

Provider Monitoring FAQs
Fiscal Year 2015-2016

UPDATED AS OF: 9/16/2015

This Frequently Asked Questions (FAQ) document is a living document that contains questions and answers from those performing the ODP Provider Monitoring process. If you have a question that is not addressed, please forward it to ra-odpprovidermonito@pa.gov.

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.

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General/Process Questions

1. What is the Office of Developmental Programs (ODP) Provider Monitoring process?

- The ODP Provider Monitoring process utilizes standard tools and data collection documents to verify that Waiver providers are in compliance with the Consolidated and/or Person/Family Directed Support (P/FDS) Waivers and federal and state regulations and requirements. The Provider Monitoring process also ensures that ODP policies, procedures and the current ODP Waiver Provider Agreement for participation in the Consolidated and P/FDS Waiver services are implemented as outlined.

2. Is there a timeline for completing Provider Monitoring?

- Yes, the Provider Monitoring process is based on a two year cycle. All providers are required to complete a self-assessment every year and participate in an on-site review at least once per monitoring cycle.

3. Are there any training webcasts available for providers and Administrative Entities (AEs) so that they can prepare for Provider Monitoring?

- Yes, there are four webcasts available related to Provider Monitoring. These webcasts are available to view on the Provider Information Center (PIC) at <http://pic.odpconsulting.net> (ODP Business Practice Information > Provider Monitoring > Provider Monitoring Process for 2015-16) and the Administrative Entity Information Center (AEIC) at <http://aeinfo.odpconsulting.net> (ODP Business Practice Information > Provider Monitoring > Provider Monitoring Process for 2015-16). The titles of the webcasts are as follows:
 - Provider Monitoring Overview
 - Provider Self-Reporting
 - Provider Monitoring On-Site Review
 - Corrective Action Plan Process

4. Which providers are required to complete the Provider Monitoring process?

- All providers and direct vendors who are currently qualified are required to participate and complete the ODP Provider Monitoring process. Supports Coordination Organizations (SCOs) and providers rendering services through the VF/EA model are excluded from this process. SCOs and Agency with Choice (AWC) providers are monitored through a different process within ODP.

5. Which tool should providers complete?

- All providers who have been qualified and have completed the Provider Monitoring Tool for New Providers as of June 30th of the prior fiscal year must complete one of the two tools listed below:
 - **ODP Provider Monitoring Tool** – All waiver providers must complete and submit the ODP Provider Monitoring Tool. Some questions in this tool are applicable to only licensed or unlicensed providers.
 - **ODP Vendor/Transportation Monitoring Tool** – All providers who provide only transportation-trip services to waiver individuals (provider type 26 “Transportation-only providers”) and/or vendor

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services **only** and/or providers of provider type 43, Homemaker/Chore services **only** should complete and submit the ODP Vendor/Transportation Monitoring Tool.

i. If any of the above services are provided in addition to other traditional services, the ODP Provider Monitoring Tool should be used.

- Providers of public transportation service (W7272) **only** are exempt from participating in the ODP Provider Monitoring Process. However, if public transportation services are provided in addition to other services listed above, the appropriate tool should be submitted.

6. What documentation should a provider retain when completing the Self-reporting Phase?

- When responding to questions in the Provider Monitoring tool, providers **MUST** retain all related documentation, including policy and procedure documentation, training curriculum, training records, etc., as well as the MCI Tracker. This file with supportive or documentary evidence (referred to as “relevant documentation” throughout the tool) must be retained and made available to the AE reviewers during the on-site review or ODP upon request. ODP suggests each provider print the PDF version of the tool, mark answers on one of those documents **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.

7. Where can I find the Provider Monitoring Tool and Guidelines, Vendor/Transportation Monitoring Tool and Guidelines, MCI Tracker and Vendor Claims Tracker?

- The Provider Monitoring Tool and Guidelines, Vendor/Transportation Monitoring Tool and Guidelines, MCI Tracker and Vendor Claims Tracker can be found on the Administrative Entity (AE) and Provider Information Center ([AEIC](#) and [PIC](#)) at the ODP Consulting System Website: <http://odpconsulting.net/> under “Information Centers.” It is **very important** to use the applicable guidelines and trackers while completing the tool, as there are some detailed instructions that are not on the tool itself.

8. Regarding providers who are planning on merging or who have merged, how does ODP determine which provider(s) will need to complete the Provider Monitoring process?

- Both providers will need to complete the Provider Monitoring process separately if one or more of the following criteria are met at the beginning of the provider self-reporting process:
 - a) The merger has not yet occurred;
 - b) Both providers have authorizations on ISPs of individuals in the sample;
 - c) Both providers are still registered in HCSIS and/or PROMiSe™.
 - d) Both providers are qualified to provide waiver services
- If a provider is in doubt as to whether or not their agency should complete the Provider Monitoring process, the provider should contact their Lead AE.

9. What resources are available to support providers and Administrative Entities (AEs) through the Provider Monitoring process?

- ODP has developed and posted several resources to assist providers and AEs as they complete the Provider Monitoring process. These resources can be found on the Provider Monitoring resource

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pages on the ODP Consulting website in both the Administrative Entity Information Center (AEIC) and the Provider Information Center (PIC).

- Providers and AEs who have questions should first check the resources on the ODP Consulting website to see if the resources address their concerns.
- If you do not have a username and password to access the PIC or AEIC, please contact ODP Consulting at ocs-odponlinehelp@odpconsulting.net or via telephone at 1-855-252-9482 and they will assist you with getting access to this information.
- If, after checking the AEIC or the PIC, the provider still has questions, they should contact their Provider Monitoring Lead AE.
- If, after checking the AEIC or the PIC, the AE still has questions, they should email the Provider Monitoring mailbox at ra-odpprovidermonito@pa.gov.

10. How are the samples selected? Is it possible that the Reviewing AE may not have a review to complete?

- The sample selected for the Provider Monitoring process is a random statewide sample, consisting of 10 primary individuals to be reviewed per provider with 5 alternate individuals to be reviewed in extenuating circumstances.
- No attempt has been made to cover all services provided by the provider or all AEs in which that provider serves. Thus, it is possible for a Reviewing AE to not have a review to complete, since this is a random sample.

11. How are the distribution of providers between years determined?

- All providers and vendors who were qualified the previous fiscal Year will be included in the Provider Monitoring process, whether or not they had any service authorizations during that FY. For providers without service authorizations, the provider shall complete all sections of the applicable monitoring tool that do not relate to the individual sample.
- Providers whose Master Provider Index (MPI) numbers end with an odd number will be monitored in Year 1 of the Cycle and providers whose MPI numbers end with an even number will be monitored in Year 2 of the Cycle.
- Fiscal Year (FY) 2015-2016 is the start of Cycle 3, Year 1. New providers who have been qualified in the previous FY and have completed the Provider Monitoring Tool for New Providers by June 30th of the previous fiscal year may initially receive an on-site review in a cycle year that does not correspond to the last digit of the MPI number.
- ODP reserves the right to reassign a provider to an alternate monitoring group regardless of the last digit of the MPI number.

12. What is the procedure for changing an AE's or provider's contact information and why is it important to notify ODP if the contact information has changed?

- ODP uses the contact information for pertinent email correspondence. Also, each provider and AE primary Provider Monitoring contact person will receive an email link to the electronic version of the tool which needs to be submitted to ODP. If ODP does not have the most current information, the provider or AE will not receive pertinent information or the link to the tool, which could jeopardize completion of the tool in a timely and qualitative manner.

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- Providers should check the Provider Information Center (PIC) and review the “Listing of Registered Provider Contacts” document which can be found by following this path: ODP Business Practice Information > Provider Monitoring > Provider Monitoring > Provider Monitoring for 2015-16 > Topic 1 Provider Monitoring Overview > Resources > Listing of Registered Provider Contacts. **You must first log onto the PIC to access this information.** Providers are able to locate their information statewide or regionally. If any of the information listed is incorrect, please submit the correct information on the Provider Contact Information Form, attached to Informational Memo #071-15, and send it to the ODP Provider Monitoring mailbox at: ra-odpprovidermonito@pa.gov with the subject line as “Updated Provider Monitoring Contact (Provider Name).” A copy of the form should also be emailed to the Lead AE.
- ODP also instructs all AEs to review the “AE Listing of AE Monitoring Contacts” document found on the ODP AE Information Center (AEIC) to ensure that all their contact information is correct utilizing the following path: ODP Business Practice Information > Provider Monitoring > Provider Monitoring > Provider Monitoring Process for 2015-16 > Topic 1 Provider Monitoring Overview > Resources > AE Listings of AE Monitoring Contacts. If any of the information is incorrect, please submit the correct information to the ODP Provider Monitoring mailbox at : ra-odpprovidermonito@pa.gov with the subject Line “Updated AE Provider Monitoring Contact (AE Name).”
 - Please allow up to 10 days for the change to be reflected on the ODP Consulting website.

13. How has the Provider Monitoring Tool changed from FY 14/15 to FY 15/16?

- AWC services will be monitored separately; therefore, the AWC section has been removed from this tool.
- The applicable monitoring tools and guidelines have been combined into one document for ease of use of all information.
- All questions regarding the organizational structure were combined into one question.
- The question regarding the Board of Directors was removed.
- The question regarding the protocol for accessibility for deaf people was moved to the Policy and Procedure section.
- The medication error question was removed and instead included as part of the Policy and Procedure question regarding quarterly review (below).
- Quarterly review of incidents must include 30-day analyses of medication errors and restraints and was added to the guidelines.
- The Peer Review Process components were added to the guidelines.
- The question regarding completion of investigations was removed.
- New question added (Q32) in the Policy and Procedure section regarding transportation mile services for more than one individual at a time. (Please note, in these cases, miles must be distributed equitably for billing.)
- Questions regarding Organized Health Care Delivery Systems (OHCDs) were moved to the Policy and Procedure section.
- Guidelines now reflect that annual training questions are to be completed by the Reviewing AE during the on-site review(s).
- Language was added regarding sign language in the guidelines for the question regarding ISP training.

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- Guidelines now reflect that staff interviewed should have been employed by the provider for at least a year when possible.
- Two questions regarding assistive technology were combined.
- The Provider and AE may look at more than 2 weeks of claims substantiation documentation.
- Two questions regarding variance in frequency and duration were combined.
- The question regarding incidents being finalized within 30 days is no longer completed for the sample of individuals, but is completed for the entire agency.
- The AE question regarding provider participation in the on-site review was broadened to include completion of the MCI or Vendor Claims tracker and cooperation with scheduling.

14. What is the *ODP Directed Follow-up Provider Monitoring Process*?

- ODP may direct an AE to conduct follow-up provider monitoring for issues that include non-compliance or suspected non-compliance in the following areas:
 - Consolidated and Person/Family Directed Support (P/FDS) Waiver standards;
 - ODP Waiver Provider Agreement standards;
 - ODP Bulletins, Policies and Procedures and
 - Federal and State laws and regulations.

This list is not meant to be all-inclusive. ODP reserves the right to direct the completion of a supplemental provider monitoring as deemed warranted.

15. How has the Provider Monitoring process document changed for FY 2015-2016?

- Agency with Choice (AWC) providers will participate in a separate monitoring specific to AWC services. AWC services will no longer be included in this provider monitoring process.
- Definitions were added to the Provider Monitoring Process document for the following: Provider Monitoring Tool, Vendor/Transportation Monitoring Tool, Vendor/Transportation Monitoring Guidelines, and Vendor Claims Tracker.
- Clarification was added that providers may be monitored at a frequency of more than once every other year based upon certain factors.
- A requirement was added for providers to remediate all non-compliances discovered during the Self-Reporting phase within 30 days of discovery.
- A requirement was added for providers that fail to maintain documentation related to the Self-Reporting phase i.e. MCI Tracker, remittance advices, progress notes, etc. will be scheduled for an on-site review the following fiscal year.
- Clarification was added regarding when the Vendor/Transportation Monitoring Tool, Guidelines and Trackers should be utilized.
- Clarification was added regarding the Provider Monitoring Corrective Action Plan process for AEs and providers to align with the established ODP CAP Process.
- Validation requirements were added for AEs and Providers that ensure the implementation of Corrective Action Plans.

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16. The training states that the sample will include 10 individuals in the primary sample plus 5 additional individuals. When would the 5 additional individuals be used? Is there a date after which waiver participants who are no longer receiving services should be excluded and an alternate used instead?

- Individuals on the alternate list should be used in place of any waiver participant in the provider's primary sample that no longer receives services from that provider. There is no specific cut-off date after which waiver participants, no longer receiving services, should be excluded. If an individual sample substitution is needed, and the provider is scheduled for an on-site review, the provider must contact their Lead AE to request an additional individual from their back-up list.
- The waiver participant is receiving authorized services with the provider when the self-assessment is completed. However, if the waiver participant stopped receiving services after the sample was distributed and before the provider began its self-assessment, the provider would not have access to the HCSIS record. In that case, an individual on the alternate list should be used as a replacement.
 - Providers that are scheduled for an on-site review should contact the Lead AE whenever they require an individual from the alternate sample list. The use of an alternative individual is validated by the AE during the scheduled on-site review.
 - When using the alternate sample list, providers and AEs start with the first Master Client Index (MCI) number and proceed chronologically according to the order that the individuals are on the list.
 - Providers who are not scheduled to receive an AE on-site review during the monitoring cycle will be given all fifteen individuals in their distribution. The provider must use the initial ten individuals as identified by ODP, unless there are extenuating circumstances.

17. What happens if the individual was receiving services at the time the provider completed the self-assessment, but the individual is no longer receiving services at the time of the on-site review? Does the AE still interview this individual?

- No, the AE will note in the review that the individual is no longer receiving services and was therefore not included in the on-site review sample and a substitution will not be required.

18. We are the Lead AE for a provider and have one Reviewing AE with us. The Reviewing AE had 4 individuals on the original sample and back-up #1 and #5. They notified us none of their individuals are currently receiving services from this provider. The other 3 back-ups are from our county which we will use, however we are now short 1 back-up to make up the sample of 10. Will ODP assign another back-up or should we use the sample of 9?

- Once all five back-up individuals are used in the sample ODP does not send out additional MCI#s. The provider will be monitored with the nine individuals.

19. What happens if a provider serves less than 10 individuals?

- If a provider serves less than 10 individuals, all individuals served by the provider will be included in the sample.

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20. How long will the process take AEs and providers to complete?

- From October 1st to November 30th, providers are expected to complete the self-assessment for their provider organization. Likewise, from January 1st through May 15th, Lead AEs and Reviewing AEs conduct on-site reviews with providers to validate the information submitted on the self-assessment during the Self-Reporting phase. Previously, the time has varied among providers and AEs.
- Provider Monitoring is designed to be a critical component of ODP's approach to improving the quality of the Waiver Program. Therefore, ODP continues to expect providers and AEs to prepare for this process and take the time necessary to review and complete the applicable Monitoring Tool and all supporting resources in a qualitative manner.

21. Is it correct that when AEs or providers send emails that they may list MCI numbers, without violating HIPAA, as long as no other identifiable information is in the email?

- Yes, this is correct. AEs and providers may send emails containing MCI numbers without violating HIPAA, as long as no other identifiable information is listed.

Provider Monitoring Tool General Questions

22. How do providers and AEs access the electronic version of the Provider Monitoring Tool?

- ODP emails tool links to the Provider Monitoring primary contact person for each provider and AE. ODP sends a unique provider-specific link to each provider from the electronic version of the tool and a generic link to each AE from the Provider Monitoring mailbox.
 - On October 1st, a unique provider-specific link to the tool is emailed to the identified primary Provider Monitoring contact at the beginning of the Self-reporting phase.
 - Prior to the beginning of the On-site Review phase, ODP emails links to each AEs primary Provider Monitoring contact.

23. What should providers or AEs do if they do not receive a link to the tool?

- If the primary Provider Monitoring contact does not receive the link in their inbox, it is possible that the email is being redirected to their junk mail folder. The contact person should check the junk mail/spam folders to see if the email is there. To ensure proper delivery to their inbox, the primary contact person should add the following email address to their Safe Senders list: ra-odpprovidermonito@pa.gov. In Microsoft Outlook, this can be done by clicking on Tools -> Options -> Junk E-mail (under the Preferences tab) and adding the above email addresses to the Safe Senders list.
- It is possible that ODP does not have the correct contact information. The provider or AE should email the Provider Monitoring mailbox at ra-odpprovidermonito@pa.gov to request a link and to update the contact information.
- **Please note that the link can only come from the Provider Monitoring mailbox. It does not come from an AE or the ODP Regional Lead(s). If a link is needed, providers and AEs should email the Provider Monitoring mailbox directly to request a link.**

24. Who do providers and AEs contact in case they need help with the Provider Monitoring tool?

- For questions or concerns specific to the tool, please email them to the Provider Monitoring mailbox at: ra-odpprovidermonito@pa.gov.

25. When completing a tool for the ten individuals in the sample, how are providers and AEs to use the tool for all ten individuals?

- Providers are required to document their information about the individuals in the sample on the MCI Tracker or Vendor Claims Tracker Tool as applicable. Providers should maintain the MCI Tracker or Vendor Claims Tracker Tool and e-mail it to the Lead AEs along with their responses to their submitted self-assessment or upon request by ODP. AEs will use the MCI Tracker or Vendor Claims Tracker Tools to validate the provider's responses.
- This spreadsheet will also assist with calculating the sum total needed for the electronic tool and the final review report.
- The MCI Tracker and Vendor Claims Tracker Tools are available on the Provider Monitoring resource pages of the AEIC and the PIC.

26. Is there a limit to how many characters can be entered in a comment box?

- There is a 3500 character limit for the comment box.
- Providers and AEs should include any comments, details, or supporting explanations in the comments box to ensure clarity for future reviewers.

Provider Monitoring Tool Specific Questions

27. How should AEs and providers identify individuals in the Comments Boxes on the tool?

- Use only the MCI # for the individual.
- **DO NOT** include the name of any individual in the Comment Boxes located on the tool.

28. How would a provider obtain a D-U-N-S number?

- To request and receive a DUNS number, please visit <http://fedgov.dnb.com/webform> and select the “Click here to request your D-U-N-S Number via the web” link.

29. Will the electronic tool time-out while information is being entered?

- Yes, the electronic version of the tool will time-out due to inactivity. However, at the bottom of each page there is a “Save Page and Continue Later” button. If this button is used, an email is generated which will provide the provider with a different link so that they may continue from the point where they last answered the question.

30. Will the link “expire” if is not accessed within a certain period of time?

- No, the actual link received will not “expire” with inactivity. However, ODP established 11:59 PM EST on November 30th as the deadline by which the tool must be submitted by providers.

31. Are providers and AEs able to save and print the completed electronic tool?

- Yes, providers and AEs are able to print the completed electronic tool. Once the tool has been submitted, a screen will appear and will provide an option to review and print their responses.

32. Will providers (including direct vendors) receive confirmation that the tool was completed once it was submitted?

- Yes, once the electronic version of the tool has been successfully submitted, an email confirmation is sent to the provider organization’s contact identified in the tool. This email will contain the responses of the submission.
- If the confirmation email is not received within 48 hours of submission, the provider should email the Provider Monitoring mailbox at ra-odpprovidermonito@pa.gov **IMMEDIATELY**. The confirmation e-mail shall be forwarded to the Lead AE along with a copy of the provider’s completed MCI Tracker/Vendor Claims Tracker. Lead AEs will confirm receipt of this submission using an ODP approved email template.
- **NOTE: PROVIDERS SHALL REMEDIATE ALL NON-COMPLIANCES NOTED ON THEIR SELF-ASSESSMENT WITHIN 30 DAYS OF DISCOVERY.**

33. Are hard copies of the Provider Monitoring Tool or Vendor/Transportation Monitoring Tool available?

- Yes, PDF versions of each tool are available on the Provider Monitoring resource pages of the AEIC and the PIC.

34. Will Lead AEs receive separate survey tool links for each provider?

Provider Monitoring Tool Specific Questions

- No, each Lead AE contact will receive one link to each tool via email.

35. Can the Lead AE submit multiple surveys using the same link?

- Yes, the Lead AE can use the same link multiple times to submit survey results electronically. One Lead AE link can be accessed as many times as needed to submit unique surveys for each provider reviewed by the Lead AE. However, it is recommended that the Lead AE complete the survey in one sitting before moving on to entering another survey.
- Multiple staff members from the same AE can access and use the same link at the same time to each enter the information for different providers. Because this is a general link, the Lead AE contacts can forward the link to other staff members in the AE in order to enter multiple submissions simultaneously.

Section II: Policy and Procedure Questions

36. Which documents will AEs review to verify compliance regarding the organizational structure?

- AEs will look for a functional job description or documentation that outlines the roles/tasks of the function identified in the question regarding organizational structure.

37. How can providers and AEs access resources to assist with the development of Quality Management Plans?

- The Department announced its priorities for a provider's Quality Management Plan on December 1, 2012 in the Pennsylvania Bulletin at 42 Pa.B. 7350. ODP also sent out Informational Memo 054-13 "Quality Management Resources Updated." This Informational Memo let providers and AEs know that resources regarding Quality Management Plans could be accessed on the ODP Consulting website as well as the AEIC and PIC. Finally, Informational Memo 038-15 "Implementation Instructions for Providers, including SCOs on Quality Management Plans" lets providers, SCOs and AEs know of ODP's Quality Management priorities as of July 1, 2015,

38. Are providers and AEs only looking for Everyday Lives Principles in the mission/vision?

- It is important that providers address Everyday Lives Principles in their mission/vision. However, it is recommended that you also review the source documents for this question (Bulletin 00-10-02 and 00-03-05) when developing/modifying your mission/vision.

39. Previously, a provider was able to select N/A to the restraint policy question specific to Bulletin #00-06-09. Currently, however, N/A is not an option. Can we follow the areas in 55 Pa. Code, Chapter 51 only or do we need to also complete the required training as specified in the Bulletin?

- Providers need to complete the training as specified in the bulletin. The Provider Monitoring process was designed to support existing Federal and State requirements and the Chapter 51 regulations support Waiver requirements. As such, all pertinent existing requirements remain in effect and are to be followed.
- The Provider Monitoring Guidelines document lists source documents for each requirement. Please refer to these sources if you have any questions regarding the requirements in the source documents.

Provider Monitoring Tool Specific Questions

40. Does a provider need to have an Emergency Disaster Response plan for every worker that provides direct support in the community?

- Each provider is required to have an Emergency Disaster Plan which encompasses the agency.

41. Is there a standard policy on how to respond to health and behavioral emergencies and crises?

- Each provider should have a plan that is based upon the unique needs of the individuals who receive services in the setting where services are received.

42. Would you please provide an example of a back-up plan?

- Following are some resources that will provide more information regarding back-up plans:
 - Bulletin # 00-12-05 entitled "Individual Support Plans (ISPs);" Page 14 (§ 3.8) of Attachment # 1
 - The Consolidated and Person/Family Directed Support (P/FDS) Waivers
 - Informational Memo 069-13 "Office of Developmental Programs Home and Community-Based Services Regulation Questions and Answers."

43. Will ODP provide training on Incident Management policies and procedures, or is this the AEs responsibility?

- If Providers or AEs have questions regarding Incident Management, they should first refer to the source documents listed on the Provider Monitoring Guidelines for this question.
- ODP periodically conducts trainings regarding Incident Management. If Providers have not yet received this training, have questions, or feel like they need further training, they should contact their AEs Incident Manager. If the AEs Incident Manager is unable to address their concerns, they may contact the ODP Regional Office Risk Manager.
- Providers are responsible to develop their own Incident Management policies and procedures and train their staff accordingly.

44. Where can we find Certified Investigators?

- If a provider does not have a Certified Investigator on staff, the provider can have a staff person attend ODPs Certified Investigation training. A provider may also contract with another provider who has Certified Investigators. If you need assistance with this, follow up with your AE.

45. How is Incident Management different from Risk Management?

- The Incident Management process is a subset of a larger Risk Management process. Incident policies, procedures, training, response and reporting are all important components of the Incident Management process.
- Risk Management includes areas such as employee injuries, complaints, satisfaction surveys and hiring practices. It should also include the review and analysis of data (including incident data) for the purpose of minimizing/eliminating risk.
- Combined with the above areas, Incident Management is an essential component of a comprehensive Risk Management process. For further information on your responsibilities related to Incident Management, please review the Incident Management bulletin (6000-04-01). Questions can be directed to your regional office's incident manager.

Provider Monitoring Tool Specific Questions

Section IV: Interview Sample Questions

46. Regarding the interview and record review sections: will AEs be asking these questions and conducting an independent review or will the AEs be validating the providers' responses?

- The AEs will be conducting their own interviews of the same individuals reviewed by the provider. The AE will validate the information reported by the provider and note any discrepancies or variances with the self-reported data in the AE on-site review.

47. How do we support individuals who are unable to respond to the interviewer's questions?

- If an individual needs communication assistance to respond to the interviewer's questions, such assistance must be made available. Each individual should be interviewed utilizing their preferred mode of communication. However, if individuals are unable to respond or choose not to respond, they should not be included in the sample numbers for questions 56, 57 and 58.

48. If an individual receives support services only during timeframes other than worked by the provider or AE staff, how can this monitoring be completed?

- With these unique circumstances, the review does not need to occur when services are being delivered. However, the AE and provider staff must arrange to interview the individual in person. The AE and provider staff should make all efforts to interview the direct support staff in person. If this is not possible, the AE or provider should contact their Regional ODP Provider Monitoring Lead to determine the appropriate next steps.

49. Do staff interviews need to be face-to-face or may they be conducted over the phone?

- Every attempt should be made to conduct face-to-face interviews. If extreme circumstances exist that prevent face-to-face interviews from occurring, AEs should contact their Regional ODP Provider Monitoring Lead to determine the appropriate next steps.

50. For a small agency that has staff rotate through multiple sites, is the agency required to have all staff that rotate through the site be on-site for interviews?

- No. If more than 1 assigned staff are available, the reviewer should interview the most recently hired assigned staff. Only one staff member should be interviewed for each individual.

51. If an individual receives different services in different locations from the same provider, is the person to be interviewed in all locations? Is the staff from all locations to be interviewed?

- Most of the interview questions are not service-specific.
- The interview should be conducted at one of the sites that functions as a main point of service.

52. Will the staff interviewed for the survey be the same staff that will be interviewed during the on-site review? Where will the interviews take place?

- The staff that will be interviewed will be the staff assigned to the individuals in the sample and who serve as primary direct care staff.

Provider Monitoring Tool Specific Questions

- Staff who are interviewed should have been employed by the provider for at least one year, when possible.
- If the primary direct care staff who were interviewed by the provider are still employed and providing direct care for the individual at the time of the AE on-site review, that staff should also be interviewed by the AE reviewer. If the staff who were interviewed by the provider are no longer employed by the provider or providing direct services to the individual, a different staff member who does have direct contact and is assigned to the individual will be an acceptable substitute.
- On-site reviews should occur at the service location where the individual receives the service(s). However, interviews should be conducted without disruption to individuals' work schedules.
- It is also important for the provider/AE to interview staff from as many different services as are provided across the sample.

53. With regard to the reading of the ISPs and all of the direct care staff, as a day program with 100+ clients our staff rotates and works with many individuals. Is each staff member expected to read 100+ ISPs?

- Potentially, yes. 55 Pa. Code §51.23 requires providers to train all direct support staff in the needs of any participant for whom they will provide services according to his/her ISP.

54. What do we do if an individual is in residential service and refuses to be interviewed at their home?

- The provider and/or AE should explain to the individual that receipt of Waiver funds carries with it certain responsibilities, one of which is to participate in the monitoring process.
- If the individual(s) still refuses to meet at his or her home, the provider and/or AE will need to make a reasonable accommodation. This should be the exception, not the rule.

55. If an individual in the sample chooses not to participate in the review, what do we do?

- The provider and/or AE should explain to the individual that receipt of Waiver funds carries with it certain responsibilities, one of which is to participate in the monitoring process.
 - Each instance requires individual consideration and the Reviewer will need to document the circumstances for the individual's reluctance to participate.

56. A participant identified in the sample receives only one service from a provider. The provider sub-contracts this service and ensures that the sub-contractor staff are trained to the ISP. Should staff who works for the provider or for the sub-contractor participate in the interview process?

- A purpose of provider monitoring is to ensure that individuals are receiving the services that they need and are authorized to receive. Only by interviewing the actual person who is providing the direct service can we know if the individual is receiving the services as per the ISP. Therefore, they should interview the direct service staff.

57. Is the Reviewing AE responsible to review training records for those direct support staff interviewed by the Lead AE related to questions # 39-44?

- Yes. This is a change from previous Provider Monitoring Cycles/Years. The training questions are separated into 2 sections. The first section (questions 36-38) will be completed by the Lead AE during the on-site review and can be responded to by reviewing the training records of the last 10

Provider Monitoring Tool Specific Questions

hired **direct support** staff members who were hired during the prior fiscal year and who support individuals who are registered with the provider's Lead AE. These should be the staff that directly provide waiver service(s). Note that the staff members chosen for review need not be currently employed by the provider. This sample of staff members will be chosen by the provider during the Self-Reporting phase, and will be validated by the Lead AE during the On-site Review Phase. Providers that employ less than 10 staff members must review the records of all staff members hired in the last fiscal year in response to the training questions. If no staff were hired in the last fiscal year, please select N/A in both boxes for each question. Providers who are self-employed and have no employees should respond using themselves as 1 of 1.

- The second section (questions 39-44) will be completed by the **Lead and Reviewing AE** during the on-site review and can be responded to by reviewing the training records of the staff selected to be interviewed in Section IV of the PM Tool. Determine the provider's training cycle and review training records for the prior annual training cycle. There should be one staff member for each individual in the sample.
- **If the provider does not have a sample but is currently serving someone through the waiver(s), questions 36-38 in Section III are to be answered for the last 10 direct care staff hired in the prior and current fiscal year. If the provider does not have a sample and is not currently providing services to any individuals, Section III is not applicable and can be marked 0 of 0.**

Section V: Record Review Questions

58. It states in the Record Review section that the provider should save all supporting documentation for the on-site review. Does this mean that the 10 records should be at one main site, or does this require a visit to each site where the individual resides/works?

- All supporting documentation should be maintained and secured at one main site. AEs will only be required to travel to other sites for the interview questions.

59. For question #58, I have less than ten individuals in my sample and the electronic tool will not allow me to move forward because of the blank spaces, what should I do?

- If a provider has less than ten individuals in their sample, the provider should put "N/A" in the rest of the spaces within the table.

60. None of the individuals in the sample had any incidents in the prior fiscal year. However, the provider had a site incident that involved individuals in the sample, and the provider implemented corrective actions. Does the provider include this incident in the review?

- Questions #63-66 relate to incidents that were reported for individuals that were in the sample. You do not need to review site incidents, even if they involve individuals from the sample. You only need to review incidents that were filed in the individuals' names.

61. In regards to the sample questions involving incident management, are AEs validating the information that the provider has pulled already or are AEs pulling independent data?

Provider Monitoring Tool Specific Questions

- The AEs are using the data that the provider entered for the individuals when the self-assessment was completed. AEs will not just validate this information but will also review any updated information, corrective actions, etc. relevant to that data.
- For validation purposes, providers will make the records they relied upon to complete the sample questions available to the reviewers.

62. To determine if the staff ratio is in accordance with the plan, would we pull timesheets for all direct care staff who work with the individuals or are we primarily focused on individuals whose ISPs require additional staffing?

- This question is relevant to all individuals in the sample.
- You would not need to pull timesheets for all staff but you would use documentation that would enable you to see if the staff ratio has been provided in accordance with the ISP, such as a daily schedule, sign-in/out log, etc.

Section VI: Financial Management and Accountability Questions

63. When looking at documentation to support claims, how do we handle individuals who have an intermittent service, such as camp or respite, and did not utilize the service during the allocated time frame?

- For this question, the provider should choose a two week time period during which services were rendered. The provider and AE may look at more than two weeks of claims substantiation documentation.

64. Do the two week periods used to review claims, documentation, etc. need to be the same for all 10 individuals?

- At this point in time, ODP recommends but does not require that the same two week period be reviewed for each individual in the sample. Because the AE is required to review one week of the same information during the on-site review as the provider did during the Self-Reporting phase, providers should ensure that the two week period that was used for each individual is documented clearly in the comment box. All individuals in the sample must be reviewed for this question. Therefore, if the provider is unable to find a two week period during which all individuals in the sample received service; alternate two week periods will need to be used. The provider and AE may look at more than two weeks of claims substantiation documentation.

65. What is an Organized Health Care Delivery System (OHCDS) provider?

- An OHCDS provides goods or services but is not the direct vendor who renders the actual service. An OHCDS submits claims to PROMISE™ for vendor services and receives payments for the provision of goods or services.
- OHCDSs are the only organizations that are eligible to contract with vendors.
- OHCDS Providers must render at least one waiver service themselves.
- Informational Packet 060-11 entitled, “Administrative Fee Services Related to the Delivery of Vendor Services” explains OHCDS and can be found on the ODP Consulting website.

Provider Monitoring Tool Specific Questions

66. If an individual in the sample receives only OHCDS services through the assigned provider, should the individual remain in the sample, or should a substitution be made from the back-up sample of 5?

- A substitution should be made from the back-up sample list.

67. A provider is registered as a Provider type 51 and type 55 in HCSIS. Do questions 33 and 34 apply to them? They are not acting as a billing entity but are directly providing and billing for services.

- If the provider functions as an OHCDS, these questions would be applicable. If the provider does not function as an OHCDS, these questions would not be applicable.
- The sample spreadsheet will identify whether or not the provider is an OHCDS provider.

Self-Reporting Phase Questions

68. If a provider made an error on its submitted self-assessment, what should it do?

- If the error is discovered prior to the deadline for submission of the tool, the provider should notify the Provider Monitoring mailbox so that any previous submissions can be deleted. The provider would then need to resubmit the entire tool. ODP recommends that all providers complete the PDF version of the applicable monitoring tool prior to entering their information into the electronic version of the tool.
- If the error is discovered after the deadline for submission of the tool, the provider should include the updated documentation for the Reviewer during the on-site review.

69. What happens if a provider does not submit a self-assessment?

- Providers who fail to submit a provider self-assessment by November 30th will be considered non-compliant with the provider monitoring process and will be scheduled for a mandatory on-site review regardless of the distribution assigned by ODP. By December 21st, Lead AEs will notify the non-compliant providers via email regarding the mandatory on-site review. Effective October 1, 2014, providers who fail to submit a provider self-assessment by November 30th for more than one year in a five year period will be sanctioned with a minimum 30 day suspension of payment until full compliance has been established.

70. When the provider submits its self-assessment to ODP, what is ODP's process with that tool? Are there reviews or comments before it is sent to the AEs?

- Starting in FY 2014-2015, providers are required to email their Lead AE with the results of their self-assessments after they submit their survey electronically to ODP. Providers accomplish this by forwarding the submission confirmation email from ODP, along with their completed MCI Tracker/ Vendor Claims Tracker, to the Lead AE.
- ODP will continue to compile all of the responses into a spreadsheet and distribute the spreadsheet to the Lead AE.
- ODP will review the tool, but will not provide a direct response or comment on the tool unless there is a technical issue or there is serious outlier information, especially in regards to serious health and welfare concerns or serious billing issues.

71. Who will review the self-assessments for providers who are not scheduled for an on-site review this year?

- All self-assessments will be sent to Lead AEs for review. AEs should contact ODP regarding any noted extreme outliers, especially in regards to serious health and welfare concerns or serious billing issues. ODP will also review the self-assessments and may use the information for data analysis.

On-Site Review Phase Questions

72. For providers that are not scheduled for an on-site review this year, but the AE finds extreme outlier information or serious health and welfare issues or billing concerns in the self-assessments, will these providers be subject to an unscheduled or supplemental review?

- Yes, if the AE identifies serious issues on the self-report, the AE should notify ODP. ODP will then determine whether or not the situation warrants a supplemental review.

73. Will providers have the opportunity to respond and explain why certain answers were chosen?

- Yes, interaction is expected during the on-site review. Provider participation during the review is appropriate and encouraged.
- If the provider is not scheduled for an on-site review this year, an explanation can be written in the comment box, if needed.

74. When will the Lead AEs receive the provider self-assessment tool submission information?

- After the November 30th deadline for providers to submit their tools, ODP will compile all of the information into a spreadsheet and will send it out to AEs. ODP will prioritize and expedite this process but it could take a couple of weeks to complete.
- The data from the provider self-assessments will be sent to Lead AEs by December 15th.
- Lead AEs are then expected to send the data to the appropriate Reviewing AEs.
- Providers are expected to send the results of their self-assessments, along with their completed MCI Tracker/Vendor Claims Tracker, to their Lead AE by forwarding them the email they receive immediately after their electronic submission of their self-assessment results.

75. How will the Lead AE know which Reviewing AEs to contact? Will the Lead AE receive a list from ODP of the appropriate Reviewing AEs?

- A comprehensive sample list is available to AEs on DocuShare where the individual AE sample files are accessed. This list can be sorted by Lead AE and will give Reviewing AE information for each provider on the Lead AE's list. The list can also be sorted by Reviewing AE to show each AE for which providers they will be Reviewing AE.

76. The AE secure email systems are all different. Is it possible to send and receive information from different AEs based upon the provider being reviewed?

- All communications regarding individuals should include MCI #s only without any other identifying information.
- All email communications containing confidential information about individuals must be password protected or sent using secure email.

77. If face-to-face interviews have to be cancelled and rescheduled due to unsafe travel conditions – this will delay the completion time. How can AEs overcome this?

- ODP will consider special circumstances such as this on a case-by-case basis.
- Please note that ODP expects AEs and Providers to use prudent decisions regarding safe travel during inclement weather conditions.

On-Site Review Phase Questions

- Please note that the Lead AE has 30 days by which to send the On-site Review Report to the provider. The 30 days begins on the last day that any activity for the on-site review occurs. This includes Reviewing AE interviews.

78. Who needs to participate in the on-site review besides the Lead AE?

- Both Lead and Reviewing AEs are required to complete on-site reviews, but their responsibilities are different. As such, ODP recommends that Lead AEs and Reviewing AEs coordinate their efforts to complete the on-site reviews but Lead AEs and Reviewing AEs do not need to be present at the same time.
- ODP recommends that the staff from the provider agency that completed the self-assessment also participate in the on-site review in person.

79. How can a Lead AE confirm if a provider submitted the Provider Monitoring Tool or the Vendor/Transportation Monitoring Tool?

- Providers are required to forward their electronic confirmation that they receive from ODP upon submission of their self-assessment results.
- For confirmation on which tool a provider should have completed please email the Provider Monitoring mailbox at ra-odpprovidermonito@pa.gov.

80. Is there a formal exit interview for the On-site Review phase?

- ODP does not require a formal exit interview. However, the provider may request an exit interview with the Lead AE, and this could be conducted by phone or in person.
- Also, there may be informal feedback given at the time of the review at the Reviewer's discretion.
- ODP encourages open communication between Lead AEs and Reviewing AEs and providers during the on-site review in order to improve the providers understanding of waiver requirements.

81. For a Reviewing AE of a residential provider, are we visiting the home of the individual as well as visiting the home office to validate the questions?

- The Reviewing AE is required to conduct the review at the point of service for the individual in their assigned sample. The Reviewing AE is not required to visit the administrative site, however, arrangements should be made with the provider and Lead AE to ensure the most efficient schedule is established

82. If we are the Lead AE and the provider has multiple locations, does the on-site review need to happen at any one of their specific locations – like their home office?

- The preference is the home office but if proximity is an issue the Lead AE and Provider can collaborate to determine the best location for the administrative portion of the review. The rest of the review occurs on-site where the sample individuals are receiving services. AEs should plan site visits and interviews at a variety of different service locations whenever possible. Lead AEs and Reviewing AEs are required to visit only one service location per individual.

On-Site Review Phase Questions

83. How should Lead AEs coordinate with Reviewing AEs?

- Every Lead AE who has sample individuals in other counties should directly contact the appropriate Reviewing AE to coordinate the scheduling. It is the responsibility of the Lead AEs to coordinate with the Reviewing AEs to ensure the process is executed correctly and on time.
- If the Reviewing AE does not hear from the Lead AE within a reasonable period of time, the Reviewing AE should contact the Lead AE to coordinate their efforts.

84. What should a Lead AE do if a Reviewing AE does not provide the information needed to complete the Lead AE tool?

- Proactive communication between Reviewing and Lead AEs is critical to the success of the monitoring process. Lead AEs and Reviewing AEs should coordinate their efforts and contact each other to discuss pertinent issues as they arise.
- ODP expects Reviewing AEs to notify Lead AEs of any delays with providing the information.
- If Lead AEs have difficulties coordinating with Reviewing AEs, either AE should contact the ODP Regional Lead to help mitigate the delay.

85. Is there a timeframe for the Reviewing AE to submit its review to the Lead AE?

- Reviewing AEs submit results of provider monitoring electronically to Lead AEs **within 15 days of the on-site review** using the MCI Tracker and no later than May 22nd, whichever comes first.

86. Is the Reviewing AE required to use the MCI and Vendor Claims Tracker Tools?

- Yes. The MCI and Vendor Claims Tracker Tools must be utilized to ensure that relevant documentation is collected and maintained. The Reviewing AE must submit the completed MCI or Vendor Claims Tracker(s) to the Lead AE and maintain a copy in their records. The Reviewing AE should also maintain a copy of the sent e-mail when they submit their MCI or Vendor Claims Tracker(s) to the Lead AE. This will be reviewed during the AE's AE Oversight Monitoring with ODP.

87. How are providers notified that the review has been completed?

- The Lead AE prepares a standardized cover letter and the AE review report and submits them to the provider for review within 30 calendar days of the on-site review completion date, and directs the provider to develop a CAP, if necessary

Corrective Action Plan (CAP) and Directed Corrective Action Plan (DCAP) Questions

88. What is the difference between a Corrective Action Plan (CAP) and a Directed Corrective Action Plan (DCAP)?

- A CAP is where the areas of non-compliance are identified to the provider and the provider develops and identifies the corrective action(s), the timeframes, and the people responsible to carry out the corrective actions.
- A DCAP is where the reviewing entity specifies the corrective action. A DCAP is typically used only for serious non-compliances or when a provider fails to submit or implement a CAP. ODP prefers to allow providers the opportunity, when appropriate, to develop their own solutions and plans for bringing their agencies into compliance.

89. If a DCAP is required, will the provider see a rate adjustment as a result of the additional expense the provider might incur?

- A DCAP is typically used only for serious non-compliances or when a provider fails to submit or implement a CAP. ODP expects providers to be compliant or to be willing to correct non-compliances. Although each situation is unique, ODP does not intend to compensate the provider for activities taken to implement a DCAP beyond normal administrative costs.

90. What are some examples of the possible restrictions that may come out of Provider Monitoring?

- The conditions under which restrictions may occur are identified under 55 Pa Code Chapter 51.152 and 55 Pa Code Chapter 51.153.
- This may include the following:
 - Withhold or disallow all or a portion of future payments.
 - Suspend payment or future payment pending compliance.
 - Recoup payments for services the provider cannot verify as being provided in the amount, duration and frequency billed.
 - Dis-enroll specific provider service specialties.
 - Terminate the ODP Provider Agreement with the provider.
 - Other actions or sanctions as deemed necessary by ODP.
- Additionally, Informational Memo 062-15, "Enforcement Actions against Noncompliant ODP Intellectual Disability Waiver Providers" provides additional information regarding sanctions.

New Provider Questions

91. Why is there a separate tool for new providers?

- There are many common questions between the two tools, but also some that are different from the tool used by existing providers, such as basic demographic questions.
- Several of the questions in the Provider Monitoring or Vendor/Transportation Monitoring Tool relate to the individuals served and staff employed by the provider organization. Since a new provider would not be able to answer any of these questions, a new tool has been designed to ensure that the provider is adequately prepared to perform these activities.

92. Does a new provider complete the Provider Monitoring tool electronically or do they just fill out a paper copy and mail it in?

- A new provider would complete the pdf version of the Provider Monitoring Tool for New Providers or Vendor/Transportation Monitoring Tool for New Providers and would submit the completed version of the applicable tool to the ODP Provider Monitoring Mailbox at ra-odpprovidermonito@pa.gov. If additional information is required, the provider's primary contact listed on the Provider Monitoring Contact Information Form will be contacted via email.

93. How does a new provider access the Provider Monitoring Tool for New Providers or the Vendor/Transportation Monitoring Tool for New Providers?

- The Provider Monitoring Tool for New Providers and the Vendor/Transportation Monitoring Tool for New Providers is located on the Provider Information Center (PIC) at <http://pic.odpconsulting.net/> under Topic 2: Self-Reporting Phase in the For New Providers section. Once an approved PROMISE™ Enrollment Application is received from the ODP's Provider Enrollment Unit, an email is sent to the provider along with a copy of the "Provider Monitoring Contact Information Form." The provider must complete and submit the Provider Monitoring Tool for New Providers or Vendor/Transportation Monitoring Tool for New Providers to the ODP Provider Monitoring Mailbox at ra-odpprovidermonito@pa.gov for review.

94. A new provider just completed the Provider Monitoring Tool for New Providers or the Vendor/Transportation Monitoring Tool for New Providers. What happens next? Are the AEs notified that it was completed?

- After the Provider Monitoring Tool for New Providers or Vendor/Transportation Monitoring Tool for New Providers has been completed, the tool will be reviewed by the ODP Regional Provider Monitoring Lead. The Regional Provider Monitoring Lead may contact the provider for further information and to provide technical assistance as necessary. After the tool has been approved, the ODP Regional Provider Monitoring Lead will contact the AEs in which the provider indicated that they will provide services via email. **A provider should not begin providing services to any individuals or be authorized on any Individual Support Plans (ISPs) until after the provider has received notification from the Office of Medical Assistance Programs (OMAP) that the PROMISE™ enrollment application has been processed.**