

OFFICE OF DEVELOPMENTAL PROGRAMS

VENDOR/TRANSPORTATION MONITORING TOOL & GUIDELINES

Cycle 3, Year 1

(FY 2015-16)

Provider Monitoring Tool Instructions for Vendors/Transportation Providers

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 26 questions addressing compliance standards divided broadly into 9 Oversight Areas. The "compliance standards" 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

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

Vendor services include:

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

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

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

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

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 III: Record Review.”
 - d. Section Comments boxes: A comment box is located in Section III of the tool. This comment box can be used to provide clarifications, explanations and relevant details related to the questions in the entire Vendor/Transportation Monitoring Tool.

For example, as explained above, if there is a circumstance where N/A applies but is not an option, the reason can be explained in the Section Comments box at the end of the section. If adding a comment, please reference the question number[s] before adding the comment.

4. The **Vendor/Transportation Monitoring Guidelines** are located in this document beginning on page 14. 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 **Vendor Claims Tracker** can be found on the [AEIC](#) and [PIC](#). The Vendor Tool Claims Tracker is to be used for questions related to the individual sample and is intended to assist the provider in gathering information, completing the Vendor/Transportation Monitoring Tool and maintaining documentation that is crucial to the On-site Review phase. This tool 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 Vendor Claims Tracker to Lead AEs to document their reviews.
6. **Important Instructions for Providers:** When responding to questions in this tool, providers **MUST** retain all related documentation, including policy & procedure documentation and claims substantiation documentation, as well as the Vendor Claims Tracker (discussed above) used to complete the tool. 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 or ODP upon request. ODP suggests each provider print the PDF version of the 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 4 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. Record Review Questions: Record Review questions should be answered for the sample of waiver individuals provided to the provider by ODP.
4. 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.

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. What's new for 2015-2016

1. The question regarding the protocol for accessibility for deaf people was moved to the Policy and Procedure section.
2. New question added (Q16) 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.
3. Language was added regarding sign language in the guidelines for the question regarding Individual Support Plan (ISP) training.
4. The Provider and AE may look at more than 2 weeks of billing documentation for claims substantiation.
5. The AE question regarding provider participation in the on-site review was broadened to include completion of the Vendor Claims Tracker and cooperation with scheduling.

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

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

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

- Assistive Technology

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

Section II. Policy and Procedure Questions

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

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

Question 7

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

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

Question 8

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

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

Question 9 (Respite Camp, Homemaker Chore and Transportation Trip Services only)

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

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

Question 10

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 11

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 12 (Respite Camp, Education Support and Transportation Trip Services only)

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

- If the provider has a documented policy, mark 'Yes'
- If the provider does not have a documented policy, mark 'No'

- If the provider does not provide direct services (Respite Camp, Education Support, Transportation Trip), mark 'N/A'
 - Yes
 - No
 - Not applicable "N/A"

Question 13

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 14

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 15 (Transportation Trip Services only)

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

- If the transportation trip provider has a process to ensure there is an aide when more than 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 16 (Transportation Mile Services only)

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

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

- Yes
- No
- Not applicable “N/A”

Question 17

Does the provider of vendor services charge the same rate for goods and/or services as charged to the general public as per 55 Pa. Code Chapter 51 regulations?

- If the provider of vendor services has documentation that the charges are the same cost for the good or service as for the general public, mark ‘Yes’
- If the provider of vendor services 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 provides Homemaker Chore or Transportation Trip services only, mark ‘N/A’

- Yes
- No
- Not applicable “N/A”

Section III: 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.

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

Question 18

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)

Question 19 (Education Support, Respite Camp, & Homemaker Chore only)

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 20 (Education Support, Respite Camp, & Homemaker Chore Services only)

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 21 (Education Support and Respite Camp Services only)

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): _____

Section IV: 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 as well as vendor services.

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 **Vendor Claims Tracker** for this section and then transfer the results to this tool. The **Vendor Claims 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.

Question 22

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 23

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 Vendor Claims Tracker.

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

Question 24 - Comments Box

Please enter any comments related to the questions, including explanations for any non-compliance. Include the question numbers and individuals' MCI numbers where applicable 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):
- 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> 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>			
7)	<p><i>Oversight area:</i> Organizational structure</p> <p><i>Compliance Standard:</i> There is a written organizational structure outlining key administrative functions.</p> <p><i>Question:</i> Is there a designated role to assure ongoing compliance with all provider</p>	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> 55 Pa Code Chapter 51 Sections 51.4 and 51.13(g) Waiver Assurance on Administrative Authority (Appendix A) 	<ul style="list-style-type: none"> Reviewers will review the organizational structure and job descriptions to ensure that the function of assuring ongoing provider qualifications is identified. This function is applicable to ALL providers. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> Provider will include the function of assuring

Section II: Policy and Procedure Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
	<p>qualification requirements?</p> <ul style="list-style-type: none"> ○ Yes ○ No 		<p>provider qualifications is identified in the organizational structure.</p>
8)	<p><i>Oversight area:</i> Organizational structure</p> <p><i>Compliance Standard:</i> There is a written organizational structure outlining key administrative functions.</p> <p><i>Question:</i> Is there a designated role to assure ongoing compliance with HCSIS and PROMISe™ enrollment and SSD maintenance?</p> <ul style="list-style-type: none"> ○ Yes ○ No 	<p><i>Source Document(s):</i></p> <ul style="list-style-type: none"> • 55 Pa Code Chapter 51 Sections 51.4 and 51.13(g) • Waiver Assurance on Administrative Authority (Appendix A) 	<ul style="list-style-type: none"> • Reviewers will review the organizational structure and job descriptions to ensure that the function of assuring ongoing compliance with HCSIS and PROMISe™ enrollment and SSD maintenance is identified. • This function is applicable to ALL providers. • The AE reviewer will review with the provider the importance of ensuring that the SSD is correct and accurate as required in Chapter 51 regulations. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Provider will include the function of assuring compliance with HCSIS and PROMISe™ enrollment and SSD maintenance is identified in the organizational structure.
9)	<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 • This question is only applicable for Respite Camp, Homemaker Chore and Transportation Trip Services. Providers who provide other services should mark N/A. <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ Provider will develop a policy/procedure for

Section II: Policy and Procedure Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
			staff qualifications including orientation/staff training, background checks, and requirement for staff to be 18 or older.
10)	<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.
11)	<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.
12)	<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> <ul style="list-style-type: none"> ○ Yes ○ 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. • This question is only applicable to Respite Camp, Education Support and Transportation Trip Services. Providers who provide other services should mark N/A. <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
			responding to individual health and behavioral emergencies and crises.
13)	<p><i>Oversight area:</i> Grievances</p> <p><i>Compliance Standard:</i> A provider shall develop grievance procedures to document, respond and resolve grievances.</p> <p><i>Question:</i> Does the provider have grievance procedures to document, respond and resolve grievances in accordance with 55 Pa. Code Chapter 51 regulations?</p> <ul style="list-style-type: none"> ○ Yes ○ 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> <ul style="list-style-type: none"> ▪ Provider will develop grievance procedures in accordance with regulations.
14)	<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</i></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

Section II: Policy and Procedure Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
	<p><i>Disability Services for Individuals Who Are Deaf?</i></p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No 		<p>included in the ISP.</p> <p><i>Remediation:</i></p> <ul style="list-style-type: none"> ▪ The provider will develop/modify a protocol that addresses all requirements.
15)	<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.
16)	<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 	<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

Section II: Policy and Procedure Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
	○ Not Applicable "N/A"		among the participants to whom transportation is provided.
17)	<p><i>Oversight area:</i> Vendor Services</p> <p><i>Compliance Standard:</i> Vendors will charge the same rate for goods and/or services as they charge to the general public in accordance with ODP standards.</p> <p><i>Question:</i> Does the provider of vendor services charge the same rate for goods and/or services as charged to the general public as per 55 Pa. Code Chapter 51 regulations?</p> <p>○ Yes ○ No ○ Not Applicable "N/A"</p>	<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"> • The reviewer will review a minimum of 10 or a 10% sample (whichever is more) payments that have been made in the prior fiscal year. The sample should be based on a valid random sampling methodology. ▪ Review documentation that shows that the cost the vendor charges is the same as the cost charged to the general public. <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 individuals are charged the same rate.

Section III: 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.</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. dietary) identify such in the comments box. No number</p>			

Section III: Record Review Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
should ever be greater than 10 and the number reviewed will always be greater than or equal to the number in compliance.			
18)	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.		<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.
19)	<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"> 1. Name of the individual. 2. Name of the provider. 3. Name, title, signature and date of the person completing the progress note. 4. Name of the service. 5. Amount, frequency and duration of the authorized and delivered service. 6. Outcome of the service. 7. Description of what occurred during the delivery of the service (i.e. progress or lack of progress made). • This question is applicable to Education Support, Respite Camp and Homemaker Chore only.

Section III: Record Review Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
			<p>Providers who provide other services should mark 0 of 0.</p> <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.
20)	<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. • This question is applicable to Education Support, Respite camp and Homemaker Chore only. Providers who provide other services should mark 0 of 0. <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

Section III: Record Review Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
			<p>attached and authorized in the ISP, to match the service needed.</p> <ul style="list-style-type: none"> ▪ Long term: Develop and implement a process to review/assess individuals' needs and ensure that the appropriate service is included in the ISP.
21)	<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>Reviewers will review 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. If the provider does not have a sample but is currently serving someone through the waivers, this question is 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.</i></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)(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. • 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. • This question is applicable to Education Support and respite Camp services only. Providers who provide other services should mark 0 of 0. <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 days. <p>Long term: Provider training on policies/procedures for all staff include training on the current approved ISP of the individual(s) they support.</p>

Section III: Record Review Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation

Section IV: Financial Management and Accountability Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
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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.

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

*** 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 in the comments box. No number should ever be more than 10 and the top number should always be greater than or equal to the bottom number.**

22)	<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. ▪ Long term: Provider implements a policy regarding
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Section IV: Financial Management and Accountability Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
			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.
23)	<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 Vendor Claims 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 Vendor Claims Tracker (Question 23 data 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 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.</p>

Section IV: Financial Management and Accountability Questions

	Monitoring Questions	Source Document(s)/ODP Guidelines	Implementation Guidelines/Suggested Remediation
			<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.
24)	<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>	