none"> 1. The preservation of records until the expiration of 5 years after the waiver service is provided, unless otherwise specified; 2. The restriction of use or disclosure of information for purposes directly related to the implementation of the ISP 3. The availability and accessibility of the records to the individual, staff, SC, AE, ODP and the US Health & Human Services Department or an entity permitted to access records under law. 4. The use of electronic record documentation. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ 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.
18)	<p><i>Oversight area:</i> Contingency planning</p> <p><i>Compliance Standard:</i> Providers have an Emergency Disaster Response plan for natural disasters.</p> <p><i>Question:</i> Does the provider have a documented Emergency Disaster Response plan that addresses individual's safety and protection, communications and/or operational procedures?</p> <ul style="list-style-type: none"> ○ Yes 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • ODP Bulletin 00-10-02, Quality Management Strategy of the Office of Developmental Programs • Focus Area II: Participant-Centered Service Planning and Delivery • Focus Area IV: Participant Safeguards (Appendices D and G of waiver) • 55 Pa. Code Chapter 51 Section 51.4 	<ul style="list-style-type: none"> • Reviewers will review the agency's Emergency Response Plan. • The plan should include addressing the safety and protection of individuals as well as communications and/or operational procedures. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Provider will develop/modify an emergency disaster response plan addressing individual safety and protection, communications and/or operational procedures.

Section II: Policy and Procedure Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
	<input type="radio"/> No		
19)	<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 how to respond in cases of individual health and behavioral emergencies and crises?</p> <input type="radio"/> Yes <input type="radio"/> No	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • MR Bulletin 6000-04-01, Incident Management • MR Bulletin 00-06-09, Elimination of Restraints through Positive Practices • Waiver Assurances Appendix G-3, (relating to Participant Safeguards) • The Office of Developmental Programs Provider Agreement for Participation in Pennsylvania's Consolidated and Person Family Directed Support Waivers Conditions #1 & 2 • 55 Pa. Code Chapter 51 Section 51.4 	<ul style="list-style-type: none"> • 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. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Provider will develop policies/procedures on responding to individual health and behavioral emergencies and crises.
20)	<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> <input type="radio"/> Yes <input type="radio"/> No	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • 55 Pa. Code Chapter 51 Sections 51.4, 51.26 (a)(1), (2); (c), (d) • Waiver Assurance on Health and Welfare (Appendix G) 	<ul style="list-style-type: none"> • Reviewers will review the provider's grievance procedures. • The procedures should include the following: <ol style="list-style-type: none"> 1. Processes to resolve a grievance within 21 days. 2. Instructions for individuals and their families regarding grievance procedures, including how to seek help in filing a grievance. 3. Process to review, document and resolve each grievance including name, nature, date, actions to resolve resolution and date resolved. 4. Process to review procedures annually to determine number of grievances and their disposition. • Compliance is indicated when a provider has grievance procedures that meet all criteria above. <p><i>Remediation:</i></p>

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	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
			<ul style="list-style-type: none"> ▪ Provider will develop grievance procedures in accordance with regulations.
21)	<p><i>Oversight area:</i> Training</p> <p><i>Compliance Standard:</i> A provider shall implement a training curriculum in compliance with 55 Pa. Code Chapter 51 regulations.</p> <p><i>Question:</i> Does the provider have an annual training curriculum in accordance with 55 Pa. Code Chapter 51 regulations?</p> <ul style="list-style-type: none"> ○ Yes ○ No 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • 55 Pa. Code Chapter 51 Sections 51.13(k), 51.23(a) 	<ul style="list-style-type: none"> • Reviewers will review the provider's training curriculum for staff that provides direct service to individuals. • The curriculum must contain at least the following: <ol style="list-style-type: none"> 1. Department policy on intellectual disability principles and values. 2. Training to meet the needs of an individual as identified in the ISP. 3. QM Plan. 4. Identification and prevention of abuse, neglect and exploitation of an individual. 5. Recognizing, reporting and investigating an incident. 6. Grievance procedures. 7. Department issued policies and procedures. 8. Accurate billing and documentation of service delivery. • Compliance is indicated when the provider has a training curriculum that complies with all above requirements. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Provider will develop/modify a training curriculum that is in accordance with the regulations.
22)	<p><i>Oversight area:</i> Back up plans</p> <p><i>Compliance Standard:</i> A provider shall develop a written protocol to ensure the successful implementation of each participant's back-up plan.</p>	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • 55 Pa. Code Chapter 51 Section 51.32 (b) • ODP Bulletin 00-15-01, Individual Support Plans (ISPs);" Page 15 (§ 3.8) of Attachment # 1 • Informational Memo 069-13 "Office of Developmental Programs Home and Community-Based Services Regulation 	<ul style="list-style-type: none"> • Reviewers will review the provider's protocol for implementing back-up plans. • The protocol shall include: <ol style="list-style-type: none"> 1. Assurance and verification that the service is being provided at the frequency and duration established in the individual's ISP. 2. Verification that the service is provided

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	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
	<p><i>Question:</i> Does the provider have a written protocol in accordance with 55 Pa. Code Chapter 51 regulations to ensure the successful implementation of each individual's back-up plan?</p> <ul style="list-style-type: none"> ○ Yes ○ No ○ Not applicable "N/A" 	<p>Questions and Answers"</p>	<p>during a change in staff, such as shift changes or changes in staffing patterns.</p> <ul style="list-style-type: none"> • This question is only applicable for providers who support individuals in their own private residence or other settings where staff might not be continuously available. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Provider will develop/modify a protocol for implementing back-up plans that complies with 55 Pa.Code Chapter 51 regulations.
23)	<p><i>Oversight area:</i> Regulatory and policy requirements</p> <p><i>Compliance Standard:</i> A provider shall develop an internal conflict of interest protocol that complies with 55 Pa. Code Chapter 51 regulations.</p> <p><i>Question:</i> Does the provider have an internal conflict of interest protocol in accordance with 55 Pa. Code Chapter 51 regulations?</p> <ul style="list-style-type: none"> ○ Yes ○ No 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • 55 Pa. Code Chapter 51 Section 51.33 	<ul style="list-style-type: none"> • Reviewers will review the provider's internal conflict of interest protocol. • The following areas must be addressed: <ol style="list-style-type: none"> 1. Unbiased decision making by the provider, managers and staff. 2. No involvement of board members with other provider agencies that are not in accordance with ethical standards of financial and professional conduct. 3. Documented procedures to determine whether a conflict of interest exists within the organization, including the steps to take if a change in circumstances occurs. 4. Documented procedures to follow when a conflict of interest is disclosed within the organizational structure. 5. Documented procedures to follow when a conflict of interest is determined to exist. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Provider will develop/modify a conflict of interest protocol that is in accordance with regulations.

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	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
24)	<p><i>Oversight area:</i> Regulatory and policy requirements</p> <p><i>Compliance Standard:</i> A provider shall either replace property that was lost or damaged, or pay the individual the replacement value for the lost or damaged item.</p> <p><i>Question:</i> Does the provider have a process/procedure to ensure the replacement of an individual's lost or damaged property in accordance with 55 Pa. Code Chapter 51 regulations?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • 55 Pa. Code Chapter 51 Section 51.27(e) 	<ul style="list-style-type: none"> • Reviewers will review the provider's policy/procedure on replacement of lost/damaged property. • The policy shall include: A provider shall either replace property that was lost or damaged, or pay the individual the replacement value for the lost or damaged item if confirmed by the provider, Department or department's designee through a review of the circumstances that an individual's personal property was lost or damaged by the provider while providing a service to the individual. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Develop/modify a procedure for replacing lost or damaged property that is in compliance with 55 Pa. Code Chapter 51 regulations.
25)	<p><i>Oversight area:</i> Transition of Individuals</p> <p><i>Compliance Standard:</i> A provider that is no longer willing to provide a service to an individual shall provide written notice at least 30 days prior to the date of discharge to the individual, the Department, the Department's designee and the SC.</p> <p><i>Question:</i> Does the provider have a process/procedure to ensure the appropriate transition of individuals in accordance with 55 Pa. Code Chapter 51 regulations?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • 55 Pa. Code Chapter 51 Section 51.31 (c) (d) 	<ul style="list-style-type: none"> • Reviewers will review the provider's process/procedure on ensuring the appropriate transition of individuals in accordance with 55 Pa. Code Chapter 51 regulations. • The process shall include the following: <ol style="list-style-type: none"> 1. Participation in transition planning meetings. 2. Cooperation with visitation schedules. 3. Arrangement for transportation to support visitation. 4. Closing of open incidents in HCSIS. 5. Undue influence is not exerted when the individual is making the choice to a new Provider. 6. Written notice at least 30 days prior to discharge when the provider is no longer willing/able to provide services. 7. The provider will continue to provide the service during transition to provide continuity of care.

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	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
			<p>8. The provider will provide written notification to the Department if they cannot continue to provide a service due to emergency circumstances.</p> <p>9. The provider will cooperate with transition planning activities of all new individuals to whom they intend to provide service.</p> <p>10. The provider will provide available records to a new provider within 7 days of the date of transfer.</p> <ul style="list-style-type: none"> In the absence of a written process, review documentation for an individual who was discharged to ensure that all components of the regulations were followed. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> Develop/modify a process for ensuring the appropriate transition of individuals in accordance with 55 Pa. Code Chapter 51 regulations.
26)	<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>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> <p>○ Yes ○ No</p>	<p><i>Source document(s):</i></p> <ul style="list-style-type: none"> ODP Bulletin 00-14-04, Accessibility of Intellectual Disability Services for Individuals Who Are Deaf 	<ul style="list-style-type: none"> Reviewers will review protocols that address accessibility for individuals who are deaf. The protocol will include: <ol style="list-style-type: none"> Process for staff to request and obtain necessary communication assistance. Process to ensure that communication assistance deemed necessary is provided as indicated in the ISP. 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><i>Remediation:</i></p> <ul style="list-style-type: none"> The provider will develop/modify a protocol that addresses all requirements.

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	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
27)	<p><i>Oversight area:</i> Incident management</p> <p><i>Compliance Standard:</i> The provider implements PA's Incident Management policy.</p> <p><i>Question:</i> Does the provider's Incident Management policy meet the requirements of 55 Pa. Code Chapter 51 regulations and MR Bulletin 6000-04-01, <i>Incident Management</i>?</p> <ul style="list-style-type: none"> ○ Yes ○ No 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • 55 Pa. Code Chapter 51 Section 51.17 • MR Bulletin 6000-04-01, Incident Management • 55 Pa. Code Chapter 6000 Subchapter Q – Incident Management • MR Bulletin 00-04-11, Certified Investigations 	<ul style="list-style-type: none"> • Reviewers will review the incident management policy and procedures to ensure all listed components are included. • The policy will include: <ol style="list-style-type: none"> 1. There is a written policy to support incident management. 2. The policy addresses taking timely and appropriate action in response to incidents. 3. The policy addresses timely reporting and completion of incidents in HCSIS. 4. The policy addresses certified investigation of incidents 5. The policy addresses taking corrective action in response to incidents. 6. The policy addresses the provider's process for Peer Review of investigations. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Provider will develop/modify an incident management policy that meets the requirements in the Regulations and Incident Management Bulletin.
28)	<p><i>Oversight area:</i> Incident management</p> <p><i>Compliance Standard:</i> The provider implements PA's incident management policy.</p> <p><i>Question:</i> Did the provider review and analyze incidents at least quarterly?</p> <ul style="list-style-type: none"> ○ Yes ○ No ○ Not applicable "N/A" 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • 55 Pa. Code Chapter 51 Section 51.17(h) • MR Bulletin 6000-04-01, Incident Management • 55 Pa. Code Chapter 6000 Subchapter Q – Incident Management 	<ul style="list-style-type: none"> • Reviewers will review the provider's most recent review and analysis of incidents. • The reviewer should ensure that the review and analysis was completed at least quarterly. • The review must contain information on incident targets. The provider should run a target report and look for trends. • The review should include 30-day analyses of all medication errors and restraints. • If there are no incidents for the most recent quarter, the reviewer will review the incident review and analysis from a different quarter. If there are no incidents in the prior fiscal year, the question

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	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
			<p>should be marked N/A.</p> <ul style="list-style-type: none"> For an N/A response, the provider should run a HCSIS incident count report for the prior fiscal year and maintain the documentation to provide to the Lead AE during on-site review. The path for the report is M4Q> reports> report request> incident management> summary reports. Enter date range (7/1 – 6/30 of prior fiscal year which is an overnight report) and report format only. The report should reflect all zeros to show that the provider had no incidents in the prior fiscal year. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> If no review/analysis has been completed, the provider will complete a review and analysis of incidents. The provider will develop a procedure to ensure that the review and analysis of incidents is completed on at least a quarterly basis.
29)	<p><i>Oversight area:</i> Incident management</p> <p><i>Compliance Standard:</i> Investigations are completed timely, thorough and objectively in accordance with the Certified Investigator’s Manual.</p> <p><i>Question:</i> Was the peer review process to review the quality of investigations completed and documented in the prior fiscal year?</p> <ul style="list-style-type: none"> Yes No Not applicable “N/A” 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> Certified Investigator’s Manual Certified Investigation Peer Review (CIPR) Manual 55 Pa. Code Chapter 6000 Subchapter Q – Incident Management 	<ul style="list-style-type: none"> Reviewers will review the latest Peer Review. This should be for an investigation of an incident for a person registered with the Lead AE. Note that this Peer Review does not need to be for an individual in the sample. Reviewers will specifically look to ensure the following: <ol style="list-style-type: none"> The peer review committee consists of at least 3 people Peer reviews were conducted at least quarterly. Sample size is no less than 10% of the investigations conducted during the review period. In addition, there must be a review of at least one (1) investigation conducted by each CI during the review period. If there were not any investigations for the review period, there should be evidence that

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	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
			<p>investigations from prior quarters have been reviewed.</p> <p>5. Evidence that the results of the peer review was shared with the CI.</p> <ul style="list-style-type: none"> • If there have been no Certified Investigations completed by the provider, mark 'N/A'. • If there have been certified investigations during the prior fiscal year, there should be documentation that a peer review was completed. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Provider will develop and implement a process for Peer Review that is in accordance with ODP's Peer Review Process.
30)	<p><i>Oversight area:</i> Incident management</p> <p><i>Compliance Standard:</i> Investigations are completed timely, thorough and objectively in accordance with the Certified Investigator's Manual.</p> <p><i>Question:</i> Were follow-up recommendations from the Peer Review implemented?</p> <ul style="list-style-type: none"> ○ Yes ○ No ○ Not applicable "N/A" 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • Certified Investigator's Manual • Certified Investigation Peer Review (CIPR) Manual • 55 Pa. Code Chapter 6000 Subchapter Q – Incident Management 	<ul style="list-style-type: none"> • Reviewers will review relevant documentation regarding follow-up activities of the Peer Review reviewed in question 29. • If there have been no Certified Investigations completed by the provider or if there were no follow-up recommendations, mark 'N/A' <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Provider will implement follow-up activities if they have not been implemented. ▪ Provider's Peer Review Process must include implementation of follow-up recommendations. ▪ If the provider's process already includes this, the provider should train IM staff regarding proper protocol for implementation of recommendations. ▪ If the process already includes this and the staff have been trained, provider should either retrain the staff or consider disciplinary action if warranted.

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	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
31)	<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"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable "N/A" 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • Waiver Assurance on Participant Services (Appendix C) • 55 Pa. Code Chapter 51 Section 51.4 	<ul style="list-style-type: none"> • This question only pertains to providers who provide transportation trip services (Provider Type 26), in addition to other traditional services. • Reviewers will review the provider's process for ensuring that there is an aide on the vehicle when transporting more than six individuals. • If the provider does not provide transportation trip services, mark 'N/A'. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Provider will develop and implement a process to ensure that there is an aide on the vehicle whenever transporting more than six individuals.
32)	<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 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"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable "N/A" 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • 55 Pa. Code Chapter 51 Section 51.4 • Waiver Assurance on Participant Services (Appendix C) • ISP Manual 	<ul style="list-style-type: none"> • This question only pertains to providers who provide transportation mile (Provider Type 55, Specialty Code 267), in addition to other traditional services. • 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. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ 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.
	<p><i>Oversight area:</i> Vendor Services</p> <p><i>Compliance Standard:</i> Indirect vendor providers</p>	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • 55 Pa. Code Chapter 51 Section 51.141(e) • ODP Informational Packet 104-12 - 	<ul style="list-style-type: none"> • The reviewer will review a minimum of 10 or a 10% sample (whichever is more) of OHCDS vendors to whom payments have been made in the prior fiscal

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	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
33)	<p>are qualified through an Organized Health Care Delivery System (OHCDS). The OHCDS ensures that subcontracted entities meet all applicable provider qualification standards for the service they are rendering.</p> <p><i>Question:</i> Is the qualification documentation present for each of the vendors to whom the Organized Health Care Delivery System (OHCDS) provider rendered payment?</p> <ul style="list-style-type: none"> ○ Yes ○ No ○ Not applicable "N/A" 	<p>Clarification and Changes to Provider Qualification Requirements</p> <ul style="list-style-type: none"> • ODP Informational Memo 106-12 – Qualification of Vendors <p>Note: Agencies that are qualified as a waiver provider, and render at least one direct waiver service and are enrolled in HCSIS and PROMISe™ as a Provider Type 55, may function as an Organized Health Care Delivery System (OHCDS).</p>	<p>year. The sample should be based on a valid random sampling methodology and should not include public transportation providers.</p> <ul style="list-style-type: none"> • Identify vendors associated with claims. Review qualification documentation for each vendor in the sample. • If the provider is not an OHCDS mark N/A. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Short term: Obtain qualification documentation. Locate any missing documentation. The provider should discontinue utilizing vendors for whom they do not have qualification documentation. ▪ Long term: Provider implements a policy which ensures that vendor qualification is present prior to service delivery.
34)	<p><i>Oversight area:</i> Vendor Services</p> <p><i>Compliance Standard:</i> Indirect vendor services are funded by an Organized Health Care Delivery System(OHCDS) in accordance with ODP standards</p> <p><i>Question:</i> Did the OHCDS document that the vendor charge is the same cost for the good or service as for the general public as per 55 Pa. Code Chapter 51 regulations?</p> <ul style="list-style-type: none"> ○ Yes ○ No ○ Not applicable "N/A" 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • 55 Pa. Code Chapter 51 Section 51.141(g)(1) • ODP Informational Memo 106-12 – Qualification of Vendors 	<ul style="list-style-type: none"> • Reviewers will review vendor payments using the same sample as above in question 33. • Review documentation that shows that the cost the vendor charges is the same as the cost charged to the general public. • If the provider is not an OHCDS mark N/A. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Short term: Obtain relevant documentation. The provider should discontinue use of vendors who are not charging the same cost for the good or service as they do for the general public. Claim adjustments should be made as appropriate. ▪ Long term: Provider implements a policy which ensures that public rate information is obtained prior to service delivery and that

Section II: Policy and Procedure Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
			individuals are charged the same rate.
35)	<i>Comments Box:</i>		

Section III: Training Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
<p>Overview: The Training Questions are separated into 2 sections. The first section (questions 36-38) will be completed by the Lead AE during on-site and can be responded to by reviewing the training records of the last 10 hired direct support staff members who were hired during the prior fiscal year and who support individuals who are registered with the provider's Lead AE. These should be the staff that directly provides waiver service(s). Please note that the staff members chosen for review need not be currently employed by the provider. This sample of staff members will be chosen by the provider during the Self-Reporting phase, and will be validated by the Lead AE during the On-site Review phase. Providers that employ less than 10 staff members must review the records of all staff members hired in the last fiscal year in response to the Training Questions. If no staff were hired in the last fiscal year, please select N/A in both boxes for each question. Providers who are self-employed and have no employees should respond using themselves as 1 of 1.</p> <p>The second section (questions 39-44) will be completed by the Lead and Reviewing AE during on-site and can be responded to by reviewing the training records of the staff selected to be interviewed in Section IV of this tool. Determine the provider's training cycle and review training records for the prior annual training cycle. There should be one staff member for each individual in the sample. Please see Methodology for Section IV.</p> <p>If the provider does not have a sample but is currently serving someone through the waivers, questions 36-38 in Section 3 are to be answered for the last 10 direct care staff hired in the prior and current FY. If the provider does not have a sample and is not currently providing service to any individuals, section 3 is not applicable and can be marked 0 of 0.</p> <p>For this section, reviewers will review training records based on the provider's annual training cycle.</p> <p>Note: AWC services should not be reviewed during this monitoring.</p> <p>** If a policy question was non-compliant, the correlating training question will also be non-compliant. For instance, if the provider does not have an Emergency Disaster Response Plan (Q18) then the training question that relates to that policy (Q36) will also be non-compliant.</p>			
	<u>Questions for most recently hired staff to be completed by Lead AE during on-site</u>		

Section III: Training Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
36)	<p><i>Oversight area:</i> Contingency Planning</p> <p><i>Compliance Standard:</i> Providers have an Emergency Disaster Response plan for natural disasters.</p> <p><i>Question:</i> Did staff receive training on the Emergency Disaster Response plan?</p> <ul style="list-style-type: none"> ▪ Number of staff reviewed (0-10): ____ ▪ Number of staff where training on the provider's Emergency Disaster Response plan can be verified (0-10): ____ 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • Waiver Assurance for Health and Welfare • 55 Pa. Code Chapter 51 Section 51.4 	<ul style="list-style-type: none"> • Review training records including a description of the course, sign-in sheets, transcripts, or certificates of completion from the training. Staff should be trained on the provider's Emergency Disaster Response Plan. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Short term: All staff reviewed are trained on the provider's Emergency Disaster Response plan. ▪ Long term: Provider training on policies/procedures for all staff include training on the provider's Emergency Disaster Response plan.
37)	<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> Did staff receive training on the provider's policy /procedure on how to respond to individual health and behavioral emergencies and crises?</p> <ul style="list-style-type: none"> ▪ Number of staff reviewed (0-10): ____ ▪ Number of staff where training on how to respond to individual health and behavioral emergencies and crises can be verified (0-10): ____ 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • 55 Pa. Code Chapter 51 Sections 51.4, 51.17 (k), (l) and 51.23 (a)(2) and (b) • MR Bulletin 6000-04-01, Incident Management • MR Bulletin 00-06-09, Elimination of Restraints through Positive Practices • The Office of Developmental Programs Provider Agreement for Participation in Pennsylvania's Consolidated and Person Family Directed Support Waivers Conditions #1 & 2 • Waiver Assurances and Appendix G-3, (relating to Participant Safeguards) 	<ul style="list-style-type: none"> • Review training records including a description of the course, sign-in sheets, transcripts, or certificates of completion from the training. Staff should be trained on how to respond to individual health, behavioral emergencies and crises. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Short term: All staff are trained on how to respond to individual health, behavioral emergencies and crises. ▪ Long term: Provider training on policies/procedures for all staff include training on how to respond to individual health, behavioral emergencies and crises.

Section III: Training Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
38)	<p><i>Oversight area:</i> Implementation of ISP</p> <p><i>Compliance Standard:</i> The ISP is available to all staff.</p> <p><i>Question:</i> Did staff receive training to meet the needs of the individual they support as identified in the last approved Individual Support Plan (ISP) for the period being reviewed before providing services to the individual?</p> <ul style="list-style-type: none"> ▪ Number of staff reviewed (0-10): ____ ▪ Number of staff where training on the ISP of the individual(s) they support before providing services to the individual can be verified (0-10): ____ 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • 55 Pa. Code Chapter 51 Sections 51.4, 51.23 (a)(2), (b) and (c) • Waiver Assurance on Service Plans • ODP Bulletin 00-14-04, Accessibility of Intellectual Disability Services for Individuals Who Are Deaf 	<ul style="list-style-type: none"> • Review training records including a description of the course, sign-in sheets, transcripts, or certificates of completion from the training. Staff should be trained on the last approved ISP for the period being reviewed of the individual(s) they support. • Cross reference with hire date to ensure they were trained prior to providing services. • Compliance is indicated if staff received training on the ISP of the person they support, prior to beginning work with the person. <ul style="list-style-type: none"> • Training should include all aspects of the ISP such as outcomes, special health care needs, behavior, accessibility, nutrition/diet, communication methods and staff sign language skills (when required) and risk mitigation strategies. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Short term: All staff are trained on the current approved ISP of the individual(s) they support within 30 calendar days. ▪ Long term: Provider training on policies/procedures for all staff include training on the current approved ISP of the individual(s) they support.
	<p><u>Questions for staff being interviewed in Section IV to be completed by the</u></p>		

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	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
	<u>Lead and Reviewing AEs during on-site</u>		
39)	<p><i>Oversight area:</i> Mission and Vision</p> <p><i>Compliance Standard:</i> There is a mission/vision statement that supports ODP's mission, vision, values and quality framework.</p> <p><i>Question:</i> Did staff receive annual training on the Department's policy on intellectual disability principles and values?</p> <ul style="list-style-type: none"> ▪ Number of staff reviewed (0-10): ____ ▪ Number of staff where training can be verified (0-10): ____ 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • 55 Pa. Code Chapter 51 Section 51.23(a)(1) • ODP Bulletin 00-10-02, Quality Management Strategy of the Office of Developmental Programs • MR Bulletin 00-03-05, Principles for the Mental Retardation System <p>As identified in Everyday Lives and the MR Bulletin 00-03-05, the Principles of the Mental Retardation Service System are:</p> <ul style="list-style-type: none"> • Choice • Control • Quality • Stability • Safety • Individuality • Relationships • Freedom • Success • Contributing to the Community • Accountability • Mentoring • Collaboration • Community Integration 	<ul style="list-style-type: none"> • Determine the dates the provider considers their "training year." Review training records including a description of the course, sign-in sheets, transcripts, or certificates of completion from the training for the prior training year. If staff were trained on the Department's policy on intellectual disability principles and values during the provider's training cycle, compliance is indicated. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Short term: All staff are trained on the Department's policy on intellectual disability principles and values. ▪ Long term: Provider training on policies/procedures for all staff includes annual training on the Department's policy on intellectual disability principles and values.
40)	<p><i>Oversight area:</i> Grievances</p> <p><i>Compliance Standard:</i> A provider shall develop</p>	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • 55 Pa. Code Chapter 51 Sections 51.4, 51.23 (a) (6) 	<ul style="list-style-type: none"> • Determine the dates the provider considers their "training year." Review training records including a description of the course, sign-in sheets,

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	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
	<p>grievance procedures to document, respond and resolve grievances.</p> <p><i>Question:</i> Did staff receive annual training on the provider's grievance procedures?</p> <ul style="list-style-type: none"> ▪ Number of staff reviewed (0-10): ____ ▪ Number of staff where training on the provider's grievance procedures can be verified (0-10): ____ 	<ul style="list-style-type: none"> • Waiver Assurance on Health and Welfare 	<p>transcripts, or certificates of completion from the training for the prior training year. If staff were trained on the agency's grievance procedures during the provider's annual training cycle, compliance is indicated.</p> <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Short term: All staff are trained on the agency's grievance procedures. ▪ Long term: Provider training on policies/procedures for all staff includes annual training on the agencies grievance procedures.
41)	<p><i>Oversight area:</i> Incident Management</p> <p><i>Compliance Standard:</i> Staff is trained in Incident Management and Abuse, Neglect and Exploitation.</p> <p><i>Question:</i> Did staff receive annual training on recognizing and reporting incidents as required by 55 Pa. Code Chapter 51 regulations?</p> <ul style="list-style-type: none"> ▪ Number of staff reviewed (0-10): ____ ▪ Number of staff where training on recognizing and reporting incidents can be verified (0-10): ____ 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • 55 Pa. Code Chapter 51 Section 51.23 (a)(4) • MR Bulletin 6000-04-01, Incident Management • 55 Pa. Code 6000.941(a3), Subchapter Q – Incident Management 	<ul style="list-style-type: none"> • Determine the dates the provider considers their "training year." Review training records including a description of the course, sign-in sheets, transcripts, or certificates of completion from the training for the prior training year. Staff should be trained during the provider's annual training cycle in preventing, recognizing, reporting and responding to incidents and assuring the individual is safe. This should include ODP's IM Bulletin and the provider's IM policy. • Does the training include requirements for staff to have proper orientation and training to respond to, report and prevent incidents? <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Short term: All staff are trained on ODP's IM Bulletin AND the provider's policy on Incident Management. ▪ Long term: Provider training on policies/procedures for all staff includes annual

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	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
			training on ODP's IM Bulletin AND the provider's policy on Incident Management.
42)	<p><i>Oversight area:</i> Incident Management</p> <p><i>Compliance Standard:</i> Staff is trained in Incident Management and Abuse, Neglect and Exploitation.</p> <p><i>Question:</i> Did staff receive annual training on identifying and preventing abuse, neglect, and exploitation?</p> <ul style="list-style-type: none"> ▪ Number of staff reviewed (0-10): ____ ▪ Number of staff where training on abuse, neglect and exploitation can be verified (0-10): ____ 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • 55 Pa. Code Chapter 51 Section 51.23 (a)(5) • MR Bulletin 6000-04-01, Incident Management • 55 Pa. Code 6000.941(a3), Subchapter Q – Incident Management 	<ul style="list-style-type: none"> • Determine the dates the provider considers their “training year.” Review the provider’s training records including a description of the course, sign-in sheets, transcripts, or certificates of completion from the training for the prior training year. Staff should be trained in recognizing and preventing abuse, neglect and exploitation during the provider’s annual training cycle. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Short term: All staff are trained on Abuse, Neglect, and Exploitation. ▪ Long term: Provider training on policies/procedures for all staff includes annual training on Abuse, Neglect, and Exploitation.
43)	<p><i>Oversight area:</i> Regulatory and Policy Requirements</p> <p><i>Compliance Standard:</i> A provider shall have a QM plan in accordance with the approved applicable waiver, including approved waiver amendments and chapter 51 regulations.</p> <p><i>Question:</i> Did staff receive annual training on the provider’s Quality Management Plan?</p> <ul style="list-style-type: none"> ▪ Number of staff reviewed (0-10): ____ ▪ Number of staff where training on the Quality Management Plan can be verified (0-10): ____ 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • 55 Pa. Code Chapter 51 Sections 51.23(a)(3) and 51.25 (d)(e) 	<ul style="list-style-type: none"> • Determine the dates the provider considers their “training year.” Review the provider’s training records including a description of the course, sign-in sheets, transcripts, or certificates of completion from the training to determine whether staff were trained on the provider’s QM Plan during the provider’s annual training cycle. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Short term: Staff that were not trained are trained. ▪ Long term: Provider ensures training on its QM Plan is included as standard annual training for staff.

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	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
44)	<p><i>Oversight area:</i> Regulatory and Policy Requirements</p> <p><i>Compliance Standard:</i> A provider shall implement a standard annual training for staff that includes accurate billing and documentation of service delivery.</p> <p><i>Question:</i> Did staff receive annual training on accurate documentation of service delivery?</p> <ul style="list-style-type: none"> ▪ Number of staff reviewed (0-10): ___ ▪ Number of staff where training on accurate documentation of service delivery can be verified (0-10): ___ 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • 55 Pa. Code Chapter 51 Sections 51.23 (a)(8) and 51.15 (a)(1) 	<ul style="list-style-type: none"> • Determine the dates the provider considers their “training year.” Review the provider’s training records including a description of the course, sign-in sheets, transcripts, or certificates of completion from the training to determine whether staff were trained on accurate documentation of service delivery during the provider’s annual training cycle. • This training should address how staff should document that the service was delivered. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Short term: Staff that were not trained are trained. ▪ Long term: Provider ensures training on documentation of service delivery is included as standard annual training for staff.
45)	<i>Comments Box:</i>		

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	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
<p>Overview: Interview Sample Questions are to be asked in person, by the reviewer, to the provider staff and individuals who are capable of communicating, at the individual’s service location. Providers are to make their best attempt to ensure that the individual’s assigned staff are present for the interview. The staff interviewed should be the staff member who is providing the service directly and, when possible, who has worked for the agency for at least a year. Whenever possible, the staff member interviewed for the provider’s self-assessment should be the same as the staff member interviewed for the on-site review. It is also important for the provider/AE to interview staff from as many different services as are provided across the sample. These questions are to be asked by the reviewer to the provider staff or individual at the individual’s service location. If more than 1 assigned staff are available, the reviewer should interview the most recently hired assigned staff. Only one staff member should be interviewed for each individual and the interview should only occur at one service location if the provider provides more than one service to the</p>			

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<p>individual. An attempt should be made to interview each individual, utilizing their preferred mode of communication. However, if individuals are unable to respond or choose not to respond, they should not be included in the sample numbers for questions 54, 55, and 56. Also, interviews should be conducted without disruption to individuals' work schedules.</p> <p>The provider and Lead AE reviewer should complete the MCI Tracker tool for this section and then transfer results to the Provider Monitoring tool. The Reviewing AE will complete the MCI Tracker and forward to the Lead AE. The MCI Tracker should be maintained for review during the on-site review or any other review as deemed necessary.</p>			
<p>* If multiple consumers/staff are reviewed, identify the number of total individuals interviewed in the appropriate box and the correlating number of those in compliance in the appropriate box. If not all consumers are applicable for a certain question (i.e. assistive technology) identify such on the MCI Tracker. No number should ever be more than 10 and the top number will always be greater than or equal to the bottom number.</p> <p>**If a provider renders more than one service for any individuals in the sample, interview a staff from only one service location. It is also important for the provider/AE to interview staff from as many different services as are provided across the sample. AWC services should not be reviewed during this monitoring.</p> <p>***NOTE: If the provider did not have any waiver services authorized for the prior fiscal year [July 1 – June 30] and the provider did not receive a sample, the provider should select "0" in the first and second rows for each question in this section and explain in each section comment box.</p>			
46)	<p><i>Oversight area:</i> Implementation of ISP</p> <p><i>Compliance Standard:</i> The ISP is available to all staff.</p> <p><i>Question:</i> For the identified sample, reviewers will interview the assigned staff on duty to verify that assigned staff have read the current approved ISP and can describe how it is being implemented.</p> <ul style="list-style-type: none"> ▪ Number of individuals in the sample (0-10): ____ ▪ Number of individuals with staff who have read and are implementing the ISP (0-10): ____ 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • Waiver Assurances Appendix D on Service Plans • 55 Pa. Code Chapter 51 Section 51.4 	<ul style="list-style-type: none"> • Reviewer will ask the assigned staff if they have read the ISP. If the staff person reports that they have read the ISP, the reviewer will question him/her regarding the ISP contents. The staff person does not need to be able to report every detail but should be able to demonstrate a familiarity with the individual's ISP. • Reviewer will ask the assigned staff on duty how they implement the individual's ISP when delivering services. • Compliance is indicated if the assigned staff report that they have read the ISP, can demonstrate familiarity with it and can describe the implementation of the ISP in a way that is consistent with the individual's ISP. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Short term: Assigned staff reads the ISP. Assigned staff are trained regarding how to implement the ISP during service delivery for

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	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
			<p>the individual.</p> <ul style="list-style-type: none"> ▪ Long term: Provider implements a process which ensures that all assigned staff read, are familiar with and are implementing each ISP.
47)	<p><i>Oversight area:</i> Implementation of ISP</p> <p><i>Compliance Standard:</i> A provider shall implement risk mitigation strategies to prevent, reduce and manage the severity of incidents.</p> <p><i>Question:</i> For the identified sample, reviewers will interview the <i>assigned staff</i> on duty. Are the individual's risk mitigation strategies implemented per the ISP?</p> <ul style="list-style-type: none"> ▪ Number of individuals in the sample with risk mitigation strategies in their ISP (0-10): ____ ▪ Number of individuals with risk mitigation strategies in their ISPs whose staff are implementing the strategies (0-10): ____ 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • 55 Pa. Code Chapter 51 Section 51.18(b) 	<ul style="list-style-type: none"> • Reviewer will review the individuals' ISP to determine identified risks and associated mitigation strategies. • Reviewer will ask staff on duty to describe the risks for the individual and what strategies are being implemented to reduce or eliminate these risks. • Compliance is indicated if the staff can describe the implementation of the risk mitigation strategies. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Short Term: Staff will be trained on individual's risk mitigation strategies. ▪ Long Term: Provider will implement a process to ensure that all staff are trained in individual's risks and associated mitigation strategies.
48)	<p><i>Oversight area:</i> Individual choice and control</p> <p><i>Compliance Standard:</i> Providers ensure that individuals have control over their life including relationships, health care and how to balance risk of health and welfare.</p> <p><i>Question:</i> For the identified sample, reviewers will interview <i>assigned staff</i> on duty. Are the individual's preferences, likes and dislikes reflected in the services they receive, including community integrated activities?</p> <ul style="list-style-type: none"> ▪ Number of individuals in the sample 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • Everyday Lives, Published 1991 • MR Bulletin 00-03-05, Principles for the Mental Retardation System 	<ul style="list-style-type: none"> • For identified sample, review each ISP, the Individual Preferences section to determine each individual's preferences, likes and dislikes. • Reviewer will ask the assigned staff on duty what the individual's preferences, likes and dislikes are and how they are reflected in the services he/she provides. • Compliance is indicated if the individual's preferences, likes and dislikes are reflected in the description of service provided by the assigned staff. • The reviewer should include in this interview, a conversation regarding community integrated

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	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
	<p>(0-10): ____</p> <ul style="list-style-type: none"> ▪ Number of individuals with preferences, likes and dislikes reflected in services (0-10): ____ 		<p>activities to ensure that individuals are participating in community activities that reflect their preferences, if the provider is responsible to support the individual in community activities.</p> <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Short term: The assigned staff reads the ISP. The assigned staff are trained in how to incorporate the individuals' preferences likes and dislikes in the services that are provided. ▪ Long term: The provider implements a process which ensures that assigned staff incorporates the individuals' preferences, likes and dislikes in the services that are provided.
49)	<p><i>Oversight area:</i> Accessibility</p> <p><i>Compliance Standard:</i> The provider ensures that the individual's home/setting/community is fully accessible as it relates to the individual's needs, mobility, hearing and vision.</p> <p><i>Question:</i> For the identified sample, reviewers will interview the <i>assigned staff</i> on duty. Are individuals able to fully access their services as they relate to their needs, mobility, hearing and vision?</p> <ul style="list-style-type: none"> ▪ Number of individuals in the sample (0-10): ____ ▪ Number of individuals who are able to fully access their services (0-10): ____ 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • Waiver Assurances for Service Plans • 55 Pa. Code Chapter 51 Section 51.4 	<ul style="list-style-type: none"> • For the identified sample, if the provider is responsible for the home/setting, review the ISP and progress notes to determine if modifications are recommended to the home/setting to meet the individual's needs, mobility, hearing and vision needs. • If the provider is responsible for the home/setting and modifications are recommended, the reviewer will determine if the home/setting is fully accessible by verifying that recommendations have been followed. • For the identified sample, if the provider is responsible to support the individual to access the community, ask the staff to describe how the person has an opportunity to access the community. • For other services, interview staff to determine whether individual needs are met or accommodations are made as needed to allow for appropriate service delivery. • Compliance is indicated if the individual is able to access the services delivered by the provider with

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	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
			<p>no barriers.</p> <ul style="list-style-type: none"> If there are barriers for which the provider has no control (i.e. the individual cannot access the community due to a missing ramp that is not the provider's responsibility) this question may be considered compliant as long as the provider has performed the necessary follow-up to rectify the situation (i.e. calling the SC or responsible party to report the missing ramp). <p><i>Remediation:</i></p> <ul style="list-style-type: none"> Short term: Modifications to the home/setting are completed or a new home/setting is sought for the individual which will meet his/her needs. Staff are trained to ensure that individuals are able to access their home/setting/community. The provider will address any barriers to accessing services. Long term: Develop and implement a monitoring process to ensure that individuals are able to fully access their home/setting/community.
50)	<p><i>Oversight area:</i> Accessibility</p> <p><i>Compliance Standard:</i> The provider maintains a policy consistent with ODP's Bulletin on Communication Supports and Services (MR Bulletin 00-08-18).</p> <p><i>Question:</i> For the identified sample, reviewers will interview the <i>assigned staff</i> on duty. Are the individual's preferred modes of communication used?</p> <ul style="list-style-type: none"> Number of individuals in the sample 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> ODP Bulletin 00-08-18, Communication Supports & Services MR Bulletin 00-04-13, Limited English Proficiency 	<ul style="list-style-type: none"> For the identified sample, review the ISP to determine the preferred modes of communication. Interview the staff on duty to determine whether the individual's preferred modes of communication are used. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> Short term: Implement the use of preferred mode[s] of communication. Hire/Train assigned staff on the preferred mode of communication for individual(s) Long term: Monitor services to ensure that the

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	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
	(0-10): ____ <ul style="list-style-type: none"> ▪ Number of individuals whose preferred modes of communication are used (0-10): ____ 		preferred mode of communication is used with the individual during service delivery.
51)	<p><i>Oversight area:</i> Accessibility</p> <p><i>Compliance Standard:</i> The provider ensures that the individual is provided with needed adaptations and/or equipment as written in the ISP.</p> <p><i>Question:</i> For the identified sample, reviewers will interview the assigned staff on duty. Are needed adaptations and equipment (including assistive technology) in good repair and in use?</p> <ul style="list-style-type: none"> • If the provider is not responsible for maintaining the equipment/adaptations, please select N/A in both areas. <ul style="list-style-type: none"> ▪ Number of individuals in the sample with adaptations/equipment (0-10): ____ ▪ Number of individuals in the sample with adaptations / equipment in good repair and in use (0-10): ____ 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • ODP Bulletin 00-08-18, Communication Supports & Services • Technology-Related Assistance for Individuals with Disabilities Act of 1988: "Assistive technology device" is defined by the bill as "any item, piece of equipment, or product system whether acquired off the shelf, modified or customized that is used to increase, maintain, or improve functional capabilities of individuals with disabilities." • Waiver Assurances for Service Plans • 55 Pa. Code Chapter 51 Section 51.4 	<ul style="list-style-type: none"> • For the identified sample, review the ISP to determine if the individual needs to use any adaptations and/or equipment, including assistive technology. Adaptations and equipment would include items or modifications which are necessary due to the individual's disability to ensure health, safety, security and accessibility and enable the individual to function with greater independence. Some examples include but are not limited to ramps, lifts, grab bars, alerting systems, wheelchairs, vehicle alterations, communication boards, glasses and hearing aids. • Interview staff on duty to determine whether the equipment/adaptations are in use and in good repair. If the individual is refusing to use the equipment, and there is documentation that the provider is addressing the issue, compliance is shown. • Compliance is indicated when needed adaptations, equipment and assistive technology are in good repair and in use or if the provider is in the process of resolving an issue. • This question is not applicable if the provider is not responsible for maintaining the equipment/adaptation. <p><i>Remediation:</i></p> <p>Short term: Repair the equipment and/or adaptations. Train the staff in the use and maintenance of the equipment/adaptations.</p> <ul style="list-style-type: none"> ▪ Long term: Develop and implement a

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			monitoring process to ensure that equipment/adaptations are in good repair and are used as specified in the ISP. If individual refuses to utilize the equipment or adaptation, develop a protocol for staff to work with the individual to address the issue.
52)	<p><i>Oversight area: Accessibility</i></p> <p><i>Compliance Standard:</i> The provider ensures that the individual is provided with needed adaptations and/or equipment as written in the ISP.</p> <p><i>Question:</i> For the identified sample, reviewers will interview the assigned staff on duty. Does all staff know how to support the individual in the use of equipment and adaptations (including assistive technology)?</p> <ul style="list-style-type: none"> • If the provider is not required to support the individuals with regard to the equipment/adaptations, please select N/A in both areas. <ul style="list-style-type: none"> ▪ Number of individuals in the sample with equipment and adaptations (0-10): ____ ▪ Number of individuals with staff who know how to support the individual in the use of equipment/adaptations (0-10): ____ 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • Waiver Assurances for Service Plans • 55 Pa. Code Chapter 51 Section 51.4 	<ul style="list-style-type: none"> • For the identified sample, review the ISP and other available documentation to determine if the individual(s) needs to use equipment or adaptations, including assistive technology. • Adaptations and equipment would include items or modifications which are necessary due to the individual's disability to ensure health, safety, security and accessibility and enable the individual to function with greater independence. Some examples include but are not limited to ramps, lifts, grab bars, alerting systems, wheelchairs, vehicle alterations and communication boards. • Interview staff to determine if staff have been trained to support the individual(s) in the use of equipment and adaptations. • Staff are only required to be trained in adaptations that are used at the service location where they work. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Short term: Staff are trained to support the individual in the use equipment and adaptations ▪ Long term: Develop and implement a process to ensure that staff are trained in the use of equipment and adaptations needed as specified in the ISP.
53)	<i>Oversight area: Health Care Needs</i>	<i>Source Document(s):</i>	<ul style="list-style-type: none"> • For the identified sample, review the ISP to determine the special health care needs of the

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	<p><i>Compliance Standard:</i> Individuals who have special health care needs as ordered by medical professional are identified and addressed.</p> <p><i>Question:</i> For the identified sample, reviewers will interview assigned staff on duty. For individuals with special health care needs, can the staff identify their special requirements or restrictions such as specialized diets and food preparation, positioning, medications, mobility, allergies, etc.?</p> <ul style="list-style-type: none"> ▪ Number of individuals with special health care needs (0-10): ____ ▪ Number of individuals with special health care needs whose staff can identify special requirements or restrictions (0-10): ____ 	<ul style="list-style-type: none"> • Waiver Assurances Appendix D on Service Plans • 55 Pa. Code Chapter 51 Section 51.4 	<p>individuals. Special health care needs include any condition, diagnosis or other need relating to the health of the individual for which staff must have an awareness and/or understanding of how to address.</p> <ul style="list-style-type: none"> • Interview assigned staff to determine if the assigned staff has been trained regarding the special health needs of the individual. • If the individual's ISP specifies that he/she has special requirements or restrictions, the reviewer will ask the assigned staff whether they can identify the individual's special health care needs. • Compliance is indicated if the staff can identify the individual's requirements or restrictions. • If the individual does not have special health care requirements or restrictions do not include them in the reported #s. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Short term: The assigned staff reads the ISP. The assigned staff are trained in how to address the individuals' special health care requirements or needs in the provision of services. ▪ Long term: The provider implements a process which ensures that assigned staff are trained to address individuals' special health care requirements or needs in the provision of services.
54)	<p><i>Oversight area:</i> Individual choice and control</p> <p><i>Compliance Standard:</i> Providers ensure that individuals have control over their life including relationships, health care and how to balance risk of health and welfare.</p>	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • Everyday Lives, Published 1991 • MR Bulletin 00-03-05, Principles for the Mental Retardation System 	<ul style="list-style-type: none"> • For identified sample, review each ISP, the Individual Preferences section to determine each individual's preferences, likes and dislikes. • Reviewer will ask the sample individual what his/her preferences, likes and dislikes are and how they are reflected in the services he/she receives.

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	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
	<p><i>Question:</i> For the identified sample, reviewers will interview the sample individuals. Are the individual's preferences, likes and dislikes reflected in the services they receive, including community integrated activities?</p> <ul style="list-style-type: none"> ▪ Number of individuals in the sample that were interviewed (0-10): ____ ▪ Number of individuals with preferences, likes and dislikes reflected in services (0-10): ____ 		<ul style="list-style-type: none"> • The reviewer should include in this interview, a conversation regarding community integrated activities to ensure that individuals are participating in community activities that reflect their preferences. • Compliance is indicated if the individual's preferences, likes and dislikes, including integrated community activities, are reflected in the service provided by the assigned staff. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Short term: The assigned staff reads the ISP. The assigned staff are trained in how to incorporate the individuals' preferences, likes and dislikes in the services that are provided. ▪ Long term: The provider implements a process which ensures that assigned staff incorporate the individuals' preferences, likes and dislikes in the services that are provided.
55)	<p><i>Oversight area:</i> Accessibility</p> <p><i>Compliance Standard:</i> The provider maintains a policy consistent with ODP's Bulletin on Communication Supports and Services (ODP Bulletin 00-08-18).</p> <p><i>Question:</i> For the identified sample, reviewers will interview the sample individuals. Are the individual's preferred modes of communication used?</p> <ul style="list-style-type: none"> ▪ Number of individuals in the sample that were interviewed (0-10): ____ ▪ Number of individuals whose preferred modes of communication are used (0-10): ____ 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • ODP Bulletin 00-08-18, Communication Supports & Services • MR Bulletin 00-04-13, Limited English Proficiency 	<ul style="list-style-type: none"> • For the identified sample, review the ISP to determine the preferred modes of communication. • Interview the sample individual to determine whether the individual's preferred modes of communication are used. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Short term: Implement the use of preferred mode[s] of communication. Train assigned staff on the preferred mode of communication for individual(s) ▪ Long term: Monitor services to ensure that the preferred mode of communication is used with the individual during service delivery.

Section IV: Interview Sample Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
56)	<p><i>Question:</i> For the identified sample, reviewers will interview the sample individuals to determine if individuals are satisfied with the services they receive. Any comments that would help the provider to improve services should be listed in the comment box for this question.</p>		<ul style="list-style-type: none"> Reviewers will provide the sample individuals with an opportunity to discuss the services they receive from this provider. This question is not related to compliance, but rather a chance for individuals to be heard and express their level of satisfaction with the services they receive. Based on responses to this question, the provider and/or AE may determine the need for an improvement plan to address issues of dissatisfaction. Please note that any incidents that are discovered during this process should immediately be addressed and reported in HCSIS. If the AE determines there is an imminent threat to the health and welfare of an individual, the AE shall take immediate steps to ensure the health and welfare of the individuals and contact the appropriate regional ODP office.
57)	<p><i>Comments box:</i></p>		

Section V: Record Review Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
<p>Overview: The following questions involve the review of records of sample individuals supported by the provider. The records being reviewed are a randomly selected sample of individuals distributed to the provider and AE. Please note that if the provider organization provides multiple waiver services to the same individual, the Provider must review and consider all the waiver services when answering the questions below. AWC services should not be reviewed during this monitoring.</p>			
<p>Timeframe: The timeframe for each question is the prior fiscal year (July 1 – June 30) unless otherwise specified in the guidelines.</p>			
<p>* If multiple consumers/staff are reviewed, identify the number of total individuals reviewed in the appropriate box and the correlating number of those in compliance in the appropriate box. If not all consumers are applicable for a certain question (i.e. 6 month review) identify such on the MCI Tracker. No number should ever be greater than 10 and the number reviewed will always be greater than or equal to the number in compliance.</p>			

Section V: Record Review Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
58)	List all sample individuals used to complete this tool by MCI number and include each individual's county of registration. Indicate whether any of these individuals are from the back-up list. If there are less than 10 individuals in the sample or there are no sample individuals, please mark "N/A" in each box.		<ul style="list-style-type: none"> Lead AEs will send out the list of sample individuals to be used for the self-assessment. If the provider no longer renders service to an individual on the list or if the individual only receives OHCDs service from the provider and a back-up individual is needed, the provider must contact the Lead AE for an alternate individual to use in the sample. All individuals used for the self-assessment must be listed in the comment box for this question by MCI number and registering AE. This list should not exceed 10 individuals.
59)	<p><i>Oversight area:</i> ISP implementation</p> <p><i>Compliance Standard:</i> The approved ISP is implemented</p> <p><i>Question:</i> For the identified sample, are progress notes written in accordance with 55 Pa. Code Chapter 51 regulations?</p> <ul style="list-style-type: none"> Number of individuals reviewed (0-10): ____ Number of individuals with progress notes written in accordance with the regulations (0-10): ____ 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> 55 Pa. Code Chapter 51 Section 51.16 (a), (b), (d) 	<ul style="list-style-type: none"> Check the progress notes for the last quarter of the prior fiscal year. Progress notes must be completed for the sample individuals on at least a monthly basis or each time the service is provided if the service is occurring less than monthly. Progress notes must include the following: <ol style="list-style-type: none"> Name of the individual. Name of the provider. Name, title, signature and date of the person completing the progress note. Name of the service. Amount, frequency and duration of the authorized and delivered service. Outcome of the service. Description of what occurred during the delivery of the service (i.e. progress or lack of progress made). <p><i>Remediation:</i></p> <ul style="list-style-type: none"> Short term: Train the assigned staff on how to

Section V: Record Review Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
			<p>complete progress notes.</p> <ul style="list-style-type: none"> ▪ Long term: Develop and implement a process that ensures progress notes are written as specified in the regulations.
60)	<p><i>Oversight area:</i> ISP implementation</p> <p><i>Compliance Standard:</i> The approved ISP is implemented.</p> <p><i>Question:</i> For the identified sample, do the descriptions of the services in the progress notes match the definitions for the services that are authorized in the approved ISP?</p> <ul style="list-style-type: none"> ▪ Number of individuals reviewed (0-10): ____ ▪ Number of individuals with progress notes where the description of services match the definitions of the services as authorized in the current approved ISP (0-10): ____ 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • Waiver Assurance on Qualified Providers (Appendix C) • ODP Bulletin 00-15-01, Individual Support Plans (ISPs)/ Attachment #1 ISP Manual Section 13 • 55 Pa. Code Chapter 51 Section 51.4 	<ul style="list-style-type: none"> • Reviewers will check the progress notes for the last quarter of the prior fiscal year. • Compare descriptions of services in progress notes to actions and outcomes identified in the ISP. • Compliance is indicated if the service descriptions are in accordance with the outcomes for authorized services. • If the description of services in progress notes matches the outcomes in the ISP, but are not consistent with the definition of the service in the waivers, the question will be considered out of compliance. • The reviewer should make a note in the comments section if non-compliance with this question is likely to have resulted in billing inaccuracies. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Short term: Submit claim voids and/or adjustments as needed. Train staff on appropriate documentation of service delivery; contact SC to request team meeting to discuss ensuring that the appropriate service is attached and authorized in the ISP, to match the service needed. ▪ Long term: Develop and implement a process to review/assess individuals' needs and ensure that the appropriate service is included in the ISP.
61)	<p><i>Oversight area:</i> ISP implementation</p>	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • 55 Pa. Code Chapter 51 Sections 51.16 (e) and 	<ul style="list-style-type: none"> • Check the progress notes for the last quarter of the prior fiscal year.

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	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
	<p><i>Compliance Standard:</i> The current and approved ISP is implemented</p> <p><i>Question:</i> For the identified sample, if a monthly progress note indicates lack of progress in achieving an outcome, does the progress note indicate what action(s) have been taken?</p> <ul style="list-style-type: none"> ▪ Number of individuals with progress notes indicating lack of progress in achieving an outcome (0-10): ____ ▪ Number of individuals (of those above) with progress notes written to indicate what actions have been taken to address the lack of progress (0-10): ____ 	<p>51.45</p> <ul style="list-style-type: none"> • ODP Bulletin 00-07-01, Provider Billing Documentation Requirements for Waiver Services 	<ul style="list-style-type: none"> • Identify any progress notes that indicate lack of progress in achieving an outcome. • For those without progress, the note should include actions that have been taken to address the lack of progress. Actions may include, but are not limited to recommending a change to the service being rendered, requesting a team meeting to discuss with the ISP team, retraining staff on delivery of service, etc. • Compliance is indicated if there is a progress note indicating action taken to address lack of progress. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Short term: Train the assigned staff on how to complete progress notes. ▪ Long term: Develop and implement a process that ensures progress notes are written as specified in the regulations.
62)	<p><i>Oversight area:</i> Back-up plans</p> <p><i>Compliance Standard:</i> A provider shall implement an individual's back-up plan when the individual is available for the authorized service to be delivered and an event occurs which requires the provider to implement the back-up plan so the service continues to be rendered as specified in the ISP.</p> <p><i>Question:</i> For the identified sample, did the provider follow its written protocol with regard to implementing the individual's back-up plan when an event occurred which required such implementation?</p> <ul style="list-style-type: none"> ▪ Number of individuals in the sample for whom an event has occurred which 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • 55 Pa. Code Chapter 51 Section 51.32 (c) (d) • ODP Bulletin 00-15-01, Individual Support Plans (ISPs):" Page 15 (§ 3.8) of Attachment # 1 • Informational Memo 069-13 "Office of Developmental Programs Home and Community-Based Services Regulation Questions and Answers" 	<ul style="list-style-type: none"> • Reviewers will review progress notes for last quarter of prior fiscal year to determine whether an event occurred which required the provider to implement the back-up plan. • If such an event occurred, determine whether the back-up plan was implemented as specified in the ISP. • If a deviation in frequency and/or duration occurred due to failure to implement the back-up plan, an incident of neglect should have been filed in HCSIS. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Short term: Ensure that an incident of neglect was entered into HCSIS if a deviation in frequency or duration occurred. Retrain appropriate staff in implementation of the back-

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	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
	<p>required the implementation of the back-up plan (0-10): ____</p> <ul style="list-style-type: none"> Number of individuals in the sample (of those above) whose back-up plan was implemented appropriately (0-10): ____ 		<p>up plan.</p> <ul style="list-style-type: none"> Long term: Ensure that staff are trained in the back-up plan protocol.
63)	<p><i>Oversight area:</i> Incident Management</p> <p><i>Compliance Standard:</i> The provider implements necessary corrective actions to incidents.</p> <p><i>Question:</i> For the identified sample, did the provider implement the necessary corrective action for each individual's incidents?</p> <ul style="list-style-type: none"> Number of individuals in the sample with incidents where a corrective action was needed (0-10): ____ Number of individuals in the sample (of those above) where the necessary corrective action was implemented (0-10): ____ 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> 55 Pa. Code Chapter 51 Sections 51.17 and 51.18 Certified Investigation Manual 55 Pa. Code Chapter 6000 Subchapter Q – Incident Management 	<ul style="list-style-type: none"> For the identified sample review incident reports to identify needed corrective actions. Review pertinent records and interview staff as necessary, to determine if corrective action was implemented. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> Short term: Corrective actions are implemented Long term: Develop and implement a process that ensures corrective actions are completed.
64)	<p><i>Oversight area:</i> Incident Management</p> <p><i>Compliance Standard:</i> Providers take prompt action to protect individual's health, safety and rights.</p> <p><i>Question:</i> For the identified sample, did initial incident reports include evidence that the provider ensured the individual's health, safety and rights?</p> <ul style="list-style-type: none"> Number of individuals in the sample with incidents reviewed (0-10): ____ Number of individuals in the sample 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> 55 Pa. Code Chapter 6000 Subchapter Q – Incident Management 55 Pa. Code Chapter 51 Section 51.17 	<ul style="list-style-type: none"> Review incidents (Actions Taken to Protect Health, Safety and Rights) in HCSIS to ensure proper actions have been taken to ensure the immediate health, safety and rights of the individual. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> Short term: Provider ensures actions are taken immediately to address any health, safety and rights needs of the individual. Long term: Develop and implement a process that ensures that the health, safety and rights of the individuals are immediately protected.

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	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
	with incidents where the provider successfully ensured health, safety and rights (0-10): ____		
65)	<p><i>Oversight area:</i> Incident Management</p> <p><i>Compliance Standard:</i> Individuals who are victims of abuse, neglect, injury or a crime, are provided resources to assist them physically, emotionally, financially and legally.</p> <p><i>Question:</i> For the identified sample, did the provider offer victims assistance to individuals who were involved in reported incidents of abuse, neglect, injury or crime?</p> <ul style="list-style-type: none"> ▪ Number of individuals in the sample with incidents of abuse, neglect, injury or crime reviewed (0-10): ____ ▪ Number of individuals in the sample with incidents (of those above) where the provider offered victims assistance (0-10): ____ 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • Certified Investigation Manual • 55 Pa. Code Chapter 6000 Subchapter Q – Incident Management • ODP Licensing regulations (relating to reporting unusual incidents) see 2380.19, 2390.18, 6400.18 & 6500.20 • Health & Safety Alert on Victim Assistance dated June 2007 	<ul style="list-style-type: none"> • Review incident reports to determine if Victim Assistance Services were offered as appropriate. Review Health & Safety Alert on Victims Assistance as needed. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Short term: Offer Victims Assistance services to any individuals who did not have it offered. ▪ Long term: Develop and implement a process that ensures Victims Assistance was offered according to the Health and Safety Alert.
66)	<p><i>Oversight area:</i> Incident Management</p> <p><i>Compliance Standard:</i> Investigations are completed timely, thorough and objectively in accordance with the Certified Investigator’s Manual.</p> <p><i>Question:</i> For the identified sample, were all required investigations conducted by Certified Investigators?</p> <ul style="list-style-type: none"> ▪ Number of individuals in the sample with incidents requiring investigation reviewed (0-10): ____ ▪ Number of individuals in the sample 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • Certified Investigator’s Manual • 55 Pa. Code Chapter 6000 Subchapter Q – Incident Management • 55 Pa. Code Chapter 51 Section 51.19 	<ul style="list-style-type: none"> • The reviewer will look at any investigations associated with the identified sample. • There should be documentation that the investigator(s) who conducted each investigation was certified at the time that they completed the investigation. • If the provider contracts with an investigator they should obtain a copy of the investigator’s certificate. • A certification/recertification is valid for three years from the date on the certificate. • Compliance is indicated if each investigator has current documentation that they are certified with PA – DHS.

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	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
	<p>with incidents requiring investigations where the investigator was certified at the time of the investigation (0-10):</p> <p>—</p>		<p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Short-term: Any investigation that was conducted by an investigator who was not certified at the time of the investigation will be reviewed following the provider’s peer review process and, if there are problems with the investigation it will be re-conducted by a Certified Investigator. ▪ Short-term: Investigators without a current certification must be precluded from performing investigations until certified/re-certified. ▪ Long-term: Provider will develop a process to monitor CIs training and recertification to ensure current.
67)	<p><i>Oversight area:</i> Incident Management</p> <p><i>Compliance Standard:</i> Incidents are finalized within 30 days of the date of the incident.</p> <p><i>Question:</i> For the provider as a whole, were the incident reports finalized by the provider within 30 days? If not, were extensions requested?</p> <p>Note: This question is not answered with regard to the identified sample, but for the entire agency.</p> <ul style="list-style-type: none"> ○ Yes ○ No ○ Not applicable “N/A” 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • 55 Pa. Code Chapter 51 Section 51.17 (f) • Certified Investigation Manual • 55 Pa. Code Chapter 6000 Subchapter Q- Incident Management • MR Bulletin 6000-04-01, Incident Management 	<ul style="list-style-type: none"> • The reviewer will run the following report in HCSIS: Tools-Reports-Report Requests-Incident Management detail report(s)-Management review report. Run the report for 1/1/2015 – 6/30/2015 for the provider being monitored and choose Excel for the format. If the report has cells with #####, just expand that cell to view the content. • Column AA shows “Incident final section time elapsed”. If the number in that cell is above 30, ensure that an extension was requested in column W. If an extension was filed, the “Incident final section submitted date” (column Y) should be on or before the “extension completed date” (column X). • Compliance is indicated if the incidents have been finalized by the provider within 30 days or if an extension has been requested and the incidents finalized by the extension completed date. • N/A should only be chosen if the provider had no incidents during the timeframe. <p><i>Remediation:</i></p>

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	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
			<ul style="list-style-type: none"> ▪ Short term: The provider finalizes or requests an extension for open incidents that were filed more than 30 days previous to the review. ▪ Long term: The provider develops and implements a process and/or tracking system to ensure that incidents are finalized within 30 days.
68)	<p><i>Oversight area:</i> ISP Development</p> <p><i>Compliance Standard:</i> A provider will participate in the development of the ISP of individuals to whom they provide services.</p> <p><i>Question:</i> For the identified sample, did the provider participate in the development of the current approved ISP?</p> <ul style="list-style-type: none"> ▪ Number of individuals in the sample (0-10): ____ ▪ Number of individuals where the provider participated in the development of the current approved ISP (0-10): ____ 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • ODP Bulletin 00-15-01 Individual Support Plans (ISPs)/ Attachment #1 ISP Manual/ Section 3.9 • Waiver Assurances Appendix D on Service Plans • ODP Informational Memo 037-13 – ISP Meeting Attendance – Provider Participation and Billing 	<ul style="list-style-type: none"> • Reviewers will review provider documentation related to the individual(s) in the sample i.e.: emails or correspondence with the SCO and/or the ISP signature page to assure that the provider has participated in the development of the ISP. • The provider should participate not only in developing outcomes, but other areas of the ISP as well, such as medical information, communication strategies, supervision needs, etc. • The following provider types are not required to attend ISP meetings, but should still have documentation to support their participation in the development of ISPs: <ol style="list-style-type: none"> 1. Therapy Services 2. Respite (including respite camp) 3. Transportation 4. Home accessibility adaptations 5. Vehicle accessibility adaptations 6. Homemaker/chore 7. Specialized supplies <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Short term: All staff are trained in their role/responsibility to participate in the development of the ISP. ▪ Long term: Provider training policies and procedures for all staff includes

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	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
			roles/responsibilities regarding participation in the development of the ISP.
69)	<p><i>Oversight area:</i> ISP Development</p> <p><i>Compliance Standard:</i> A provider shall participate in the 6 month review of all required services.</p> <p><i>Question:</i> For the identified sample, did the provider participate in the 6 month review of all required services?</p> <ul style="list-style-type: none"> ▪ Number of individuals in the sample with a service that requires a 6 month review (0-10): ____ ▪ Number of individuals (of those above) where the provider participated in the 6 month review (0-10): ____ 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • 55 Pa. Code Chapter 51 Section 51.14 (f) • ODP Informational Packet 020-13 – ISP Review Checklist (Replaces AE ISP Checklist) Waiver Service Requirements, Criteria, and Guidelines 	<ul style="list-style-type: none"> • Reviewers will review the sample individual’s ISP to determine which services are authorized for the provider. • If the provider is authorized to provide Residential Habilitation, Pre-vocational and/or Supported Employment – Job Finding services, a 6-month review must be completed by the SC for each service. The provider is responsible to initiate this review. • If an individual does not receive any of the services that require a 6 month review, do not count them in the sample number. • The 6-month review must be completed 6 months (within the month) from the Annual Review Update Date. • Reviewers will review documentation that verifies that the provider submitted the ISP Review Checklist with any supporting documentation to the Supports Coordinator for each individual who is authorized for the above services. Info packet 020-13 appendix D states that the provider must maintain a copy of the checklist for their files. • Per Informational Memo 085-15 - ISP Review Checklist- Elimination of Six Month Review issued on 9/23/15, the 6-month review is no longer required. Please mark N/A in both rows for this question. <p><i>Remediation:</i></p>

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	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
			<ul style="list-style-type: none"> ▪ Short term: If any required 6-month reviews were not initiated, the provider must initiate the ISP Review checklist and supply the SC with needed information. ▪ Long term: The provider will develop a process to ensure that 6-month reviews are initiated and information is forwarded to the SC in a timely manner.
70)	<p><i>Oversight area:</i> Accessibility</p> <p><i>Compliance Standard:</i> The provider maintains a policy consistent with ODP's Bulletin on Communication Supports and Services (MR Bulletin 00-08-18).</p> <p><i>Question:</i> For the identified sample, has the provider been entering the individual's progress related to their communication outcomes into the progress notes?</p> <ul style="list-style-type: none"> • If the provider is not responsible to implement communication outcomes for the individuals in the sample, please select N/A in both areas. <ul style="list-style-type: none"> ▪ Number of individuals in the sample with communication outcomes (0-10): ____ ▪ Number of individuals (of those above) with evidence of the provider entering communication progress (0-10): ____ 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • ODP Bulletin 00-08-18 – Communication Supports & Services 	<ul style="list-style-type: none"> • For the identified sample, review the ISP to determine if the individual(s) has a communication outcome and whether the provider is responsible to implement that outcome. • For those individual(s) with a communication outcome, review the progress notes to determine if progress or lack of progress has been documented. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Short term: Train assigned staff in proper progress note documentation. ▪ Long term: Monitor progress note documentation to ensure that they reflect progress related to communication outcomes.
71)	<p><i>Oversight area:</i> Staffing</p> <p><i>Compliance Standard:</i> Staffing levels are provided in accordance with the ISP.</p>	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • Waiver Assurances for Service Plans • 55 Pa. Code Chapter 51 Section 51.4 	<ul style="list-style-type: none"> • For the identified sample, review the ISP sections related to supervision needs, staffing ratios and frequency/duration of service delivery. • Review timesheets/daily documentation for a two

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	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
	<p><i>Question:</i> For the identified sample, was there sufficient staff to provide the services as required in the ISP?</p> <ul style="list-style-type: none"> ▪ Number of individuals in the sample (0-10): ____ ▪ Number of individuals with sufficient staff to provide services as required (0-10): ____ 		<p>week period in the last quarter of the prior fiscal year during which services were delivered (and claims billed) to determine if staffing supervision, ratios and services are provided according to the ISP. The provider should attempt to use the same 2 week period for each person in the sample. If there is not a 2 week period when claims were billed for all sample individuals, a different 2 week period can be used for any individuals who do not have claims billed during the original 2 week period. If there were no services billed in the last quarter of the prior fiscal year, reviewers should go back to a previous quarter.</p> <ul style="list-style-type: none"> • Please make a note of the time period utilized on the MCI Tracker. • The AE should use 1 of the weeks that the provider used for their sample and 1 week to be determined by the AE during the on-site review. The Provider and AE may look at more than 2 weeks if needed. <p>The same 2 week period(s) should be used for question 75.</p> <ul style="list-style-type: none"> • This question is applicable to ALL providers. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Short term: Hire and/or assign staff to ensure that supervision needs, staffing ratios and/or services are provided according to the ISP. ▪ Long term: Develop and implement a monitoring process to ensure that staff supervision, ratios and services are provided in accordance with the ISP.
72)	<i>Comments box:</i>		

Section VI: Financial Management and Accountability Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
<p>Overview: The following questions are financial management and accountability questions that relate to the authorization and utilization of services as defined by the Waiver Assurance on Service Plans as well as vendor services. AWC services should not be reviewed during this monitoring.</p> <p>Timeframe: The timeframe for each question is the prior fiscal year (July 1 – June 30) unless otherwise specified in the question.</p>			
<p>* If multiple consumers/staff are reviewed, identify the total number of individuals reviewed in the appropriate box and the correlating number of those in compliance in the appropriate box. If not all consumers are applicable for a certain question (i.e. dietary) identify such on the MCI Tracker. No number should ever be more than 10 and the top number should always be greater than or equal to the bottom number.</p>			
73)	<p><i>Oversight area:</i> Utilization Management</p> <p><i>Compliance Standard:</i> The provider delivers services in accordance with authorized services in the ISP.</p> <p><i>Question:</i> For the identified sample, if there are variances in frequency and/or duration from authorized services, did the provider document the reason and address any issues with the team?</p> <ul style="list-style-type: none"> ▪ Number of individuals in the sample with variances in services (0-10): ____ ▪ Number of individuals with reason for variances documented and addressed (0-10): ____ 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • Waiver Assurances on Service Plans • 55 Pa. Code Chapter 51 Section 51.4 	<ul style="list-style-type: none"> • Review progress notes and claims substantiation documentation for last quarter of prior fiscal year compared to the frequency and duration in the approved ISP to determine if there have been any variances or gaps in service delivery as compared to what is authorized in the ISP. If there are variances the reason should be documented. • Reasons for variances may include but are not limited to someone being in the hospital, going on vacation, or not available to participate in the service. • There should never be overutilization of a service. A change in need should always be discussed with the team and adjustments made to the ISP prior to changes in service delivery. • If there is underutilization where the variance from authorized service is greater than 10%, determine whether there is documentation that the variances were resolved and/or the provider has requested a team meeting to discuss the circumstances and whether units should be adjusted. • This question is not applicable for Respite Services. • Compliance is indicated when reasons for variances are documented AND issues have been/are being addressed with the team. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Short term: Train staff in documentation requirements. Determine if the variance between delivered and authorized services is a

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	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
			<p>current issue. If this is the result of a provider issue, 1. Reassign or hire needed staff or 2. Advise SC so that the team can consider alternatives. If there are individual/family circumstances, advise SC so team can ensure discussion of alternatives.</p> <ul style="list-style-type: none"> ▪ Long term: Provider implements a policy regarding the provision of authorized services in accordance with each ISP. Establish internal protocols regarding variances that require reporting to Provider management and documentation of variances
74)	<p><i>Oversight area:</i> Utilization Management</p> <p><i>Compliance Standard:</i> The provider delivers services in accordance with authorized services in the ISP.</p> <p><i>Question:</i> For the identified sample, for the prior fiscal year (July 1 - June 30), was the percentage of units billed to units authorized, on average, greater than 90% for all authorized services or is there documentation to show that the provider is addressing utilization with the team?</p> <ul style="list-style-type: none"> ▪ Number of individuals in the sample (0-10): ____ ▪ Number of individuals with units billed to units authorized greater than 90% or if there is documentation that the provider is addressing utilization with the team(0-10): ____ 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • Waiver Assurance on Service Plans • Waiver Assurance on Financial Accountability • 55 Pa. Code Chapter 51 Section 51.4 	<ul style="list-style-type: none"> • Identify the units delivered based on the utilized units in the approved ISP from the prior fiscal year. Calculate the percentage (utilized units compared to authorized units). • Determine whether the units billed are at least 90% of the units authorized for all services. • Review any relevant documentation that explains discrepancies, such as an individual refusing to participate in a program, and requests adjustments to the ISP as needed. Adjustments should only be made as part of the team process. • Compliance is met if utilization is greater than 90% or, where it is not, there is documentation to show that the provider is addressing issues of utilization with the team. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Short term: Train staff regarding service delivery expectations. Review and address the reason for the lack of utilization with the team, including the SC, to ensure any necessary changes to the ISP are identified.

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	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
			<ul style="list-style-type: none"> ▪ Long term: Provider implements a policy regarding the provision of services in accordance with each ISP, to include requesting a team meeting when units are being underutilized. Provider will revise their billing policy as needed.
75)	<p><i>Oversight area:</i> Utilization Management</p> <p><i>Compliance Standard:</i> Services are delivered as billed.</p> <p><i>Question:</i> For the identified sample, does the provider's documentation, as described in 55 Pa. Code Chapter 51, support the claims for services?</p> <p>Note: This question applies only to services for which there are claims billed. Please list all claims reviewed on the specified tab of the MCI Tracker.</p> <ul style="list-style-type: none"> ▪ Number of individuals in the sample (0-10): ____ ▪ Number of individuals with documentation that supports the claims for services delivered (0-10): ____ 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • Waiver Assurance on Financial Accountability • ODP Bulletin 00-07-01, Provider Billing Documentation Requirements for Waiver Services • 55 Pa. Code Chapter 51 Sections 51.4, 51.16, 51.45 • ODP Info Packet 035-14, Waiver Service Claim Documentation and Remediation Process 	<ul style="list-style-type: none"> • Reviewers will review remittance advices and billing documentation for a two week period in the last quarter of the prior fiscal year during which services were delivered and claims billed. The provider should attempt to use the same 2 week period for each person in the sample. If there is not a 2 week period when claims were billed for all sample individuals, a different 2 week period can be used for any individuals who do not have claims billed during the original 2 week period. Reviewers will also review progress notes that cover the same 2 week period. If there were no services billed in the last quarter of the prior fiscal year, reviewers should go back to a previous quarter. • Review and complete External Spreadsheet from the MCI Tracker designated Claims Review tab in order to determine whether the documentation supports the claims. • Make a note of the time period(s) reviewed on the MCI Tracker as well as all claims that are reviewed. • The AE should use 1 of the weeks that the provider used for their sample and 1 week to be determined by the AE during the on-site review. The Provider and AE may look at more than 2 weeks if needed. • If significant issues are discovered during on-site, the AE may be informed that an extended review by the AE and ODP will be initiated. <p>Note: If a provider bills less frequently than they deliver</p>

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	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
			<p>the service (i.e. provides service weekly but bills monthly) it may be necessary for the reviewer to review more than 2 weeks' worth of claim documentation. The same 2 week period(s) should be used for question 71.</p> <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Short term: Submit claim voids and/or adjustments. Train staff on documentation of services delivered. ▪ Long term: Develop, revise and/or implement standard documentation requirements for staff. Monitor implementation. Conduct periodic self-reviews. Develop a procedure to ensure that source documents are reviewed/validated prior to claim submission.
76)	<i>Comments box:</i>		

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	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
<p>Overview: The following questions are health care services questions for the identified sample. Questions that are not applicable to the provider should be answered with N/A. AWC services should not be reviewed during this monitoring.</p> <p>Timeframe: The timeframe for each question is the prior fiscal year (July 1 – June 30) unless otherwise specified in the question.</p> <p>* For each question, reviewers will review the records of individuals in the identified sample for whom the provider is responsible for health care services and supports.</p>			
77)	<p><i>Oversight Area:</i> Health Care Management</p> <p><i>Compliance Standard:</i> Individuals receive coordinated physical and dental health care.</p> <p><i>Question:</i> For the identified sample, if the ISP</p>	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • Waiver Assurance on Service Plans • 55 Pa. Code Chapter 51 Section 51.4 	<ul style="list-style-type: none"> • Review ISP Health Care section to determine whether or not the provider is designated as the health support person. • If the ISP does not designate a person by name, review documentation that indicates the name of the person within the provider organization.

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	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
	<p>designates the provider as the designated health support person, is a person identified within the provider organization?</p> <ul style="list-style-type: none"> ▪ Number of individuals in sample for whom the provider is the designated health support person (0-10): ____ ▪ Number of individuals where the health support person is identified within the organization (0-10): ____ 		<ul style="list-style-type: none"> • If the provider is not the designated health support person for anyone in the sample, mark N/A. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Provider identifies health support person within the organization.
78)	<p><i>Oversight area:</i> Health Care Management</p> <p><i>Compliance Standard:</i> There are no barriers to accessing medical/behavioral supports as needed.</p> <p><i>Question:</i> For the identified sample, have all required health care practitioners been identified?</p> <ul style="list-style-type: none"> ▪ Number of individuals in the sample for whom the provider is responsible to locate health care practitioners (0-10): ____ ▪ Number of individuals of those above whose health care practitioners have been located (0-10): ____ 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • Waiver appendix G-3 (regarding participant safeguards) • 55 Pa. Code Chapter 51 Section 51.4 	<ul style="list-style-type: none"> • For the identified sample, reviewers will review records and the ISP to determine the individuals' specific health care needs. Practitioners should be identified to address each of the person's health care needs. (i.e. If a person has cancer, an oncologist should be identified, if they require follow-up for heart related conditions, a cardiologist should be identified.) • Some conditions can be followed by the primary care physician instead of a specialist depending on how involved the treatment may be. At a minimum, a PCP and a dentist should be identified for each person. • If the provider is not responsible to locate health care practitioners for anyone in the sample, mark N/A. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Short term: Practitioners are identified for all health care needs as necessary. ▪ Long term: Develop and implement a process that ensures that practitioners are identified for all health care needs.
79)	<p><i>Oversight Area:</i> Health Care Management</p>	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • Waiver Appendix G-3 (regarding 	<ul style="list-style-type: none"> • For the identified sample, review the ISP to determine if any of the individuals have an MH

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	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
	<p><i>Compliance Standard:</i> Individual's receive required health care services.</p> <p><i>Question:</i> For the identified sample, if the individual has a dual diagnosis, are they receiving needed mental health services?</p> <ul style="list-style-type: none"> ▪ Number of individuals with a dual diagnosis for whom the provider is responsible for ensuring mental health services (0-10): ____ ▪ Number of individuals of those above receiving needed mental health services (0-10): ____ 	<p>participant safeguards)</p> <ul style="list-style-type: none"> • Waiver Assurance on Health and Welfare • 55 Pa. Code Chapter 51 Section 51.4 	<p>diagnosis.</p> <ul style="list-style-type: none"> • If any of the individuals have an MH diagnosis, review the ISP to determine if the individual receives some type of treatment, such as medications with periodic monitoring by MD/Psychiatrist, counseling therapy, behavioral support services/plan, or whether or not the MH diagnosis is currently inactive/in remission, in which case no treatment may be necessary. (The following sections of the ISP may provide this information: Medications/Supplements, Health Evaluations, Current Health Status, Psychosocial, Behavioral Support, Social/Emotional and Outcomes). • Reviewers will review individual records to ensure that the individual is receiving the needed MH services as directed in the ISP. • If the provider is not responsible for ensuring mental health services for anyone in the sample, mark N/A. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Short term: Provider obtains appropriate MH services. ▪ Long term: Provider establishes a system to ensure that individuals receive needed MH services.
80)	<p><i>Oversight Area:</i> Health Care Management</p> <p><i>Compliance Standard:</i> The provider engages the individual in health promotion activities.</p> <p><i>Question:</i> For the identified sample, is there a record of health promotion options available to individuals such as exercise, diet and smoking</p>	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • Waiver Section 6.A – Service Plans • 55 Pa. Code Chapter 51 Section 51.4 	<ul style="list-style-type: none"> • For the identified sample, review the ISP to determine if health promotion strategies are listed. • If there are health promotions listed, review Daily Logs and other relevant documentation to determine whether the provider has made the listed health promotions available to the individual. • Health promotions may include, but are not limited to weight loss, smoking cessation, stress reduction,

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	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
	<p>cessation?</p> <ul style="list-style-type: none"> ▪ Number of individuals in the sample with health promotions in the ISP for whom the provider is responsible for providing health promotions (0-10): ____ ▪ Number of individuals of those above with a record of health promotion options available (0-10): ____ 		<p>drug/alcohol counseling, etc. Health promotion options should typically be offered across a variety of services and settings. For example, if someone is trying to quit smoking, the support should be offered in all aspects of his/her life to be consistent.</p> <ul style="list-style-type: none"> • If the provider is not responsible for providing health promotion options for anyone in the sample, mark N/A. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Short term: If information is not on the ISP but is found in the individual's record/chart, the provider communicates with the SC to ensure the information is added to the ISP. ▪ Long term: The provider will develop a process to ensure that health promotions are made available as described in the ISP.
81)	<p><i>Oversight Area:</i> Health Care Management</p> <p><i>Compliance Standard:</i> Individuals receive required health care services.</p> <p><i>Question:</i> For the identified sample, were all health care appointments, screenings and follow-up treatment completed as prescribed?</p> <ul style="list-style-type: none"> ▪ Number of individuals in the sample for whom the provider is responsible for health care appointments (0-10): ____ ▪ Number of individuals in the sample of those above with health care appointments, screenings and follow-up treatment completed as prescribed (0-10): ____ 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • 55 Pa. Code Chapter 51 Section 51.4 • Waiver Assurance on Service Plans 	<ul style="list-style-type: none"> • For the identified sample, review the individual's ISP, the provider's tracking system, and/or relevant documentation to see if appointments are scheduled as required/recommended and if appointments occurred. If appointments did not occur, review the provider's data to see if cancellations were rescheduled as needed. • Review the individual's chart/record to see if there is documentation that the appointment occurred. • This review should include regular medical appointments, routine screenings such as mammogram, prostate, etc. follow-ups as recommended by the treating practitioner as well as screenings for risk factors such as dysphasia screenings for those who demonstrate swallowing difficulties. • If the provider is not responsible for health care appointments for anyone in the sample, mark N/A.

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	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
			<p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Short term: Necessary health care appointments, screenings and follow-ups are scheduled and completed. ▪ Long term: Provider develops tracking system if one is not available to ensure that health care appointments, screenings and follow-ups are scheduled as needed and completed accordingly.
82)	<i>Comments box:</i>		

	<p><i>Question:</i> What is the provider organization's CEO contact information?</p> <ul style="list-style-type: none"> ▪ CEO Name (first and last name): ▪ CEO Phone Number: ▪ CEO E-mail Address: ▪ CEO Mailing Address: 		
		<p>Please ensure that ALL documentation utilized to complete this tool is organized, maintained and available for the on-site review. Failure to maintain documentation will result in a Corrective Action Plan (CAP). It is the expectation of ODP that all areas of non-compliance will be remediated by the provider within 30 days of discovery.</p>	