

OFFICE OF DEVELOPMENTAL PROGRAMS

PROVIDER MONITORING TOOL & GUIDELINES FOR NEW PROVIDERS 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 32 questions addressing compliance standards divided broadly into 10 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 new waiver providers excluding Supports Coordination Organizations (SCO), as follows:

New Providers: New providers need to complete and submit this tool before being authorized to provide services.

Note 1: Please note that new providers who provide only transportation services, vendor services or homemaker/chore services to waiver individuals should complete the "Vendor/Transportation Monitoring Tool for New Providers" which can be found on the Provider Information Center (PIC) at <http://pic.odpconsulting.net/>. Providers who provide transportation services, vendor services or homemaker/chore services in addition to other traditional services should not use the "Vendor/Transportation Monitoring Tool for New Providers" but should use this tool (Provider Monitoring Tool for New Providers) instead.

Note 2: Once a new provider completes the new provider tool, the provider will be included in the Annual Provider Monitoring process and will complete the full Provider Monitoring tool during the next monitoring cycle. For more information about the Provider Monitoring process, please visit the PIC at <http://pic.odpconsulting.net/>.

IV. Tool Completion Instructions

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

1. All questions applicable to the provider have to be answered before the tool can be submitted.
2. There are three 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. Data entry: These questions require users to enter text information. These questions only appear in Section I: Introductory Questions.
 - c. Section Comments boxes: Section II in the tool has a comment box at the end of the section. This comment box can be used to provide clarifications, explanations and relevant details related to the questions in that section. For example, as explained above, if there is a circumstance where N/A applies but it is not an option, the reason can be explained in the Section Comments box at the end of the section. If adding a comment, please reference the question number[s] before adding the comment.
3. The **Provider Monitoring Guidelines for New Providers** are located in this document beginning on page 15. 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.

V. Tool Sections

There are 3 sections in this tool:

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

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.

VII. Moving Forward

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

Section I: Introductory Questions**Question 1**

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

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

Question 2

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

- D-U-N-S Number:

Question 3

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

- AE Name(s):

Question 4

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

(This is the AE in which the most 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 5

In which region is the Lead AE located?

- Central
- Northeast
- Southeast
- West

Question 6

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

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

Question 7

Does the provider intend to operate as an Agency with Choice (AWC) or an Organized Health Care Delivery System (OHCDS)?

AWC:

- Yes
- No

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

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

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 12

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 13

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 14

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 15

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 16

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 17

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 18

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 19

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 20

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 21

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 for New Providers.
- Yes
 - No
 - Not Applicable "N/A"

Question 22

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 23

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 24

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 25

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 26

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 27

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

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

Question 28

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 29 - 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. Attestations

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

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

Question 30

The provider attests to having reviewed the following documents:

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

Question 31

The provider attests to registering for:

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

Question 32

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

- Yes
- No

Section I: Introductory Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
<p>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)	<i>Question:</i> What is the provider's legal IRS name (the name used in the enrollment process) and Master Provider Index (MPI) number?		<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)	<i>Question:</i> What is your organization's Data Universal Numbering System (D-U-N-S) number?		<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)	<i>Question:</i> In which Administrative Entities (AE) does your organization intend to provide services?		<ul style="list-style-type: none"> Please list all AEs (Counties) in which your organization intends to provide service.
4)	<i>Question:</i> What is the provider organization's lead Administrative Entity? (This is the AE from which the provider supports the most number of waiver participants or, for providers with no current authorizations, the AE within which your organization intends to serve the most waiver participants. This will also be the AE that processes your qualification application).		<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.
5)	<i>Question:</i> In which region is the Lead AE located? <ul style="list-style-type: none"> Central Northeast Southeast 		<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
	<ul style="list-style-type: none"> West 		
6)	<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.
7)	<p><i>Question:</i> Does the provider intend to operate as an Agency With Choice (AWC) or an Organized Health Care Delivery System (OHCDS)?</p> <p>AWC:</p> <ul style="list-style-type: none"> Yes No <p>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"> Please choose “Yes” under “AWC” if the organization intends to operate as an Agency with Choice provider and “No” if they do not. Please choose “YES” under “OHCDS” if the organization intends to operate as an Organized Healthcare Delivery System and “No” if they do not. 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><i>Remediation:</i></p> <ul style="list-style-type: none"> If the provider selects “Yes” but is not on the list, the reviewer should notify the provider and provide assistance as needed.
8)	<p><i>Question:</i> Please reference the list of waiver services below and select all services the organization is qualified to provide.</p>	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> 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>			
<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.

Section II: Policy and Procedure Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
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 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 	<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 • 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 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. 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. • 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 a plan that does not meet criteria. ▪ The provider will update the QM plan every 2 years.
11)	<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>	<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.

Section II: Policy and Procedure Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
	<ul style="list-style-type: none"> ○ Yes ○ No 		
12)	<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"> 1. Orientation / Staff Training 2. Background Checks (criminal history, child abuse, FBI) 3. 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.
13)	<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>	<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 	<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

Section II: Policy and Procedure Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
	<ul style="list-style-type: none"> List of Excluded Individuals and Entities (LEIE) System for Award Management (SAM) and DHS's Medichex list and is it implemented? <ul style="list-style-type: none"> Yes No 	Award Management	<p>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.</p> <ul style="list-style-type: none"> 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 DPW'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.
14)	<p><i>Oversight area:</i> Regulatory and Policy Requirements</p> <p><i>Compliance Standard:</i> The provider maintains a 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 	<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: <ol style="list-style-type: none"> Staff Training requirements Positive Approaches Internal review committee's responsibilities Data Collection Plan for reduction and eventual elimination of restraints or to maintain a restraint free agency. The following may not be used: seclusion, chemical restraint, mechanical restraint, prone position manual restraint, manual restraints that inhibit respiratory/digestive system,

Section II: Policy and Procedure Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
	<ul style="list-style-type: none"> ○ No 		<p>inflicts pain, causes hyperextension of joints and pressure on chest or joints, techniques in which the individual is not supported.</p> <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.
15)	<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.
16)	<p><i>Oversight area:</i> Regulatory and policy requirements</p> <p><i>Compliance Standard:</i> The provider has a written policy for retention and access to records in compliance with 55 Pa. Code Chapter 51 regulations.</p> <p><i>Question:</i> Does the provider have records management policies in accordance with 55 Pa. Code Chapter 51 regulations?</p>	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • 55 Pa. Code Chapter 51 section 51.15 	<ul style="list-style-type: none"> • Reviewers will review policy and procedures regarding records management to ensure all of the requirements are met. • 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

Section II: Policy and Procedure Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
	<ul style="list-style-type: none"> ○ Yes ○ No 		<ul style="list-style-type: none"> 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.
17)	<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 ○ 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 • 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.
18)	<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</p>	<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 	<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

Section II: Policy and Procedure Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
	behavioral emergencies and crises? <input type="radio"/> Yes <input type="radio"/> No	Consolidated and Person Family Directed Support Waivers Conditions #1 & 2 <ul style="list-style-type: none"> • 55 Pa. Code Chapter 51 Section 51.4 	responding to individual health and behavioral emergencies and crises.
19)	<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? <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 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> <ul style="list-style-type: none"> ▪ Provider will develop grievance procedures in accordance with regulations.
20)	<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>	<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.

Section II: Policy and Procedure Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
	<ul style="list-style-type: none"> ○ Yes ○ No 		<ul style="list-style-type: none"> 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. <ul style="list-style-type: none"> • 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.
21)	<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>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><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 Questions and Answers" 	<ul style="list-style-type: none"> • Reviewers will review the provider's protocol for implementing back-up plans. • The protocol shall include: <ul 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 during a change in staff, such as shift changes or changes in staffing patterns. • 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

Section II: Policy and Procedure Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
			55 Pa.Code Chapter 51 regulations.
22)	<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.
23)	<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</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

Section II: Policy and Procedure Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
	<p>accordance with 55 Pa. Code Chapter 51 regulations?</p> <ul style="list-style-type: none"> ○ Yes ○ No 		<p>provider while providing a service to the individual.</p> <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 Chapter 51 regulations.
24)	<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> <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 51.31 (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 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. 8. The provider will provide written notification to the Department if they cannot continue to provide a service due to emergency circumstances. 9. The provider will cooperate with transition planning activities of all new individuals to whom they intend to provide service. 10. The provider will provide available records to a new provider within 7 days of the date of transfer. • In the absence of a written process, review

Section II: Policy and Procedure Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
			<p>documentation for an individual who was discharged to ensure that the all components of the regulations were followed.</p> <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 chapter 51 regulations.
25)	<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><input type="radio"/> Yes</p> <p><input type="radio"/> 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"> 1. Process for staff to request and obtain necessary communication assistance. 2. Process to ensure that communication assistance deemed necessary is provided as indicated in the ISP. 3. Process to contact Supports Coordinator within 10 days from the date the provider becomes aware of the need for communication assistance that was not included in the ISP. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ The provider will develop/modify a protocol that addresses all requirements.
26)	<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> <p><input type="radio"/> Yes</p>	<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.

Section II: Policy and Procedure Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
	<ul style="list-style-type: none"> ○ No 		<ol style="list-style-type: none"> 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.
27)	<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"> ○ Yes ○ No ○ 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.
28)	<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</p>	<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

Section II: Policy and Procedure Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
	<p>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"> ○ Yes ○ No ○ Not Applicable "N/A" 		<p>participants to whom transportation is provided.</p> <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.
29)	Comments Box:		

Section III: Attestations

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

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