

Pennsylvania Office of Developmental Programs

Quality Assessment & Improvement (QA&I) ❖ Interim Year 2 Questions Tool for Providers

Overview of the QA&I Process

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.

The QA&I Process is a way for ODP to evaluate our current system and identify ways to improve it for all individuals to have a life that meets the Everyday Lives Values in Action principles.

General Instructions

- 1. In preparation for completing the QA&I Tool, Administrative Entities (AEs), Supports Coordination Organizations (SCOs) and Providers should review all relevant materials regarding the QA&I Process that are posted on the MyODP Training & Resource Center at <https://www.myodp.org>.*
- 2. Please send inquiries regarding the questions asked in the tool or the QA&I Process to the QA&I Process Mailbox at RA-PWQAIProcess@pa.gov.*
- 3. If an unreported incident is discovered during the QA&I Process, the incident must be immediately reported in the Enterprise Incident Management (EIM) system according to Incident Management procedures. The AE, SCO and Provider shall ensure the health and welfare of individuals at all times. If any entity determines there is an imminent threat to the health and welfare of the individual, immediate steps should be taken to ensure the health and welfare of the individual and the appropriate regional ODP office should be contacted. Based on circumstances, the entity shall proceed according to the policy established in [ODP Bulletin #00-21-02 \(effective 7/1/21\)](#), Incident Management (effective 7/1/21) and as determined appropriate by the regional ODP office.*

Tool Completion Instructions

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

- 1. Use the Provider QA&I Review spreadsheet to answer all questions. The Yes/No/NA, the total applicable and the total verified and any remediation responses are the final answers that should be entered into the web database.*
- 2. When applicable, shared source documents are listed first followed by those that are specific to the Intellectual Disability/Autism (ID/A) waivers or the Adult Autism Waiver (AAW).*
- 3. Questions associated to the Centers for Medicare and Medicaid Services (CMS) Performance Measures are marked with an asterisk (*).*
- 4. When there are instances in which an entity has not met the standards of a QA&I question, ODP expects that remediation will occur within 30 days of discovery unless there are concerns for health and safety where remediation must occur immediately. The remediation must be recorded on the Provider QA&I Review Spreadsheet.*
- 5. All questions applicable to the entity must be answered before the tool can be submitted.*
- 6. The time frame for each question is 12 months from the date of the review unless otherwise specified. When counting back 12 months, always start at the 1st day of the month, e.g. the review begins on September 15, 2021, look back to September 1, 2020. The same review period must be used when completing the desk review and the onsite review.*
- 7. Review the guidance and source documents associated with each question before answering the question, as they will assist you in your responses.*
- 8. When responding to questions, the entity MUST retain all related documentation, including policy & procedure documentation, training curriculum, records and other training documentation as well as documentation associated with service/supports delivery.*
- 9. Questions labeled as exploratory are intended to encourage discussion while identifying “promising practices” that will in the future be supported by specific criteria. ODP incorporates these questions to ensure entities have opportunities to begin moving practices in these directions.*
- 10. Agency with Choice (AWC) Financial Management Services (FMS) questions are included as a supplement to this document.*

| # | Question | Type | Guidance | Source Documents |
|--------------------------------|--|------|--|------------------|
| DEMOGRAPHIC INFORMATION | | | | |
| 1. | Provider Name. Non-Scored | | <ul style="list-style-type: none"> Enter the organization's name used in HCSIS during the enrollment process. | |
| 2. | Master Provider Index (MPI) Number. Non-Scored | | <ul style="list-style-type: none"> Enter the nine-digit Master Provider Index (MPI) number. This number is in HCSIS and is the first nine digits of the PROMISE™ ID. | |
| 3. | Region Assigned AE is located. Non-Scored | | <ul style="list-style-type: none"> Select the appropriate region for the Assigned AE from the drop down list. For ODP staff reviewing AAW Providers, select the region where the Provider's main office is located. | |
| 4. | Provider Organization's Assigned Administrative Entity (AE). Non-Scored | | <ul style="list-style-type: none"> The Assigned Administrative Entity (AE) is the AE in which the most waiver participants served are registered or, for Providers with no current authorizations, the AE within which the organization intends to serve the most waiver participants. This will also be the AE that processes the organization's qualification application. Select the Assigned AE from the drop down list. For ODP staff reviewing AAW Providers, select "Other - ODP". | |
| 5. | Contact information for person entering the data into QuestionPro. <ul style="list-style-type: none"> Contact Name (First & Last Name) Contact Telephone Number Contact Email Address Non-Scored | | <ul style="list-style-type: none"> Enter the contact information for the person who is entering the data into QuestionPro. | |
| 6. | Indicate the ODP Waiver(s) or programs the Provider is approved to provide services. Non-Scored | | <ul style="list-style-type: none"> Select the appropriate ODP Waiver(s) or program(s) the Provider organization is approved to provide services (please select all that are applicable): <ul style="list-style-type: none"> Adult Autism Waiver Agency with Choice Financial Management Services (AWC FMS) Any ID/A Waiver (Consolidated Waiver, Person/Family Directed Support (P/FDS) Waiver, Community Living Waiver) Base Funded Services | |

| # | Question | Type | Guidance | Source Documents |
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| 7. | Please reference the list of services and select all services for which the Provider organization is eligible to provide. Non-Scored | | <ul style="list-style-type: none"> The reviewer selects all the services the Provider organization is eligible to provide. | |

DATA & POLICY

| # | Question | Type | Guidance | Source Documents |
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| 8. | The Provider has a Quality Management Plan (QMP) that reflects ODP’s Mission, Vision and Values. | D O | <p>The mission of the Office of Developmental Programs is to support Pennsylvanians with developmental disabilities <u>to achieve greater independence, choice, and opportunity in their lives.</u></p> <p>ODP’s vision is to continuously improve an effective system of <u>accessible services and supports that are flexible, innovative, and person-centered.</u></p> <p>The values articulated as principles in the Everyday Lives document set the direction for the developmental disability service system. <u>They provide context and guidance for policy development, service design and implementation, and decision-making.</u></p> <ul style="list-style-type: none"> • The reviewer determines if the Provider’s QMP reflects ODP’s Mission, Vision and Values by reviewing the QMP and discussing with the Provider how they chose areas to work on in consideration of ODP’s Mission, Vision and Values. • Some examples of what the QMP could include are: <ul style="list-style-type: none"> - Assuring effective communication - Increasing employment - Supporting individuals to participate in community activities of their choice - Ensuring ISPs are updated in a timely manner when there is a change in need - Ensuring individuals receive information about identifying and reporting abuse, neglect and exploitation - Ensuring individuals with complex needs have the supports they need - Ensuring individuals are treated with dignity and respect <p>➤ Mark YES if the QMP reflects the Mission, Vision and Values. ➤ Mark NO if the QMP does not reflect them or there is no QMP.</p> | <ul style="list-style-type: none"> • 55 Pa Code Chapter 6100.45 • Bulletin 00-17-01, <i>Quality Management Strategy of the Office of Developmental Programs</i> • Everyday Lives Values in Action 2016 |
| 8a. | Provider updated the plan to reflect ODP’s Mission, Vision and Values. | R | <ul style="list-style-type: none"> • The Provider updated the QMP to reflect ODP’s Mission, Vision and Values. <ul style="list-style-type: none"> ➤ Mark YES if the Provider updated their QMP. ➤ Mark NA if another remediation action was selected. | |
| 8b. | Provider develops a QMP. | R | <ul style="list-style-type: none"> • The Provider develops and submits a QMP that reflects ODP’s Mission, Vision and Values. <ul style="list-style-type: none"> ➤ Mark YES if the Provider develops and submits a QMP that reflects ODP’s Mission, Vision and Values. ➤ Mark NA if another remediation action was selected. | |

| # | Question | Type | Guidance | Source Documents |
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| 8c. | Other remediation action. | R | <ul style="list-style-type: none"> The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if another remediation action was selected. | |
| 8d. | If YES, when: | R | <ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. | |
| 8e. | Remediation action outstanding - referred to appropriate staff for follow-up. | R | <ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated. | |
| 9. | The Provider reviewed and used performance data in developing the QMP. | D O | <ul style="list-style-type: none"> The reviewer requests to see performance data used by the Provider to develop the QMP. The reviewer discusses with the Provider the data results and how priorities for quality improvement projects were identified, how target objectives were determined and what performance measures were chosen for tracking performance over time. <ul style="list-style-type: none"> o Performance data <u>can include but is not limited to</u>: <ul style="list-style-type: none"> - Performance results from QA&I self-assessments and full reviews (if applicable), including individual interviews, targeting those areas where performance falls below 86% - Employment data - IM4Q data - Data on individual(s) communication needs - Community Participation data - Data on self-direction, choice and control. - Data on management of incidents of abuse, neglect, exploitation and unexplained deaths - Data on use of restrictive interventions including restraints - The Provider's quarterly performance review data and available reports in HCSIS ➤ Mark YES if the Provider used performance data in the development of the QMP. ➤ Mark NO if the Provider did not use performance data or there is no QMP. | <ul style="list-style-type: none"> 55 Pa Code Chapter 6100.45 Bulletin 00-17-01, <i>Quality Management Strategy of the Office of Developmental Programs</i> Everyday Lives Values in Action 2016 |

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| | | | <ul style="list-style-type: none"> ➤ Mark NA if requirement does not apply to the Provider this year because the Provider is new. <p>A new Provider is a Provider who has been determined qualified/enrolled in the previous fiscal year.</p> | |
| 9a. | Documentation was located. | R | <ul style="list-style-type: none"> • The Provider has located evidence that they have reviewed and evaluated performance data in selecting priorities for the QMP. <ul style="list-style-type: none"> ➤ Mark YES if documentation was located. ➤ Mark NA if another remediation action was selected. | |
| 9b. | Provider staff is retrained as appropriate on QMP requirements. | R | <ul style="list-style-type: none"> • The Provider provides/ensures retraining of the appropriate Provider staff regarding the QMP requirements. • The Provider submits documentation to ODP or the AE that the Provider staff was retrained. <ul style="list-style-type: none"> ➤ Mark YES if Provider submitted documentation to ODP or the AE of retraining completed by Provider staff. ➤ Mark NA if another remediation action was selected. | |
| 9c. | Provider develops a QMP. | R | <ul style="list-style-type: none"> • The Provider develops and submits a QMP. The Provider demonstrates the use of performance data in development of the QMP. <ul style="list-style-type: none"> ➤ Mark YES if Provider develops and submits a QMP and demonstrates the use of data in generating it. ➤ Mark NA if another remediation action was selected. | |
| 9d. | Other remediation action. | R | <ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if another remediation action was selected. | |
| 9e. | If YES, when: | R | <ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. | |

| # | Question | Type | Guidance | Source Documents |
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| 9f. | Remediation action outstanding - referred to appropriate staff for follow-up. | R | <ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated. | |
| 10. | The Provider revises the QMP at least every three years. | D O | <ul style="list-style-type: none"> • The reviewer determines if the QMP was revised at least every three years based on a review of the QMP. <ul style="list-style-type: none"> ➤ Mark YES if the QMP was revised at least every three years. ➤ Mark NO if the QMP was not revised at least every three years or there is no QMP. ➤ Mark NA if the requirement does not apply to the Provider this year because the Provider's initial QMP is less than three years old. | <ul style="list-style-type: none"> • 55 Pa Code Chapter 6100.45 • Bulletin 00-17-01, <i>Quality Management Strategy of the Office of Developmental Programs</i> • Everyday Lives Values in Action 2016 |
| 10a. | Documentation was located. | R | <ul style="list-style-type: none"> • The Provider has located evidence that they have revised the QMP at least every three years. <ul style="list-style-type: none"> ➤ Mark YES if documentation was located. ➤ Mark NA if another remediation action was selected. | |
| 10b. | Provider revises the QMP. | R | <ul style="list-style-type: none"> • The Provider revises the QMP. <ul style="list-style-type: none"> ➤ Mark YES if the Provider has revised the QMP. ➤ Mark NA if another remediation action was selected. | |
| 10c. | Provider staff is retrained as appropriate on QMP requirements. | R | <ul style="list-style-type: none"> • The Provider provides/ensures retraining of the appropriate Provider staff regarding the QMP requirements. • The Provider submits documentation to ODP or the AE that the Provider staff was retrained. <ul style="list-style-type: none"> ➤ Mark YES if Provider submitted documentation to ODP or the AE of retraining completed by Provider staff. ➤ Mark NA if another remediation action was selected. | |
| 10d. | Other remediation action. | R | <ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if another remediation action was selected. | |

| # | Question | Type | Guidance | Source Documents |
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| 10e. | If YES, when: | R | <ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. | |
| 10f. | Remediation action outstanding - referred to appropriate staff for follow-up. | R | <ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated. | |
| 11. | The Provider provided written notice to all required parties within the required time frames. | D O | <ul style="list-style-type: none"> The reviewer determines if the Provider transitioned any individuals to a new Provider during the review period by reviewing the Service Authorization Notice or Provider Service Details Report. The reviewer determines if the Provider is no longer able or willing to provide a service to any individuals during the review period individual in accordance with § 6100.303 (relating to involuntary transfer or change of provider). The reviewer determines if the Provider issued a written notice in accordance with 55 Pa Code Chapter 6100 regulations: <ul style="list-style-type: none"> At least 45 days prior to the date of the proposed change of provider or transfer; AND To the required parties: <ul style="list-style-type: none"> The individual. Persons designated by the individual. The individual plan team members. The designated managing entity. The support coordinator, base-funding support coordinator or targeted support manager. The Department; AND The written notice included the following: <ul style="list-style-type: none"> The individual's name and master client index number. The current provider's name, address and master provider index number. The service that the provider is unable or unwilling to provide. The location where the services is currently provided. The reason the provider is no longer able or willing to provide the service as specified in § 6100.303. A description of the efforts made to address or resolve the issue that has led to the provider becoming unable or unwilling to provide the service. | <ul style="list-style-type: none"> 55 Pa Code Chapters 6100.301, 6100.303 and 6100.304 (a) and (c) AAW Provider Manual (AAW) |

| # | Question | Type | Guidance | Source Documents |
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| | | | <ul style="list-style-type: none"> - Suggested time frames for transitioning the delivery of the service to the new provider. ➤ Mark YES if the Provider issued a written notice and it includes all criteria listed above. ➤ Mark NO if the Provider did not issue written notice to all required parties or if the written notice did not include any of the criteria listed above. ➤ Mark NA if the Provider did not initiate discharge or did not transition to any individuals during the review period. <p>NOTE – Identify which criteria was missing and not met.</p> | |
| 11a. | Documentation was located. | R | <ul style="list-style-type: none"> • The Provider has located evidence which shows that they have provided written notice to all required parties and the notice includes all criteria listed above. ➤ Mark YES if documentation was located. ➤ Mark NA if another remediation action was selected. | |
| 11b. | Provider issues written notice to all required parties that includes all criteria. | R | <ul style="list-style-type: none"> • The Provider issues written notice to all required parties that includes all criteria in accordance with 55 Pa Code Chapter 6100 regulations. ➤ Mark YES if the Provider submitted documentation which shows that written notice that includes all criteria was issued to all required parties in accordance with 55 Pa Code Chapter 6100 regulations. ➤ Mark NA if another remediation action was selected. | |
| 11c. | Other remediation action. | R | <ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if another remediation action was selected. | |
| 11d. | If YES, when: | R | <ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. | |
| 11e. | Remediation action outstanding - referred to appropriate staff for follow-up. | R | <ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated. | |

| # | Question | Type | Guidance | Source Documents |
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| 12. | <p>Enter the number of individuals who have transitioned from prevocational services to competitive integrated employment during the review period.</p> <p>Non-Scored</p> | D O | <ul style="list-style-type: none"> • This question is only applicable to ID/A Providers who render the Prevocational component of Community Participation Support (CPS) only. • The reviewer will determine the number of individuals who have transitioned from prevocational services to competitive integrated employment during the review period through a review of HCSIS information, documentation and/or Provider attestation. • The reviewer will data enter the number of individuals who have transitioned from prevocational services to competitive integrated employment. <ul style="list-style-type: none"> ➢ Mark NA if the Provider does not render the prevocational component of CPS or if the Provider is an AAW only Provider. | <ul style="list-style-type: none"> • Exploratory • Consolidated, P/FDS and CL waivers • Everyday Lives Values in Action 2016, Recommendation #3, Increase Employment • Pennsylvania Employment First Oversight Commission First Year Report to Governor Wolf and the General Assembly • Act 36 of 2018, Employment First Act • Interagency Priorities and recommendations from Employment First Cabinet |
| 13. | <p>The Provider identifies resources that support wellness and shares the information with individuals and families.</p> | D O | <ul style="list-style-type: none"> • The reviewer determines if the Provider promotes wellness by identifying wellness resources and shares the information with individuals and families. • Promoting wellness includes various areas of wellness, including: physical, emotional, social, environmental, intellectual, spiritual, occupational and financial wellness, as well as information about opportunities to pursue these areas as interested. • Information can include local resources, fairs, calendar of awareness events, Health Care Quality Unit (HCQU) collaborations, Autism Services, Education, Resources and Training (ASERT) local community resources, health and wellness months, leaflets, etc. <ul style="list-style-type: none"> ➢ Mark YES if the Provider has provided information to promote wellness. ➢ Mark NO if Provider has not provided information to promote wellness. | <ul style="list-style-type: none"> • 55 Pa Code Chapters 6100.222 (b)(3), 6100.223(2) and 6100.224 |
| 13a. | Documentation was located. | R | <ul style="list-style-type: none"> • The Provider has located evidence that shows the Provider promotes wellness through identifying wellness resources and sharing the information with individuals and families. <ul style="list-style-type: none"> ➢ Mark YES if documentation was located. ➢ Mark NA if another remediation action was selected. | |
| 13b. | Provider identifies resources that support wellness and shares the information with individuals and families. | R | <ul style="list-style-type: none"> • The Provider submits documentation to ODP or the AE which shows wellness resources identified and shared with individuals and families. <ul style="list-style-type: none"> ➢ Mark YES if the Provider submitted documentation which shows wellness resources identified and shared with individuals and families. ➢ Mark NA if another remediation action was selected. | |

| # | Question | Type | Guidance | Source Documents |
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| 13c. | Other remediation action. | R | <ul style="list-style-type: none"> The reviewer can accept documentation of “other” remediation actions taken by the Provider to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if another remediation action was selected. | |
| 13d. | If YES, when: | R | <ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. | |
| 13e. | Remediation action outstanding - referred to appropriate staff for follow-up. | R | <ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated. | |
| 14. | <p>The Provider has a policy on sexual health, personal relationships, and sexuality consistent with the guidelines.</p> <p>Non-Scored</p> | D | <ul style="list-style-type: none"> The reviewer determines if the Provider has a policy that addresses sexual health, personal relationships, and sexuality consistent with the guidelines. The policy should support the concept of Everyday Lives and be consistent with the considerations identified in ODP Bulletin 00-18-01. <ul style="list-style-type: none"> ➤ Mark YES if the Provider has a policy that addresses sexual health, personal relationships, and sexuality consistent with the guidelines. ➤ Mark NO if the policy does not exist or if the policy is inconsistent with the guidelines identified in ODP Bulletin 00-18-01. | <ul style="list-style-type: none"> 55 Pa Code Chapters 6100.182 and 6100.183 Bulletin 00-18-01, <i>Guidelines Concerning Sexual Health, Personal Relationships, and Sexuality</i> Bulletin 00-18-01 Attachment 1, <i>Sexual Health, Personal Relationships and Sexuality Guidelines</i> |
| 15. | The Provider finalizes incidents within 30 days. | D | <ul style="list-style-type: none"> The reviewer requests the Incident Management Review Report in Enterprise Incident Management (EIM) under the following path: EIM – Reports – Incident Management Review Report. The reviewer will need to review any incidents for the review period (12 months); therefore, the discovery period selected should be 12 months from the review date. The report may be generated overnight. The following parameters are required before a report can be generated: Program Office, Discovery From and To date, Type, Status, Primary Category and Secondary Category. For “Status” select Open or Closed from the drop-down list. Apply a filter to the spreadsheet and deselect the following in the “Primary Category” column: Medication Error, Restraint and Optionally Reportable Event. | <ul style="list-style-type: none"> 55 Pa Code Chapter 6100.404 (a) 55 Pa Code Chapter 6000 Subchapter Q – Incident Management MR Bulletin 6000-04-01, <i>Incident Management</i> ODP Bulletin 00-21-02, <i>Incident Management</i> ODP Certified Investigator’s Manual (2018) AAW Provider Manual (AAW) Adult Autism Waiver, Appendix G (AAW) |

| # | Question | Type | Guidance | Source Documents |
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| | | | <ul style="list-style-type: none"> • The report factors in extensions. The column labeled “Due Date” provides the due date based on any extensions that have been entered into the system. If the due date is on or after the date of the review, then the report is compliant. • The column labeled “Was the Final Section submitted on time?” indicates whether or not the Provider was compliant with the policy. • Compliance is indicated if this column is equal to “Yes”. • If the “Was the Final Section submitted on time?” column is blank, ODP or the AE should follow-up with the Provider to request submission of the Final Section. <ul style="list-style-type: none"> ➢ Mark YES if the incidents were finalized within 30 days or an extension was requested, and the report was finalized by the extension date. ➢ Mark NO if the incidents were not finalized within 30 days or by the extension date. ➢ Mark NA if the Provider had no incidents for the review period. | |
| 15a. | Provider finalizes open incidents that were filed more than 30 days before the review period. | R | <ul style="list-style-type: none"> • The Provider has documentation which shows that the open incidents were finalized. <ul style="list-style-type: none"> ➢ Mark YES if the Provider submitted documentation to ODP or the AE which shows that open incidents were finalized. ➢ Mark NA if another remediation action was selected. | |
| 15b. | Provider requests an extension for open incidents that were filed more than 30 days before the review period. | R | <ul style="list-style-type: none"> • The Provider has documentation which shows that extension(s) were requested for the open incidents. <ul style="list-style-type: none"> ➢ Mark YES if the Provider submitted documentation which shows extension(s) were requested. ➢ Mark NA if another remediation action was selected. | |
| 15c. | Provider develops/modifies a process that addresses incidents being finalized within 30 days. | R | <ul style="list-style-type: none"> • The Provider develops/modifies a process that addresses incidents being finalized within 30 days. <ul style="list-style-type: none"> ➢ Mark YES if the process was developed/modified. ➢ Mark NA if another remediation action was selected. | |
| 15d. | Provider ensures Provider staff complete required training. | R | <ul style="list-style-type: none"> • The Provider submits documentation to ODP or the AE that shows the Provider staff completed training on ODP’s Incident Management bulletin and the Provider’s process related to incidents being finalized within 30 days as appropriate. <ul style="list-style-type: none"> ➢ Mark YES if the Provider submitted documentation to ODP or the AE of training completed by Provider staff. ➢ Mark NA if another remediation action was selected. | |

| # | Question | Type | Guidance | Source Documents |
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| 15e. | Other remediation action. | R | <ul style="list-style-type: none"> The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if another remediation action was selected. | |
| 15f. | If YES, when: | R | <ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. | |
| 15g. | Remediation action outstanding - referred to appropriate staff for follow-up. | R | <ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated. | |
| 16. | The Provider reviews and analyzes incidents at least quarterly. | D O | <ul style="list-style-type: none"> Review the Provider's most recent review and analysis of incidents from the review period. The reviewer should ensure that the review and analysis was completed at least quarterly. The review must contain the following: <ul style="list-style-type: none"> - Information on incident targets. The Provider should run a target report and look for trends. - 30-day analyses of all medication errors and restraints. ➤ Mark YES if the Provider's review and analysis was completed at least quarterly for the review period and that the review and analysis met all requirements. ➤ Mark NO if there were incidents in the review period but no documentation of quarterly reviews and analyses occurred or did not meet all requirements as described above. ➤ Mark NA if there were no incidents during the review period. <p>NOTE – If NO, identify which requirements were missing.</p> | <ul style="list-style-type: none"> 55 Pa Code Chapter 6100.405 (b) 55 Pa Code Chapter 6000 Subchapter Q – Incident Management MR Bulletin 6000-04-01, <i>Incident Management (ID/A Waivers)</i> ODP Bulletin 00-21-02, <i>Incident Management</i> |
| 16a. | Documentation was located. | R | <ul style="list-style-type: none"> The Provider has located documentation that indicates that a review and analysis of incidents was completed at least quarterly and met all requirements. <ul style="list-style-type: none"> ➤ Mark YES if documentation was located. ➤ Mark NA if another remediation action was selected. | |

| # | Question | Type | Guidance | Source Documents |
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| 16b. | Provider completes a review and analysis of incidents. | R | <ul style="list-style-type: none"> The Provider has completed a review and analysis of incidents. The Provider submits documentation to ODP or the AE regarding the review and analysis of incidents. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submits documentation to ODP or the AE. ➤ Mark NA if another remediation action was selected. | |
| 16c. | Provider develops/modifies a process that addresses the review and analysis of incidents including all time frames and requirements. | R | <ul style="list-style-type: none"> The Provider develops/modifies a process that addresses that a review and analysis of incidents is completed quarterly and meets all requirements. <ul style="list-style-type: none"> ➤ Mark YES if the process was developed/modified. ➤ Mark NA if another remediation action was selected. | |
| 16d. | Other remediation action. | R | <ul style="list-style-type: none"> The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if another remediation action was selected. | |
| 16e. | If YES, when: | R | <ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. | |
| 16f. | Remediation action outstanding - referred to appropriate staff for follow-up. | R | <ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated. | |
| 17. | The Provider's peer review process to review the quality of investigations was completed and documented. | D O | <ul style="list-style-type: none"> For the review period, reviewers will examine the latest peer review. This does not need to be for an individual in the selected sample. The reviewer can pull the Incident Management Review Report in EIM to identify investigations for the Provider. In EIM, look for the report entitled "Incident Management Review Report." Reviewers will ensure the following: <ul style="list-style-type: none"> - The peer review committee consists of at least three people. - Peer reviews were conducted at least quarterly. - Sample size is no less than 10% of the investigations conducted during the review period. In addition, there must be a review of at least one | <ul style="list-style-type: none"> 55 Pa Code Chapter 6000 Subchapter Q – Incident Management ODP Certified Investigator's Manual (2018) Protecting People from Harm: Evaluating the Quality of Certified Investigations ODP Certified Investigation Peer Review (CIPR) Manual 2017: Version 2.0 ODP Bulletin 00-21-02, <i>Incident Management</i> |

| # | Question | Type | Guidance | Source Documents |
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| | | | <p>investigation conducted by each CI during the review period. The sample size is representative for all programs.</p> <ul style="list-style-type: none"> - If there were no investigations conducted during the review period, review evidence or documentation from prior quarters to validate that investigations from prior quarters have been reviewed. The reviewer should not go back no more than three years. - Evidence that the results of the peer review was shared with the CI. <ul style="list-style-type: none"> • If there have been certified investigations during the review period, there should be documentation that a peer review was completed. <ul style="list-style-type: none"> ➢ Mark YES if the Provider completed a peer review and all the above requirements were met. ➢ Mark NO if the Provider did not complete a peer review and any or all the above requirements were not met. ➢ Mark NA if there have been no Certified Investigations completed by the Provider. | |
| 17a. | Documentation was located. | R | <ul style="list-style-type: none"> • The Provider has located documentation that indicates that a peer review was completed and meets all requirements. <ul style="list-style-type: none"> ➢ Mark YES if documentation was located. ➢ Mark NA if another remediation action was selected. | |
| 17b. | Provider completes a peer review. | R | <ul style="list-style-type: none"> • The Provider has completed a peer review. • The Provider submits documentation to ODP or the AE regarding the peer review. <ul style="list-style-type: none"> ➢ Mark YES if the Provider submits documentation to ODP or the AE. ➢ Mark NA if another remediation action was selected. | |
| 17c. | Provider develops/modifies a process for peer review that is in accordance with ODP's Peer Review Process. | R | <ul style="list-style-type: none"> • The Provider develops/modifies a process peer review that is in accordance with ODP's Peer Review Process. <ul style="list-style-type: none"> ➢ Mark YES if the process was developed/modified. ➢ Mark NA if another remediation action was selected. | |
| 17d. | Other remediation action. | R | <ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➢ Mark YES if the Provider submitted remediation documentation. ➢ Mark NA if another remediation action was selected. | |

| # | Question | Type | Guidance | Source Documents |
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| 17e. | If YES, when: | R | <ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. | |
| 17f. | Remediation action outstanding - referred to appropriate staff for follow-up. | R | <ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated. | |
| 18. | The Provider implements follow-up recommendations from the Certified Investigator peer review process. | D O | <ul style="list-style-type: none"> The reviewer determines if a peer review was completed during the review period. Through a review of the peer review, the reviewer determines if recommendations were made by reviewing the Peer Review Report. The reviewer determines if documentation regarding follow-up activities of the Certified Investigator Peer Review Report were implemented as specified. <ul style="list-style-type: none"> ➤ Mark YES if there is documentation that the follow-up activities of the Certified Investigator Peer Review Report were implemented as specified. ➤ Mark NO if there is no documentation of implementation of follow-up activities based on the Certified Investigator Peer Review Report. ➤ Mark NA if there have been no Certified Investigations completed by the Provider or if there were no follow-up recommendations. | <ul style="list-style-type: none"> 55 Pa Code Chapter 6000 Subchapter Q – Incident Management ODP Certified Investigator’s Manual (2018) Protecting People from Harm: Evaluating the Quality of Certified Investigations ODP Certified Investigation Peer Review (CIPR) Manual 2017: Version 2.0 ODP Bulletin 00-21-02, <i>Incident Management</i> |
| 18a. | Documentation was located. | R | <ul style="list-style-type: none"> The Provider has located documentation that indicates that the follow-up activities of the Certified Investigator peer review report was implemented as specified. <ul style="list-style-type: none"> ➤ Mark YES if documentation was located. ➤ Mark NA if another remediation action was selected. | |
| 18b. | Provider implements follow-up activities. | R | <ul style="list-style-type: none"> The Provider implements follow-up activities identified in the Certified Investigator peer review report as specified. The Provider submits documentation to ODP or the AE regarding the implementation of follow-up activities. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submits documentation to ODP or the AE. ➤ Mark NA if another remediation action was selected. | |
| 18c. | Provider develops/modifies a peer review process which includes the implementation of follow-up recommendations. | R | <ul style="list-style-type: none"> The Provider develops/modifies a peer review process which includes the implementation of follow-up recommendations. <ul style="list-style-type: none"> ➤ Mark YES if the process was developed/modified. ➤ Mark NA if another remediation action was selected. | |

| # | Question | Type | Guidance | Source Documents |
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| 18d. | Provider ensures Provider staff complete required training. | R | <ul style="list-style-type: none"> The Provider submits documentation to the ODP or the AE that shows the Provider staff completed training on ODP's Incident Management bulletin and the Provider's peer review process related to the implementation of follow-up recommendations as appropriate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted documentation to ODP or the AE of training completed by Provider staff. ➤ Mark NA if another remediation action was selected. | |
| 18e. | Other remediation action. | R | <ul style="list-style-type: none"> The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if another remediation action was selected. | |
| 18f. | If YES, when: | R | <ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. | |
| 18g. | Remediation action outstanding - referred to appropriate staff for follow-up. | R | <ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated. | |
| 19. | The Provider's staff completed training on the Provider's Emergency Disaster Response plan that addresses individual's safety and protection, communication and/or operational procedures. | D O | <ul style="list-style-type: none"> This question is only applicable to ID/A Providers. The Provider will give a list of all Provider staff who are hired with the Provider and will include the training date for each Provider staff. The reviewer will review 25% of Provider staff, but no less than five Provider staff and a maximum of 25 Provider staff. Exclude Provider staff that are no longer employed with the Provider. Review the Emergency Disaster Response plan to ensure that it addresses individual's safety and protection, communications and operational procedures. The reviewer determines if the Provider staff completed training on the Provider's Emergency Disaster Response plan based on the Provider's training records including, but not limited to: a description of the course, sign-in sheets, transcripts or certificates of completion from the training. <ul style="list-style-type: none"> ➤ Mark YES if the Provider staff reviewed completed training on the Provider's Emergency Disaster Response plan. | <ul style="list-style-type: none"> Consolidated, P/FDS and CL waivers Waiver Assurance on Health and Welfare |

| # | Question | Type | Guidance | Source Documents |
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| | | | <ul style="list-style-type: none"> ➤ Mark NO if there are no training records or if any of the Provider staff reviewed did not complete training on the Provider’s Emergency Disaster Response plan. ➤ Mark NA if the Provider is only enrolled in AAW. <p>** On the QA&I Spreadsheet, the reviewer will enter the total number of Provider staff reviewed and the total number of Provider staff who completed training on the Provider’s Emergency Disaster Response plan that have been verified.</p> <ul style="list-style-type: none"> • When the overall percentage of the total number of Provider staff reviewed and the total number of Provider staff who completed training on the Provider’s Emergency Disaster Response plan falls between 0% to 85.9%, the issue must be referred to the regional ODP office for review of further actions to be taken. The AE will document the date they referred the issue to the Regional Coordinator. • For ID/A Providers, ODP will review referred issues with the AE to determine the seriousness, continued or repeated nature, and combination of issues identified to determine appropriate actions through DCAP or sanctions, which may include adjusting of claims. | |
| 19a. | Documentation was located. | R | <ul style="list-style-type: none"> • The Provider has located training records which indicate that Provider staff have completed training on the Provider’s Emergency Disaster Response plan. <ul style="list-style-type: none"> ➤ Mark YES if documentation was located. ➤ Mark NA if another remediation action was selected. | |
| 19b. | Provider ensures Provider staff complete required training. | R | <ul style="list-style-type: none"> • The Provider submits documentation to ODP or the AE that shows the Provider staff completed the Provider’s Emergency Disaster Response plan training as appropriate. <ul style="list-style-type: none"> ➤ Mark YES if Provider submitted documentation to ODP or the AE of training completed by Provider staff. ➤ Mark NA if another remediation action was selected. | |
| 19c. | Other remediation action. | R | <ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if another remediation action was selected. | |
| 19d. | If YES, when: | R | <ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. | |

| # | Question | Type | Guidance | Source Documents |
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| | | | <ul style="list-style-type: none"> The reviewer chooses the appropriate time frame from the drop down. | |
| 19e. | Remediation by exception. | R | <ul style="list-style-type: none"> Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to Provider staff no longer being employed at the Provider agency. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if another remediation action was selected. | |
| 19f. | Remediation action outstanding - referred to appropriate staff for follow-up. | R | <ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated. | |
| 20. | *The Provider’s staff completed annual training that includes core courses as required. | D O | <ul style="list-style-type: none"> This question is only applicable to ID/A Providers. The Provider will give a list of all Provider staff who are hired with the Provider and will include the annual training date for each Provider staff. The reviewer will review 25% of Provider staff, but no less than five Provider staff and a maximum of 25 Provider staff. Exclude Provider staff that are no longer employed with the Provider. The reviewer determines if the Provider staff completed the annual training and all required core courses based on Provider training records including, but not limited to: a description of the course, sign-in sheets, transcripts or certificates of completion from the training. <ul style="list-style-type: none"> A training year is defined by the Provider and is a 12-month time frame. Providers can choose to use the same training year to cover all persons or different training years for each person. 55 Pa Code Chapter 6100 Regulations Core courses are: <ul style="list-style-type: none"> The application of person-centered practices, community integration, individual choice and assisting individuals to develop and maintain relationships. The prevention, detection and reporting of abuse, suspected abuse and alleged abuse in accordance with the Older Adults Protective Services Act (35 P.S. §§ 10225.101—10225.5102), the Child Protective Services Law (23 Pa.C.S. §§ 6301—6386), the Adult Protective Services Act (35 P.S. §§ 10210.101—10210.704) and applicable protective services regulations. Individual rights. Recognizing and reporting incidents. | <ul style="list-style-type: none"> 55 Pa Code 6100.143 ODP Announcement 21-034, “ODP Regulation Update: Orientation and Annual Training Question and Answer Document and Annual Training Clarifications” |

| # | Question | Type | Guidance | Source Documents |
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| | | | <ul style="list-style-type: none"> ○ The safe and appropriate use of behavior supports if the person works directly with an individual. ○ Implementation of the individual plan if the person provides an HCBS or base-funding service. ➤ Mark YES if the Provider staff reviewed completed the required annual training core courses in the training year. ➤ Mark NO if there are no training records or if any of the Provider staff reviewed did not complete the required annual training core courses in the training year. ➤ Mark NA if the Provider is only enrolled in the AAW. <p>** On the QA&I Spreadsheet, the reviewer will enter the total number of Provider staff reviewed and the total number of Provider staff who completed the required annual training core courses in the training year that have been verified.</p> <ul style="list-style-type: none"> • When the overall percentage of the total number of Provider staff reviewed and the total number of Provider staff who completed the required annual training core courses in the training year falls between 0% to 85.9%, the issue must be referred to the regional ODP office for review of further actions to be taken. The AE will document the date they referred the issue to the Regional Coordinator. • For ID/A Providers, ODP will review referred issues with the AE to determine the seriousness, continued or repeated nature, and combination of issues identified to determine appropriate actions through DCAP or sanctions, which may include adjusting of claims. | |
| 20a. | Documentation was located. | R | <ul style="list-style-type: none"> • The Provider has located training records which indicate that the Provider staff have completed the required annual training core courses in the training year. ➤ Mark YES if the documentation was located. ➤ Mark NA if another remediation action was selected. | |
| 20b. | Provider ensures Provider staff complete required training. | R | <ul style="list-style-type: none"> • The Provider submits documentation to ODP or the AE that shows the Provider staff completed the annual training core cores for 55 Pa Code Chapter 6100 regulations as appropriate. ➤ Mark YES if the Provider submitted documentation to ODP or the AE of training completed by the Provider staff. ➤ Mark NA if another remediation action was selected. | |
| 20c. | Other remediation action. | R | <ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. | |

| # | Question | Type | Guidance | Source Documents |
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| | | | <ul style="list-style-type: none"> The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if another remediation action was selected. | |
| 20d. | If YES, when: | R | <ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. | |
| 20e. | Remediation by exception. | R | <ul style="list-style-type: none"> Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to Provider staff no longer being employed at the Provider agency. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if another remediation action was selected. | |
| 20f. | Remediation action outstanding - referred to appropriate staff for follow-up. | R | <ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated. | |
| 21. | New Provider staff completed the required orientation training courses prior to working alone with individuals, and within 30 days after hire or starting to provide a service to an individual. | D O | <ul style="list-style-type: none"> This question is only applicable to ID/A Providers. The Provider will give a list of all new Provider staff hired by the Provider within the review period and will include the date of hire. The reviewer will review 25% of new Provider staff, but no less than five Provider staff and a maximum of 25 Provider staff. Exclude Provider staff that are no longer employed with the Provider. The reviewer uses the date of hire on the Provider training spreadsheet to determine if the new Provider staff completed the required orientation training courses prior to working alone with individuals, and within 30 days after hire or starting to provide a service to an individual based on Provider training records including, but not limited to: a description of the course, sign-in sheets, transcripts, certificates of completion from the training, staff training logs, staff schedules, staff timesheets or staff personnel files. 55 Pa Code Chapter 6100 Regulations Orientation courses are: <ul style="list-style-type: none"> The application of person-centered practices, community integration, individual choice and assisting individuals to develop and maintain relationships. | <ul style="list-style-type: none"> 55 Pa Code 6100.142 ODP Announcement 21-034, “ODP Regulation Update: Orientation and Annual Training Question and Answer Document and Annual Training Clarifications” |

| # | Question | Type | Guidance | Source Documents |
|------|----------------------------|------|--|------------------|
| | | | <ul style="list-style-type: none"> ○ The prevention, detection and reporting of abuse, suspected abuse and alleged abuse in accordance with the Older Adults Protective Services Act (35 P.S. §§ 10225.101—10225.5102), the Child Protective Services Law (23 Pa.C.S. §§ 6301—6386), the Adult Protective Services Act (35 P.S. §§ 10210.101—10210.704) and applicable protective services regulations. ○ Individual rights. ○ Recognizing and reporting incidents. ○ Job-related knowledge and skills. ➤ Mark YES if the new Provider staff reviewed completed the required orientation training courses prior to working alone with individuals, and within 30 days after hire or starting to provide a service to an individual. ➤ Mark NO if there are no training records or if any of the new Provider staff reviewed did not complete the required orientation training courses prior to working alone with individuals, and within 30 days after hire or starting to provide a service to an individual. ➤ Mark NA if the Provider is only enrolled in the AAW, there were no new Provider staff hired, or the Provider staff reviewed is within their 30 days of hire. <p>** On the QA&I Spreadsheet, the reviewer will enter the total number of newly hired Provider staff reviewed and the total number of newly hired Provider staff who completed the required orientation training courses that have been verified.</p> <ul style="list-style-type: none"> • When the overall percentage of the total number of newly hired Provider staff reviewed and the total number of newly hired Provider staff who completed the required orientation training courses falls between 0% to 85.9%, the issue must be referred to the regional ODP office for review of further actions to be taken. The AE will document the date they referred the issue to the Regional Coordinator. • For Providers, ODP will review referred issues with the AE to determine the seriousness, continued or repeated nature, and combination of issues identified to determine appropriate actions through DCAP or sanctions, which may include adjusting of claims. | |
| 21a. | Documentation was located. | R | <ul style="list-style-type: none"> • The Provider has located the documentation which indicates that the newly hired Provider staff completed the required orientation training courses prior to working alone with individuals, and within 30 days of hire or starting to provide a service to an individual. ➤ Mark YES if the documentation was located. ➤ Mark NA if another remediation action was selected. | |

| # | Question | Type | Guidance | Source Documents |
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| 21b. | Provider ensures Provider staff complete required training. | R | <ul style="list-style-type: none"> The Provider submits documentation to ODP or the AE that shows the Provider staff completed the annual orientation training cores for 55 Pa Code Chapter 6100 regulations as appropriate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted documentation to ODP or the AE of training completed by the Provider staff. ➤ Mark NA if another remediation action was selected. | |
| 21c. | Other remediation action. | R | <ul style="list-style-type: none"> The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if another remediation action was selected. | |
| 21d. | If YES, when: | R | <ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. | |
| 21e. | Remediation by exception. | R | <ul style="list-style-type: none"> Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to Provider staff no longer being employed at the Provider agency. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if another remediation action was selected. | |
| 21f. | Remediation action outstanding - referred to appropriate staff for follow-up. | R | <ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated. | |
| 22. | Staff are trained on the individual's communication profile and/or formal communication system. | D O | <ul style="list-style-type: none"> The reviewer determines if the ISP identifies any communication needs. The Provider will give a list of all Provider staff who worked and rendered authorized supports and services to the individuals included in the individual record review sample during the review period. The reviewer will review 25% of Provider staff, but no less than five Provider staff and a maximum of 25 Provider staff. If there are less than five Provider staff, 100% of the staff records will be reviewed. Exclude staff that are no longer employed by the Provider. | <ul style="list-style-type: none"> Bulletin 00-08-18, <i>Communication Supports & Services</i> |

| # | Question | Type | Guidance | Source Documents |
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| | | | <ul style="list-style-type: none"> • The reviewer determines if the Provider staff completed training on the individual’s current communication profile and/or formal communication system based on the Provider’s training records including, but not limited to: a description of the course, sign-in sheets, transcripts or certificates of completion from the training. <ul style="list-style-type: none"> ➢ Mark YES if the Provider staff reviewed completed the training on the individual’s current communication profile and/or formal communication system. ➢ Mark NO if there are no training records or if any of the Provider staff reviewed did not complete the training on the individual’s current communication profile and/or formal communication system. ➢ Mark NA if the individuals’ ISP did not have any communication needs identified. <p>** On the QA&I Spreadsheet, the reviewer will enter the total number of Provider staff reviewed and the total number of Provider staff who completed the training on the individual’s current communication profile and/or formal communication system that have been verified.</p> <ul style="list-style-type: none"> • When the overall percentage of the total number of Provider staff reviewed and the total number of Provider staff who completed training on the individual’s current communication profile and/or formal communication system falls between 0% to 85.9%, the issue must be referred to the regional ODP office for review of further actions to be taken. The AE will document the date they referred the issue to the Regional Coordinator. • For ID/A Providers, ODP will review referred issues with the AE to determine the seriousness, continued or repeated nature, and combination of issues identified to determine appropriate actions through DCAP or sanctions, which may include adjusting of claims. | |
| 22a. | Documentation was located. | R | <ul style="list-style-type: none"> • The Provider has located the training records which indicate that the Provider staff have completed the training on the individual’s current communication profile and/or formal communication system. <ul style="list-style-type: none"> ➢ Mark YES if documentation was located. ➢ Mark NA if another remediation action was selected. | |
| 22b. | Provider ensures Provider staff complete required training. | R | <ul style="list-style-type: none"> • The Provider submits documentation to ODP or the AE that shows the Provider staff completed the training on the individual’s current communication profile and/or formal communication system as appropriate. <ul style="list-style-type: none"> ➢ Mark YES if Provider submitted documentation to ODP or the AE of training completed by Provider staff. | |

| # | Question | Type | Guidance | Source Documents |
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| | | | <ul style="list-style-type: none"> ➤ Mark NA if another remediation action was selected. | |
| 22c. | Other remediation action. | R | <ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if another remediation action was selected. | |
| 22d. | If YES, when: | R | <ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. | |
| 22e. | Remediation by exception. | R | <ul style="list-style-type: none"> • Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to Provider staff no longer being employed at the Provider agency. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if another remediation was selected. | |
| 22f. | Remediation action outstanding - referred to appropriate staff for follow-up. | R | <ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated. | |

RECORD REVIEW

| # | Question | Type | Guidance | Source Documents |
|-----|--|--------|--|--|
| 23. | The Provider implements communication strategies as indicated in the ISP. | D O | <ul style="list-style-type: none"> • The reviewer determines if the ISP during the review period identifies any communication needs. • The reviewer determines if progress notes reflect that the communication strategies identified in the ISP are being provided to the individual. <ul style="list-style-type: none"> ➤ Mark YES if the progress notes reflect how the Provider implemented the communication strategies that were identified in the individual's ISP. | <ul style="list-style-type: none"> • Bulletin 00-08-18, <i>Communication Supports & Services</i> • Bulletin 00-14-04, <i>Accessibility of Intellectual Disability Services for Individuals Who Are Deaf (ID/A Waivers)</i> |

| # | Question | Type | Guidance | Source Documents |
|------|---|------|---|------------------|
| | | | <ul style="list-style-type: none"> ➤ Mark NO if the progress notes did not reflect how the Provider implemented the communication strategies or if the Provider did not implement communication strategies as prescribed in the ISP. ➤ Mark NA if the individuals' ISP did not have any communication needs identified. | |
| 23a. | Documentation was located. | R | <ul style="list-style-type: none"> • The Provider has located the progress notes which reflect that the communication strategies identified in the ISP are being provided to the individual. <ul style="list-style-type: none"> ➤ Mark YES if documentation was located. ➤ Mark NA if another remediation action was selected. | |
| 23b. | Provider ensures Provider staff complete required training. | R | <ul style="list-style-type: none"> • The Provider submits documentation to ODP or the AE that shows the Provider staff completed training as appropriate regarding communication strategies. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted documentation to ODP or the AE of training completed by Provider staff. ➤ Mark NA if another remediation action was selected. | |
| 23c. | Provider develops/modifies a process that ensures staff have been trained on how to properly document communication strategies. | R | <ul style="list-style-type: none"> • The Provider develops/modifies a process to ensure staff have been trained on how to properly document communication strategies. <ul style="list-style-type: none"> ➤ Mark YES if the process was developed/modified. ➤ Mark NA if another remediation action was selected. | |
| 23d. | Other remediation action. | R | <ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if another remediation action was selected. | |
| 23e. | If YES, when: | R | <ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. | |
| 23f. | Remediation by exception. | R | <ul style="list-style-type: none"> • Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if another remediation was selected. | |

| # | Question | Type | Guidance | Source Documents |
|------|---|--------|---|--|
| 23g. | Remediation action outstanding - referred to appropriate staff for follow-up. | R | <ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated. | |
| 24. | The Provider documents the implementation of communication strategies and the progress made toward the communication goals/outcomes. | D O | <ul style="list-style-type: none"> • The reviewer determines if the ISP during the review period identifies any communication services and supports by reviewing the communication strategies. • The reviewer determines if the progress notes for the review period show documentation of progress as it relates to the communication strategies identified. • The reviewer determines if the progress notes for the review period document progress on one or more of the following indicators: <ul style="list-style-type: none"> - The expansion of communicative purposes across a variety of contexts. - Increased effectiveness of communication with a larger number of familiar and unfamiliar people as communication partners. - Expansion of repertoire of communication modes that are increasingly symbolic and more generally understood by others. - Increased understanding of messages sent by an increasingly large array of communication partners. - Increased independence in communication without reliance on assistance from others. - Reduction of challenging behaviors where functional communication has been substituted, where appropriate. - Ability to appropriately (and spontaneously) initiate, maintain, and terminate interactions. ➤ Mark YES if the progress notes documents implementation of communication strategies as it relates to the communication services and supports and includes progress measured on one or more of the indicators above. ➤ Mark NO if the progress notes does not document implementation of communication strategies related to the communication services and supports or does not include progress measured on one or more of the indicators listed above. ➤ Mark NA if the individual's ISP did not have any communication strategies or a communication outcome identified. | <ul style="list-style-type: none"> • 55 Pa Code Chapter 6100.227 • Bulletin 00-08-18, <i>Communication Supports & Services</i> |
| 24a. | Documentation was located. | R | <ul style="list-style-type: none"> • The Provider has located the progress notes which document implementation of communication strategies as it relates to communication services and supports and includes progress measured on one or more indicators listed above. ➤ Mark YES if documentation was located. | |

| # | Question | Type | Guidance | Source Documents |
|------------|--|------|--|---|
| | | | <ul style="list-style-type: none"> ➤ Mark NA if another remediation action was selected. | |
| 24b. | Provider ensures Provider staff complete required training. | R | <ul style="list-style-type: none"> • The Provider submits documentation to ODP or the AE that shows the Provider staff completed training as appropriate on how to document implementation of communication strategies as it relates to services and supports in progress notes. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted documentation to ODP or the AE of training completed by Provider staff. ➤ Mark NA if another remediation action was selected. | |
| 24c. | Provider develops/modifies a process that ensures staff have been trained on how to properly document progress on communication services and supports. | R | <ul style="list-style-type: none"> • The Provider develops/modifies a process to ensure staff have been trained on how to properly document progress on communication services and supports. <ul style="list-style-type: none"> ➤ Mark YES if the process was developed/modified. ➤ Mark NA if another remediation action was selected. | |
| 24d. | Other remediation action. | R | <ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. • The reviewer records in comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if another remediation action was selected. | |
| 24e. | If YES, when: | R | <ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. | |
| 24f. | Remediation by exception. | R | <ul style="list-style-type: none"> • Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if another remediation was selected. | |
| 24g. | Remediation action outstanding - referred to appropriate staff for follow-up. | R | <ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated. | |
| 25. | The individual receives employment services from the Provider. | D | <ul style="list-style-type: none"> • For AAW individuals, review the Service Details section of the ISP to determine if the individual receives employment supports from the Provider. | <ul style="list-style-type: none"> • Consolidated, P/FDS and CL waivers (ID/A Waivers) |

| # | Question | Type | Guidance | Source Documents |
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| | Non-Scored | | <ul style="list-style-type: none"> • For ID/A individuals, review the Services and Support section of the ISP to determine if the individual receives employment services from the Provider. <ul style="list-style-type: none"> ➢ Mark YES if the individual receives employment supports from the Provider. ➢ Mark NA if the individual does not receive employment services from the Provider. | <ul style="list-style-type: none"> • Everyday Lives Values in Action 2016 (ID/A Waivers) • Executive Order 2016-03 – Employment First (ID/A Waivers) • Executive Order 2016-03 Recommendations (ID/A Waivers) • 2018 Act 36 – Employment First Act (ID/A Waivers) • Adult Autism Waiver, Appendix C (AAW) |
| 26. | <p>The individual is supported in exploring employment opportunities through Career Assessment and Job Finding or Development (Supported Employment), Discovery and Job Acquisition (Advanced Supported Employment) or Vocational Assessment or Job Finding (Career Planning).</p> | D O | <ul style="list-style-type: none"> • This question is only applicable to individuals that receive the following services from the Provider: <ul style="list-style-type: none"> • For ID/A Waivers: Supported Employment (Career Assessment and Job Finding or Development) or Advanced Supported Employment (Discovery and Job Acquisition) services • For AAW: Career Planning (Vocational Assessment or Job Finding) services • The reviewer determines if the ISP indicates whether or not the individual is seeking employment or additional employment and receives either Supported Employment or Advanced Supported Employment. • The reviewer determines if progress notes for the review period reflects how the employment Provider supports the individual with exploring employment opportunities through Career Assessment and Job Finding or Development (Supported Employment); Discovery and Job Acquisition (Advanced Supported Employment); or Vocational Assessment or Job Finding (Career Planning), in accordance with the individual’s ISP. <ul style="list-style-type: none"> ➢ Mark YES if there is documentation to show that the Provider supports the individual with exploring employment opportunities through Career Assessment and Job Finding or Development (Supported Employment); Discovery and Job Acquisition (Advanced Supported Employment); or Vocational Assessment or Job Finding (Career Planning), in accordance with the individual’s ISP. ➢ Mark NO if there is no documentation to show that the Provider supports the individual with exploring employment opportunities through Career Assessment and Job Finding or Development (Supported Employment); Discovery and Job Acquisition (Advanced Supported Employment); or Vocational Assessment or Job Finding (Career Planning), in accordance with the individual’s ISP. ➢ Mark NA if the individual does not receive Career Assessment and Job Finding or Development (Supported Employment); Discovery and Job Acquisition (Advanced Supported Employment); or Vocational Assessment or Job Finding | <ul style="list-style-type: none"> • Everyday Lives Values in Action 2016 • Executive Order 2016-03 – Employment First • Executive Order 2016-03 Recommendations • 2018 Act 36 – Employment First Act • Consolidated, P/FDS and CL waivers (ID/A Waivers) • Bulletin, 00-20-02, <i>Individual Support Plans (ISPs)/Attachment #1 ISP Manual/Section 14.9</i> (ID/A Waivers) • Bulletin, 00-18-04, <i>Interim Technical Guidance for Claim and Service Documentation</i> (ID/A Waivers) • AAW Provider Manual (AAW) • Adult Autism Waiver (AAW) |

*KEY – Desk Review (D); Onsite Review (O); Remediation (R)
Last updated: 7/6/2021

| # | Question | Type | Guidance | Source Documents |
|------|--|------|--|------------------|
| | | | (Career Planning), or if the individual has attained competitive employment and is not seeking another job. | |
| 26a. | Documentation was located. | R | <ul style="list-style-type: none"> The Provider has located documentation that shows that the Provider supports the individual with exploring employment opportunities through Career Assessment and Job Finding or Development (Supported Employment); Discovery and Job Acquisition (Advanced Supported Employment); or Vocational Assessment or Job Finding (Career Planning), in accordance with the individual's ISP. <ul style="list-style-type: none"> ➤ Mark YES if documentation was located. ➤ Mark NA if another remediation action was selected. | |
| 26b. | Provider ensures Provider staff complete required training. | R | <ul style="list-style-type: none"> The Provider submits documentation to ODP or the AE that shows the Provider staff completed training as appropriate on how to support the individual with exploring employment opportunities through Career Assessment and Job Finding or Development (Supported Employment); or Discovery and Job Acquisition (Advanced Supported Employment); or Vocational Assessment or Job Finding (Career Planning), in accordance with the individual's ISP. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted documentation to ODP or the AE of training completed by Provider staff. ➤ Mark NA if another remediation action was selected. | |
| 26c. | Provider develops/modifies a process that ensures staff have been trained in supporting individuals with exploring employment opportunities through Career Assessment and Job Finding or Development (Supported Employment); Discovery and Job Acquisition (Advanced Supported Employment); or Vocational Assessment or Job Finding (Career Planning). | R | <ul style="list-style-type: none"> The Provider develops/modifies a process to ensure staff have been trained in supporting individuals with exploring employment opportunities through Career Assessment and Job Finding or Development (Supported Employment); Discovery and Job Acquisition (Advanced Supported Employment); or Vocational Assessment or Job Finding (Career Planning). <ul style="list-style-type: none"> ➤ Mark YES if the process was developed/modified. ➤ Mark NA if another remediation action was selected. | |
| 26d. | Other remediation action. | R | <ul style="list-style-type: none"> The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. The reviewer records in comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. | |

| # | Question | Type | Guidance | Source Documents |
|------|---|--------|---|--|
| | | | <ul style="list-style-type: none"> ➤ Mark NA if another remediation action was selected. | |
| 26e. | If YES, when: | R | <ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. | |
| 26f. | Remediation by exception. | R | <ul style="list-style-type: none"> • Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if another remediation was selected. | |
| 26g. | Remediation action outstanding - referred to appropriate staff for follow-up. | R | <ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated. | |
| 27. | The employment Provider supports the individual in maintaining employment through Supported Employment or Advanced Supported Employment. | D O | <ul style="list-style-type: none"> • This question is only applicable to individuals that receive the following services from the Provider: <ul style="list-style-type: none"> • For ID/A Waivers: Supported Employment (Job Coaching and Support) or Advanced Supported Employment (Job Retention) • For AAW: Supported Employment (Intensive Job Coaching and Extended Employment Supports) • The reviewer determines if the ISP indicates whether or not the individual is employed in a competitive-integrated job and receiving Supported Employment (ID/A – Job Coaching and Support; AAW – Intensive Job Coaching and Extended Employment Supports) or Advanced Supported Employment (Job Retention) from the Provider. • The reviewer determines if progress notes for the review period reflects that the employment Provider supports the individual in maintaining employment through Supported Employment (ID/A – Job Coaching and Support; AAW – Intensive Job Coaching and Extended Employment Supports) or Advanced Supported Employment (Job Retention) services in accordance with the individual’s ISP. <ul style="list-style-type: none"> ➤ Mark YES if there is documentation that reflects how the employment Provider supported the individual in maintaining employment through Supported Employment (ID/A – Job Coaching and Support; AAW – Intensive Job Coaching and Extended Employment Supports) or Advanced Supported Employment (Job Retention) in accordance with the individual’s ISP. | <ul style="list-style-type: none"> • Everyday Lives Values in Action 2016 • Executive Order 2016-03 – Employment First • Executive Order 2016-03 Recommendations • 2018 Act 36 – Employment First Act • Consolidated, P/FDS and CL waivers (ID/A Waivers) • Bulletin, 00-20-02, <i>Individual Support Plans (ISPs)/Attachment #1 ISP Manual/Section 14.9 (ID/A Waivers)</i> • Bulletin, 00-18-04, <i>Interim Technical Guidance for Claim and Service Documentation (ID/A Waivers)</i> • Adult Autism Waiver (AAW) |

| # | Question | Type | Guidance | Source Documents |
|------|--|------|---|------------------|
| | | | <ul style="list-style-type: none"> ➤ Mark NO if there is no documentation that reflects how the employment Provider supported the individual in maintaining employment through Supported Employment (ID/A – Job Coaching and Support; AAW – Intensive Job Coaching and Extended Employment Supports) or Advanced Supported Employment (Job Retention) in accordance with the individual’s ISP. ➤ Mark NA if the individual does not receive Supported Employment (ID/A – Job Coaching and Support; AAW – Intensive Job Coaching and Extended Employment Supports) or Advanced Supported Employment (Job Retention) services from the Provider. | |
| 27a. | Documentation was located. | R | <ul style="list-style-type: none"> • The Provider has located documentation that shows that the Provider supports the individual in maintaining employment through Supported Employment (ID/A – Job Coaching and Support; AAW – Intensive Job Coaching and Extended Employment Supports) or Advanced Supported Employment (Job Retention) in accordance with the individual’s ISP. <ul style="list-style-type: none"> ➤ Mark YES if documentation was located. ➤ Mark NA if another remediation action was selected. | |
| 27b. | Provider ensures Provider staff completed required training. | R | <ul style="list-style-type: none"> • The Provider submits documentation to ODP or the AE that shows the Provider staff completed training as appropriate on how to support the individual in maintaining employment through Supported Employment (ID/A – Job Coaching and Support; AAW – Intensive Job Coaching and Extended Employment Supports) or Advanced Supported Employment (Job Retention) in accordance with the individual’s ISP. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted documentation to ODP or the AE of training completed by Provider staff. ➤ Mark NA if another remediation action was selected. | |
| 27c. | Provider develops/modifies a process that ensures staff have been trained in supporting individuals with Supported Employment or Advanced Supported Employment services. | R | <ul style="list-style-type: none"> • The Provider develops/modifies a process to ensure staff have been trained in supporting individuals in maintaining employment through Supported Employment (ID/A – Job Coaching and Support; AAW – Intensive Job Coaching and Extended Employment Supports) or Advanced Supported Employment (Job Retention). <ul style="list-style-type: none"> ➤ Mark YES if the process was developed/modified. ➤ Mark NA if another remediation action was selected. | |
| 27d. | Other remediation action. | R | <ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. | |

| # | Question | Type | Guidance | Source Documents |
|------|---|--------|--|--|
| | | | <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if another remediation action was selected. | |
| 27e. | If YES, when: | R | <ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. | |
| 27f. | Remediation by exception. | R | <ul style="list-style-type: none"> • Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if another remediation was selected. | |
| 27g. | Remediation action outstanding - referred to appropriate staff for follow-up. | R | <ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated. | |
| 28. | The Provider's progress notes indicate actions taken to address lack of progress in achieving a desired outcome. | D O | <ul style="list-style-type: none"> • The reviewer checks the progress notes for the review period. • The reviewer identifies any progress notes that indicate lack of progress in achieving a desired outcome. • For those without progress, the note should include actions that have been taken to address the lack of progress. • Actions may include, but are not limited to recommending a change to the service being rendered, requesting a team meeting to discuss with the ISP team, retraining staff on delivery of service, etc. • The AE or ODP should have conversations with the Provider to discuss reasons why progress is not being achieved. <ul style="list-style-type: none"> ➤ Mark YES if the progress notes reviewed indicate action taken to address lack of progress. ➤ Mark NO if the progress notes reviewed does not indicate any action taken to address lack of progress. ➤ Mark NA if the progress notes shows progress in achieving an outcome. | <ul style="list-style-type: none"> • 55 Pa Code Chapter 6100.227 (c)(3) |
| 28a. | Provider develops/modifies a process that ensures staff documents progress related to achieving desired outcomes. | R | <ul style="list-style-type: none"> • The Provider develops/modifies a process to document progress related to achieving outcomes. <ul style="list-style-type: none"> ➤ Mark YES if the process was developed/modified. ➤ Mark NA if another remediation action was selected. | |

| # | Question | Type | Guidance | Source Documents |
|------|---|--------|---|--|
| 28b. | Provider ensures Provider staff complete required training. | R | <ul style="list-style-type: none"> The Provider submits documentation to ODP or the AE that shows the Provider staff completed training as appropriate on how to appropriately document progress notes. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted documentation to ODP or the AE of training completed by Provider staff. ➤ Mark NA if another remediation action was selected. | |
| 28c. | Other remediation action. | R | <ul style="list-style-type: none"> The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if another remediation action was selected. | |
| 28d. | If YES, when: | R | <ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. | |
| 28e. | Remediation by exception. | R | <ul style="list-style-type: none"> Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if another remediation was selected. | |
| 28f. | Remediation action outstanding - referred to appropriate staff for follow-up. | R | <ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated. | |
| 29. | The Provider ensures that restrictive procedures were followed according to the approved plan. | D O | <ul style="list-style-type: none"> This question is applicable to individuals that receive any service from ODP except for Licensed Residential Habilitation and Licensed Life Sharing. The reviewer determines if the Provider used restrictive procedures on the individual in the sample at any point in the review period by reviewing progress notes, the Behavior Support Plan and the ISP. The reviewer then determines if, in any instances where restrictive procedures were used, the Provider followed the approved Behavior Support Component of the Individual Plan for each instance to ensure that the individual is free from coercion and restraint. | <ul style="list-style-type: none"> 55 Pa Code Chapters 6100.344, 6100.345, 6100.346 and 6100.349 Bulletin 00-20-02, <i>Individual Support Plans (ISPs)/Attachment #1 ISP Manual/Section 7 (ID/A Waivers)</i> |

| # | Question | Type | Guidance | Source Documents |
|------|---|------|---|------------------|
| | | | <ul style="list-style-type: none"> ➤ Mark YES if the Provider used restrictive procedures which match those approved in the individual’s Behavior Support Component of the Individual Plan. ➤ Mark NO if the Provider used restrictive procedures which were not part of the individual’s approved Behavior Support Component of the Individual Plan. ➤ Mark NA if the Provider did not use any restrictive procedures during the review period or is not directly responsible for implementing or managing the Behavior Support Component of the Individual Plan or if the individual only receives Licensed Residential Habilitation or Licensed Life Sharing from the Provider. | |
| 29a. | Provider ensures there is follow-up with the individual’s Human Rights Team regarding the unapproved restrictive procedure. | R | <ul style="list-style-type: none"> • The Provider submits documentation to ODP or the AE which ensures that the Behavior Support Component of the Individual Plan was reviewed by the Human Rights Team, and updated if necessary, based on the unapproved restrictive procedure. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted documentation to ODP or the AE that shows that the Human Rights Team reviewed the information and updated the Behavior Support Component of the Individual Plan if necessary. ➤ Mark NA if another remediation action was selected. | |
| 29b. | Provider ensures Provider staff complete required training. | R | <ul style="list-style-type: none"> • The Provider submits documentation to ODP or the AE that shows the Provider staff completed training from the Behavior Support Professional on the individual’s Behavior Support Component of the ISP as appropriate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted documentation to ODP or the AE of training completed by Provider staff. ➤ Mark NA if another remediation action was selected. | |
| 29c. | Other remediation action. | R | <ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if another remediation action was selected. | |
| 29d. | If YES, when: | R | <ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. | |

| # | Question | Type | Guidance | Source Documents |
|------|---|--------|--|--|
| 29e. | Remediation by exception. | R | <ul style="list-style-type: none"> Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if another remediation was selected. | |
| 29f. | Remediation action outstanding - referred to appropriate staff for follow-up. | R | <ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated. | |
| 30. | The Provider ensures the individual has the right to control his/her own schedule and activities and has the right to update those activities regularly. | D O | <ul style="list-style-type: none"> This question is only applicable to individuals that receive the following services from the Provider: <ul style="list-style-type: none"> For ID/A Waivers: In-Home and Community Support, Companion, Supported Living, Unlicensed Residential Habilitation or Life Sharing. For AAW: Behavioral Specialist Service, Systematic Skill Building, Community Support, Unlicensed Respite, and Temporary Supplemental Services. The reviewer determines if the Provider ensured that the individual was given opportunities to regularly update their activities by reviewing progress notes and the ISP for an indication of preferred activities and if those activities were attended by the individual, or if there is indication of ongoing progress to participate in a preferred activity. <ul style="list-style-type: none"> Services must support the participant to participate in all community activities as allowed by current orders and guidance from Governor Wolf, the Pennsylvania Department of Health or the Department of Human Services, including ODP. All appropriate steps must be taken for the participant to safely engage in community activities. Examples could be going to a baseball game; maybe the individual wanted to attend but due to the hot summer weather the Provider suggested it be in the fall when the weather is cooler. <ul style="list-style-type: none"> ➤ Mark YES if the Provider ensured that the individual had opportunities to regularly update their activities. ➤ Mark NO if the Provider did not ensure or allow the individual the opportunity to regularly update their activities. ➤ Mark NA if the individual did not receive any of the services listed above from the Provider during the review period. | <ul style="list-style-type: none"> 55 Pa Code Chapter 6100.182 ODP Announcement 20-104, “Version 2 of the Operational Guide for Appendix K: Emergency Preparedness and Response for the Community Living, Consolidated, and Person/Family Directed Support (P/FDS) Waivers” ODP Announcement 20-027, “Operational Guides for Appendix K: Emergency Preparedness and Response for the Person/Family Directed Support, Community Living, Consolidated Waivers and Adult Autism Waivers” ODP Announcement 20-059, “Version 1 of Frequently Asked Questions about Services Rendered Through the Consolidated, Community Living, Person/Family Directed Support, and Adult Autism Waivers ODP Announcement 20-092 “VERSION 2: Frequently Asked Questions About Services Rendered Through ODP’s Waivers During the COVID-19 Pandemic” |

| # | Question | Type | Guidance | Source Documents |
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| 30a. | Provider develops/modifies a policy and procedure(s) which ensures individuals have the right to control their own schedule and activities and ensures they are provided opportunities to regularly update those activities. | R | <ul style="list-style-type: none"> • The Provider develops/modifies a policy and procedure(s) regarding an individual's right to control their own schedule and activities and to ensure that they have regular opportunities to update those activities. <ul style="list-style-type: none"> ➢ Mark YES if the policy and procedure(s) were developed/modified. ➢ Mark NA if another remediation was selected. | |
| 30b. | Provider ensures Provider staff complete required training. | R | <ul style="list-style-type: none"> • The Provider submits documentation to ODP or the AE that shows the Provider staff completed training as appropriate on the individual's rights and the Provider's policy and procedure(s). <ul style="list-style-type: none"> ➢ Mark YES if the Provider submitted documentation to ODP or the AE of training completed by Provider staff. ➢ Mark NA if another remediation action was selected. | |
| 30c. | Other remediation action. | R | <ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➢ Mark YES if the Provider submitted remediation documentation. ➢ Mark NA if another remediation action was selected. | |
| 30d. | If YES, when: | R | <ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. | |
| 30e. | Remediation by exception. | R | <ul style="list-style-type: none"> • Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. <ul style="list-style-type: none"> ➢ Mark YES if remediation by exception applies. ➢ Mark NA if another remediation was selected. | |
| 30f. | Remediation action outstanding - referred to appropriate staff for follow-up. | R | <ul style="list-style-type: none"> ➢ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➢ Mark NA if the issue was remediated. | |

| # | Question | Type | Guidance | Source Documents |
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| 31. | The Provider implements the individual's back-up/contingency plan as specified in the ISP. | D O | <ul style="list-style-type: none"> The reviewer determines if there is an indication that an event occurred which required a back-up/contingency plan. If an event occurred, the reviewer requests documentation that shows how the back-up plan was implemented. If such an event occurred, the reviewer determines whether the back-up/contingency plan was implemented as specified in the ISP. <ul style="list-style-type: none"> ➤ Mark YES if the Provider implemented the individual's back-up/contingency plan as specified in the ISP. ➤ Mark NO if the Provider did not implement the individual's back-up/contingency plan as specified in the ISP. ➤ Mark NA if a back-up/contingency plan was not required for the service(s) received from the Provider or if no events occurred which required the implementation of a back-up/contingency plan. | <ul style="list-style-type: none"> ODP Announcement 021-17 "Chapter 51. Office of Developmental Programs Home and Community Based Services Regulation Questions and Answers" ODP Bulletin 00-21-02, <i>Incident Management</i> Bulletin 00-20-02, <i>Individual Support Plans (ISPs)/Attachment #1 ISP Manual/Section 3.9 (ID/A Waivers)</i> Adult Autism Waiver, Appendix G (AAW) AAW Provider Manual (AAW) |
| 31a. | Documentation was located. | R | <ul style="list-style-type: none"> The Provider has located documentation that indicates that an event occurred which required the Provider to implement the back-up plan and the back-up plan was implemented as specified in the ISP. <ul style="list-style-type: none"> ➤ Mark YES if documentation was located. ➤ Mark NA if another remediation action was selected. | |
| 31b. | Provider develops/modifies a process that ensures back-up/contingency plans for individuals are implemented as specified in the ISP. | R | <ul style="list-style-type: none"> The Provider develops/modifies a process that ensures back-up/contingency plans for individuals are implemented as specified in the ISP. <ul style="list-style-type: none"> ➤ Mark YES if process was developed/modified. ➤ Mark NA if another remediation action was selected. | |
| 31c. | Provider ensures Provider staff complete required training. | R | <ul style="list-style-type: none"> The Provider submits documentation to ODP or the AE that shows the Provider staff completed training as appropriate on the Provider's back-up plan process. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted documentation to ODP or the AE of training completed by Provider staff. ➤ Mark NA if another remediation action was selected. | |
| 31d. | Other remediation action. | R | <ul style="list-style-type: none"> The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if another remediation action was selected. | |

| # | Question | Type | Guidance | Source Documents |
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| 31e. | If YES, when: | R | <ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. | |
| 31f. | Remediation by exception. | R | <ul style="list-style-type: none"> Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if another remediation was selected. | |
| 31g. | Remediation action outstanding - referred to appropriate staff for follow-up. | R | <ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated. | |
| 32. | If an individual's back-up/contingency plan is not implemented as specified in the ISP, an incident report of neglect was submitted into Enterprise Incident Management (EIM). | D O | <ul style="list-style-type: none"> The reviewer determines if any back-up/contingency plans were not implemented as specified based on the review of progress notes. The reviewer determines if the incident reports from the review period reflect that an incident report of neglect was submitted into EIM. When reviewing incident reports, the reviewer will look at all sections of the incident report including but not limited to the incident description section to determine if the incident was submitted due to failure to implement a back-up/contingency plan. <ul style="list-style-type: none"> ➤ Mark YES if the documentation shows that an incident report of neglect was submitted. ➤ Mark NO if the documentation shows that an incident report of neglect was not submitted. ➤ Mark NA if a back-up/contingency plan was not required for the service(s) or if no events occurred which required the implementation of a back-up/contingency plan. | <ul style="list-style-type: none"> 55 Pa Code Chapter 6100.401 (a)(5) ODP Bulletin 00-21-02, <i>Incident Management</i> Adult Autism Waiver, Appendix G (AAW) |
| 32a. | Provider ensures that an incident of neglect was entered into EIM within 24 hours of discovery if deviation in frequency or duration occurred. | R | <ul style="list-style-type: none"> The Provider enters in an incident report of neglect into EIM if a deviation in frequency or duration occurred when an individual is available to receive home and community-based services. <ul style="list-style-type: none"> ➤ Mark YES if an incident of neglect was entered. ➤ Mark NA if another remediation action was selected. | |
| 32b. | If YES, when: | R | <ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. | |

| # | Question | Type | Guidance | Source Documents |
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| | | | <ul style="list-style-type: none"> The reviewer chooses the appropriate time frame from the drop down. | |
| 32c. | Remediation by exception. | R | <ul style="list-style-type: none"> Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if another remediation was selected. | |
| 32d. | Remediation action outstanding - referred to appropriate staff for follow-up. | R | <ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated. | |
| 33. | All reportable incidents are documented in EIM as required. | D O | <ul style="list-style-type: none"> The reviewer looks in EIM to determine if the individual had any incidents in the review period. The reviewer determines if documentation for the review period indicate that incidents have occurred that were not reported. <ul style="list-style-type: none"> ➤ Mark YES if the Provider reported all incidents for the individual in the sample. ➤ Mark NO if the Provider did not report all incidents for the individual in the sample. ➤ Mark NA if there is no documentation to indicate that any incidents occurred that were required to be reported. | <ul style="list-style-type: none"> 55 Pa Code Chapter 6100.401 (a) and (b) 55 Pa Code Chapter 6000 Subchapter Q – Incident Management ODP Certified Investigator’s Manual (2018) ODP Bulletin 00-21-02, <i>Incident Management</i> MR Bulletin 6000-04-01, <i>Incident Management (ID/A Waivers)</i> Adult Autism Waiver, Appendix G (AAW) |
| 33a. | The unreported incident is filed in EIM within 24 hours of notification. | R | <ul style="list-style-type: none"> The Provider provides notification of incident number(s) confirming that the unreported incident(s) have been filed in EIM within 24 hours of notification. ODP or the AE will verify in EIM that the incident number(s) provided by the Provider references the unreported incident(s). ODP or the AE will record all incident numbers in the comment field. <ul style="list-style-type: none"> ➤ Mark YES if the Provider filed the unreported incident(s) in EIM within 24 hours of notification. ➤ Mark NA if another remediation was selected. | |
| 33b. | Provider ensures Provider staff complete required training. | R | <ul style="list-style-type: none"> The Provider submits documentation to ODP or the AE that shows the Provider staff completed training on ODP’s Incident Management bulletin and the Provider’s annual training on incident management as appropriate. | |

| # | Question | Type | Guidance | Source Documents |
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| | | | <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted documentation to ODP or the AE of training completed by Provider staff. ➤ Mark NA if another remediation action was selected. | |
| 33c. | Other remediation action. | R | <ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if another remediation action was selected. | |
| 33d. | If YES, when: | R | <ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. | |
| 33e. | Remediation by exception. | R | <ul style="list-style-type: none"> • Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if another remediation was selected. | |
| 33f. | Remediation action outstanding - referred to appropriate staff for follow-up. | R | <ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated. | |
| 34. | All required investigations are completed by a Department-certified incident investigator. | D O | <ul style="list-style-type: none"> • The reviewer will look at any investigations in the review period associated with the sample selected. • There should be documentation that the investigator(s) who conducted each investigation was certified at the time that they completed the investigation. • If the Provider contracts with an investigator, they should obtain a copy of the investigator's certificate. A certification/recertification is valid through the end of the expiration month which is three years from the date on the certificate. <ul style="list-style-type: none"> ➤ Mark YES if all investigators who conduct investigations were certified at the time of the investigation. ➤ Mark NO if there is no documentation that the investigator who conducted the investigation was certified. ➤ Mark NA if there were no investigations during the review period. | <ul style="list-style-type: none"> • 55 Pa Code Chapter 6100.402 (c) • 55 Pa Code Chapter 6000 Subchapter Q – Incident Management • ODP Certified Investigator's Manual (2018) • ODP Bulletin 00-21-02, <i>Incident Management</i> • Adult Autism Waiver, Appendix G (AAW Waivers) |

| # | Question | Type | Guidance | Source Documents |
|------|--|------|---|------------------|
| 34a. | Documentation was located. | R | <ul style="list-style-type: none"> • The Provider has located documentation that indicates that all investigators who conducted investigations at the time of the investigation were certified. <ul style="list-style-type: none"> ➢ Mark YES if documentation was located. ➢ Mark NA if another remediation action was selected. | |
| 34b. | Provider conducts the peer review following ODP's and the Provider's peer review process. | R | <ul style="list-style-type: none"> • The Provider will review any investigation that was conducted by an investigator who was not certified at the time of the investigation following ODP's and the Provider's peer review process. • The Provider submits documentation to ODP or the AE of the findings from the peer review. <ul style="list-style-type: none"> ➢ Mark YES if the Provider submitted documentation to ODP or the AE that the peer review took place and includes the findings from the review. ➢ Mark NA if another remediation action was selected. | |
| 34c. | The investigation is conducted by a Department-certified incident investigator. | R | <ul style="list-style-type: none"> • The Provider will conduct the investigation again using a Department-certified incident investigator for any investigation identified. • The Provider submits documentation to ODP or the AE regarding the investigation. <ul style="list-style-type: none"> ➢ Mark YES if the Provider submitted documentation to ODP or the AE. ➢ Mark NA if another remediation action was selected. | |
| 34d. | Provider obtains a Department-certified incident investigator. | R | <ul style="list-style-type: none"> • The Provider obtains a Department-certified incident investigator. • The Provider submits documentation to ODP or the AE which shows that a Department-certified incident investigator has been obtained by the Provider. <ul style="list-style-type: none"> ➢ Mark YES if the Provider submitted documentation to ODP or the AE. ➢ Mark NA if another remediation action was selected. | |
| 34e. | Provider develops/modifies a process to monitor Department-certified incident investigator trainings and recertification to ensure investigators remain current. | R | <ul style="list-style-type: none"> • The Provider develops/modifies a process to monitor Department-certified incident investigator trainings and recertification to ensure investigators remain current. <ul style="list-style-type: none"> ➢ Mark YES if process was developed/modified. ➢ Mark NA if another remediation action was selected. | |
| 34f. | Other remediation action. | R | <ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➢ Mark YES if the Provider submitted remediation documentation. ➢ Mark NA if another remediation action was selected. | |

| # | Question | Type | Guidance | Source Documents |
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| 34g. | If YES, when: | R | <ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. | |
| 34h. | Remediation action outstanding - referred to appropriate staff for follow-up. | R | <ul style="list-style-type: none"> ➢ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➢ Mark NA if the issue was remediated. | |
| 35. | The Provider offered victim's assistance to the individual as appropriate. | D | <ul style="list-style-type: none"> • The reviewer determines if any incident reports were filed in EIM for the review period. • The reviewer determines if through the review of the incident reports if Victim Assistance Services were offered to the individual as appropriate. • When an incident of abuse, neglect, or any crime occurs, the individual should be offered support to contact Victim Assistance Services. • When a crime occurs (regardless of who the perpetrator is), the individual (victim) must be offered the option and support to contact law enforcement to report the crime. In addition, the individual should be offered the option and support to contact Victim Assistance programs. <ul style="list-style-type: none"> ➢ Mark YES if the incident reports reflect that the Provider offered victim's assistance. ➢ Mark NO if the incident reports do not reflect that the Provider offered victim's assistance. ➢ Mark NA if the individual did not have any incidents during the review period or the nature of the incident report did not require victim's assistance. | <ul style="list-style-type: none"> • 55 Pa Code Chapter 6000 Subchapter Q – Incident Management • ODP Certified Investigator's Manual (2018) • ODP Bulletin 00-21-02, <i>Incident Management</i> • MR Bulletin 6000-04-01, <i>Incident Management (ID/A Waivers)</i> |
| 35a. | Documentation was located. | R | <ul style="list-style-type: none"> • The Provider has located documentation that indicates that Victim Assistance Services were offered. <ul style="list-style-type: none"> ➢ Mark YES if documentation was located. ➢ Mark NA if another remediation action was selected. | |
| 35b. | Provider offers Victim Assistance Services to the individual who did not have it offered. | R | <ul style="list-style-type: none"> • The Provider will offer Victim Assistance Services to the individual who did not have it offered. • The Provider submits documentation to ODP or the AE regarding victim's assistance being offered to the individual. <ul style="list-style-type: none"> ➢ Mark YES if the Provider submitted documentation to ODP or the AE regarding victim's assistance being offered to the individual. ➢ Mark NA if another remediation action was selected. | |

| # | Question | Type | Guidance | Source Documents |
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| 35c. | Provider develops/modifies a process that ensures victim's assistance is offered to each individual as appropriate. | R | <ul style="list-style-type: none"> The Provider develops/modifies a process that ensures victim's assistance is offered to each individual as appropriate. <ul style="list-style-type: none"> ➤ Mark YES if process was developed/modified. ➤ Mark NA if another remediation action was selected. | |
| 35d. | Provider ensures Provider staff complete required training. | R | <ul style="list-style-type: none"> The Provider submits documentation to ODP or the AE that shows the Provider staff completed training on ODP's Incident Management bulletin and the Provider's victim's assistance process as appropriate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted documentation to ODP or the AE of training completed by Provider staff. ➤ Mark NA if another remediation action was selected. | |
| 35e. | Other remediation action. | R | <ul style="list-style-type: none"> The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if another remediation action was selected. | |
| 35f. | If YES, when: | R | <ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. | |
| 35g. | Remediation by exception. | R | <ul style="list-style-type: none"> Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if another remediation was selected. | |
| 35h. | Remediation action outstanding - referred to appropriate staff for follow-up. | R | <ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated. | |
| 36. | The Provider follows up on corrective action as necessary. | D O | <ul style="list-style-type: none"> The reviewer will look in EIM to determine if the individual had any incidents within the review period. Review the entire incident report including the investigation summary to identify corrective action(s) needed. | <ul style="list-style-type: none"> 55 Pa Code Chapter 6100.403 (b) and 6100.404 (b)(4) 55 Pa Code Chapter 6000 Subchapter Q – Incident Management |

| # | Question | Type | Guidance | Source Documents |
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| | | | <ul style="list-style-type: none"> • In EIM, go to the Corrective Action description section, review the “Expected Completion Date – Corrective Action” date to determine when the corrective action(s) should be implemented. • Review additional documentation and interview staff as necessary to determine if corrective action(s) were implemented. • If the incident was closed and the date is a future date beyond the review date, Provider is compliant. If the incident was closed and the date has expired, review documentation of efforts to resolve the issue identified. <ul style="list-style-type: none"> ➢ Mark YES if the Provider implemented the corrective action(s) as described in the incident report. ➢ Mark NO if the Provider did not implement the corrective action(s) as described in the incident report. ➢ Mark NA if the individual did not have any incidents for the review period. | <ul style="list-style-type: none"> • ODP Bulletin 00-21-02, <i>Incident Management</i> • ODP Certified Investigator’s Manual (2018) • Adult Autism Waiver, Appendix G (AAW) |
| 36a. | Provider implements the corrective action(s) identified. | R | <ul style="list-style-type: none"> • The Provider has implemented the corrective action(s) identified if the individual’s incident reports. • The Provider submits documentation to ODP or the AE regarding the implementation of the corrective action(s) for the individual. <ul style="list-style-type: none"> ➢ Mark YES if the Provider has implemented the corrective action(s) identified and submitted documentation to ODP or the AE. ➢ Mark NA if another remediation action was selected. | |
| 36b. | Provider develops/modifies a process that ensures corrective action(s) are implemented. | R | <ul style="list-style-type: none"> • The Provider develops/modifies a process that ensures corrective action(s) are implemented. <ul style="list-style-type: none"> ➢ Mark YES if process was developed/modified. ➢ Mark NA if another remediation action was selected. | |
| 36c. | Provider ensures Provider staff complete required training. | R | <ul style="list-style-type: none"> • The Provider submits documentation to ODP or the AE that shows the Provider staff completed training as appropriate on ODP’s Incident Management bulletin and the Provider’s annual training on incident management including the process related to completing corrective action(s). <ul style="list-style-type: none"> ➢ Mark YES if the Provider submitted documentation to ODP or the AE of training completed by Provider staff. ➢ Mark NA if another remediation action was selected. | |
| 36d. | Other remediation action. | R | <ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. | |

| # | Question | Type | Guidance | Source Documents |
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| | | | <ul style="list-style-type: none"> The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if another remediation action was selected. | |
| 36e. | If YES, when: | R | <ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. | |
| 36f. | Remediation by exception. | R | <ul style="list-style-type: none"> Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if another remediation was selected. | |
| 36g. | Remediation action outstanding - referred to appropriate staff for follow-up. | R | <ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated. | |
| 37. | The Provider ensures the individual completes all health care appointments, screenings, and follow-up as prescribed. | D O | <ul style="list-style-type: none"> This question is only applicable to individuals that receive the following services from the Provider: <ul style="list-style-type: none"> For ID/A Waivers: Residential Habilitation, Life Sharing and/or Supported Living For AAW: Residential Habilitation The reviewer will determine if the individual receives any Residential Habilitation, Life Sharing or Supported Living services from the Provider by reviewing the ISP from the review period. The reviewer will determine if the Provider’s documentation reflect that the individual’s health care appointments, screenings, and follow-up are completed as prescribed. This review should include regular medical appointments, routine screenings such as mammograms, prostate, etc.; follow-ups as recommended by the treating practitioner as well as screenings for risk factors such as dysphagia screenings for those who demonstrate swallowing difficulties. If appointments did not occur as scheduled, the reviewer determines if the Provider’s documentation reflects cancellations were rescheduled as needed. | <ul style="list-style-type: none"> 55 Pa Code Chapter 6100.182 55 Pa Code Chapter 6400.143 55 Pa Code Chapter 6500.123 ODP Announcement 20-054, <i>“Guidance for Modifications to Medical Examinations for Residential Staff and Individuals and to Service Delivery During the COVID-19 Pandemic”</i> ODP Announcement 20-072, <i>“Home and Community Based Services (HCBS) At-a-Glance Reopening Guide by Phase,” issued 6/10/20</i> |

| # | Question | Type | Guidance | Source Documents |
|------|--|------|--|------------------|
| | | | <ul style="list-style-type: none"> ➤ Mark YES if required and recommended appointments occurred or if appointments did not occur the Provider has documentation that shows cancellations were rescheduled as needed. ➤ Mark NO if required and recommended appointments did not occur and were not rescheduled. ➤ Mark NA if the individual receives other services from the Provider that are not Residential Habilitation, Life Sharing or Supported Living. | |
| 37a. | Documentation was located. | R | <ul style="list-style-type: none"> • The Provider has located documentation which indicates that health care appointments, screenings and follow-ups are scheduled and completed. <ul style="list-style-type: none"> ➤ Mark YES if documentation was located. ➤ Mark NA if another remediation action was selected. | |
| 37b. | Provider schedules and completes any health care appointments, screenings and follow-ups. | R | <ul style="list-style-type: none"> • The Provider schedules and completes any health care appointments, screenings and follow-ups. For the health care appointments, screenings or follow-up that will take longer than 30 days, the Provider will submit documentation regarding the future scheduled dates. • The Provider submits documentation to ODP or the AE regarding any health care appointments, screenings and follow-ups that were scheduled and/or completed. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submits documentation to ODP or the AE. ➤ Mark NA if another remediation action was selected. | |
| 37c. | Provider develops/modifies a process and/or tracking system that ensures that health care appointments, screenings and follow-ups are scheduled as needed and completed accordingly. | R | <ul style="list-style-type: none"> • The Provider develops/modifies a process and/or tracking system that ensures that health care appointments, screenings and follow-ups are scheduled as needed and completed accordingly. <ul style="list-style-type: none"> ➤ Mark YES if the process was developed/modified. ➤ Mark NA if another remediation action was selected. | |
| 37d. | Other remediation action. | R | <ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if another remediation action was selected. | |
| 37e. | If YES, when: | R | <ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. | |

| # | Question | Type | Guidance | Source Documents |
|------|---|--------|---|--|
| 37f. | Remediation by exception. | R | <ul style="list-style-type: none"> Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if another remediation was selected. | |
| 37g. | Remediation action outstanding - referred to appropriate staff for follow-up. | R | <ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated. | |
| 38. | If the individual has a dual diagnosis, all the needs of the individual are being met as specified in the ISP. | D O | <ul style="list-style-type: none"> The reviewer determines if the individual has a Mental Health (MH) diagnosis by reviewing the ISP. If a MH diagnosis is listed in the ISP for the individual, the reviewer determines if all the needs of the individual are being met as specified in the ISP. These needs can include but are not limited to: type of treatment such as medications with periodic monitoring by MD/Psychiatrist, counseling therapy, etc. is occurring or if the MH diagnosis is currently inactive/in remission, in which case no treatment may be necessary. The sections of the ISP that may provide this information are: Medications/Supplements, Health Evaluations, Current Health Status, Psychosocial, Behavioral Support, Crisis Intervention Plan, Social/Emotional, General Health and Safety Risks and Outcomes/Goals. Review the individual's records to ensure that the individual is receiving the needed MH services as directed in the ISP. <ul style="list-style-type: none"> ➤ Mark YES if the Provider ensures that all the needs of the individual are being met as specified in the ISP. ➤ Mark NO if the Provider does not ensure that all the needs of the individual are not being met as specified in the ISP. ➤ Mark NA if the individual does not have a dual diagnosis or the Provider is not responsible for ensuring mental health services for the individual. | <ul style="list-style-type: none"> 55 Pa Code Chapter 6100.223 Waiver Appendix G-3 (regarding participant safeguards) Waiver Assurance on Health and Welfare (ID/A Waivers) |
| 38a. | Provider collaborates with the SC to obtain appropriate MH service(s). | R | <ul style="list-style-type: none"> The Provider collaborates with the SC to obtain appropriate MH service(s) for the individual. The Provider submits notification/documentation to ODP or the AE which shows that the SC was notified of the need for additional services for the individual. <ul style="list-style-type: none"> ➤ Mark YES If the Provider provides notification/documentation that shows the SC was notified. | |

| # | Question | Type | Guidance | Source Documents |
|------|---|------|---|------------------|
| | | | <ul style="list-style-type: none"> ➤ Mark NA if another remediation action was selected. | |
| 38b. | Provider develops/modifies a process to ensure that individuals receive needed MH services. | R | <ul style="list-style-type: none"> • The Provider develops/modifies a process to ensure that individuals receive needed MH services. <ul style="list-style-type: none"> ➤ Mark YES if the process was developed/modified. ➤ Mark NA if another remediation action was selected. | |
| 38c. | Other remediation action. | R | <ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if another remediation action was selected. | |
| 38d. | If YES, when: | R | <ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. | |
| 38e. | Remediation by exception. | R | <ul style="list-style-type: none"> • Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if another remediation was selected. | |
| 38f. | Remediation action outstanding - referred to appropriate staff for follow-up. | R | <ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated. | |

AGENCY with CHOICE (AWC) FINANCIAL MANAGEMENT SERVICES (FMS) QUESTIONS

The questions below must be answered by Providers of AWC FMS. If you have any questions related to the questions below, please email your regional Participant Directed Services (PDS) Lead and the AWC FMS Mailbox at RA-PWAWCMONITORING@pa.gov.

AWC FMS DATA AND POLICY

| # | Question | Type | Guidance | Source Documents |
|------|--|--------|---|---|
| 39. | The AWC FMS Provider has a process to ensure the Managing Employer (ME) has a mechanism to inform the AWC FMS Provider of their satisfaction or concerns regarding the administrative services received and meets all elements identified in the current approved waiver. | D O | <ul style="list-style-type: none"> • The reviewer validates the AWC FMS Provider has a process to ensure the ME has a mechanism to inform the AWC FMS Provider of their satisfaction or concerns regarding the administrative services received and meets all elements identified in the current approved waiver. <ul style="list-style-type: none"> ➢ Mark YES if there is evidence that a process has been developed and meets all elements identified in the current approved waiver. ➢ Mark NO if there is no evidence that a process has been developed or the process does not meet all elements identified in the current approved waiver. | <ul style="list-style-type: none"> • Consolidated, P/FDS and CL Waivers • 55 Pa Code Chapters 6100.801 (h) • Bulletin 00-08-08, <i>Agency With Choice Financial Management Services (AWC FMS)</i> • Bulletin 00-20-04, <i>Participant-Directed Services: Agency With Choice Financial Management Services Model</i> |
| 39a. | Documentation was located. | R | <ul style="list-style-type: none"> • The AWC FMS Provider has located evidence that the AWC FMS Provider has a process that ensures the ME has a mechanism to inform the AWC FMS Provider of their satisfaction or concerns regarding the administrative services received and meets all elements identified in the current approved waiver. <ul style="list-style-type: none"> ➢ Mark YES if documentation was located. ➢ Mark NA if another remediation action was selected. | |
| 39b. | AWC FMS Provider develops/modifies a process to ensure the ME has a mechanism to inform the AWC FMS Provider of their satisfaction or concerns regarding the administrative services received. | R | <ul style="list-style-type: none"> • The AWC FMS Provider develops/modifies a process to ensure the ME has a mechanism to inform the AWC FMS Provider of their satisfaction or concerns and that it meets all elements identified in the current approved waiver. <ul style="list-style-type: none"> ➢ Mark YES if the process was developed/modified. ➢ Mark NA if another remediation action was selected. | |
| 39c. | Other remediation action. | R | <ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the AWC FMS Provider to comply with the requirements. | |

| # | Question | Type | Guidance | Source Documents |
|------|---|--------|---|--|
| | | | <ul style="list-style-type: none"> The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the AWC FMS Provider submitted remediation documentation. ➤ Mark NA if another remediation action was selected. | |
| 39d. | If YES, when: | R | <ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. | |
| 39e. | Remediation action outstanding - referred to appropriate staff for follow-up. | R | <ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated. | |
| 40. | <p>The AWC FMS has a process ensuring that written, oral and other forms of communication with the individual and persons designated by the individual occur in a language and means of communication understood by the individual or the persons designated by the individual.</p> <p>Non-Scored</p> | D O | <ul style="list-style-type: none"> The reviewer determines if the AWC FMS Provider has a process for ensuring that written, oral and other forms of communication with the individual and persons designated by the individual occur in a language and means of communication understood by the individual or the persons designated by the individual. The process includes written, oral or any other form of communication made with the individual. <ul style="list-style-type: none"> ➤ Mark YES if there is evidence a process has been developed. ➤ Mark NO if there is no evidence the process has been developed. | <ul style="list-style-type: none"> 55 Pa Code Chapter 6100.50 Bulletin 00-20-04, <i>Participant-Directed Services: Agency With Choice Financial Management Services Model</i> |
| 41. | <p>The AWC FMS Provider organization will fulfill unmet responsibilities of the ME.</p> <p>Non-Scored</p> | D O | <ul style="list-style-type: none"> The reviewer will review the AWC FMS Provider's process to ensure that if the ME is not complying with one or more of its responsibilities, the AWC FMS Provider will intervene and ensure compliance by having the ME complete the responsibility or the AWC FMS Provider completes the responsibility on behalf of the ME. <ul style="list-style-type: none"> ➤ Mark YES if there is evidence a process has been developed. ➤ Mark NO if there is no evidence the process has been developed. | <ul style="list-style-type: none"> 55 Pa Code Chapter 6100.801 (d) Bulletin 00-20-04, <i>Participant-Directed Services: Agency With Choice Financial Management Services Model</i> |
| 42. | <p>The AWC FMS Provider has a procedure to inform the participant or the ME of their right to choose, direct, and control the individual's services and the qualified SSPs who provide them.</p> | D O | <ul style="list-style-type: none"> The reviewer validates the AWC FMS Provider has a written procedure to ensure the participant or the ME is afforded the right to choose, direct, and control the individual's services and the qualified SSPs who provide them. This includes: <ul style="list-style-type: none"> - A mechanism to process SSP referrals made by individuals or surrogates in a manner that is efficient and does not discourage individuals or surrogates from choosing to recruit and refer their own SSPs. | <ul style="list-style-type: none"> Bulletin 00-08-08, <i>Agency With Choice Financial Management Services (AWC FMS)</i> Bulletin 00-20-04, <i>Participant-Directed Services:</i> |

| # | Question | Type | Guidance | Source Documents |
|------|--|------|---|--|
| | | | <ul style="list-style-type: none"> - SSP training requirements that are consistent with ODP Provider qualification criteria and do not include additional training requirements that would delay or prevent the hiring of a SSP. No additional training can be prescribed or provided unless identified as needed in the ISP or is required to meet ODP Provider qualification criteria, such as training required to obtain liability insurance coverage. If training is required to meet such criteria, written confirmation from the insurance agent is required. This information must be documented in the individual's file. - Qualified SSP orientation and training that outlines and emphasizes the rights of the individual or surrogate as the ME to select and control services and workers, including information on the principles for the Developmental Programs system. The orientation and training must be customized to individual or surrogate needs. - The option for individuals and surrogates to train their qualified SSP themselves or participate in qualified SSP training (initial and ongoing) provided by the AWC FMS Provider. - An assurance that the individual or surrogate and not the AWC FMS Provider determines the terms and conditions of work (when and how services are provided, such as establishing work schedules, determining the conditions of work [for example, no smoking in the home, conditions which a SSP might be dismissed from working with the individual or surrogate] and the tasks to be performed. <ul style="list-style-type: none"> ➤ Mark YES if the AWC FMS Provider has a written procedure and evidence exists that the procedure has been implemented and meets the criteria listed above. ➤ Mark NO if the AWC FMS Provider does not have a written procedure or no evidence exists that the procedure has been implemented or does not meet the criteria listed above. | <p><i>Agency With Choice Financial Management Services Model</i></p> |
| 42a. | Documentation was located. | R | <ul style="list-style-type: none"> • The AWC FMS Provider has located evidence that the AWC FMS Provider has a written procedure to ensure the participant or the ME is afforded the right to choose, direct, and control the individual's services and the qualified SSPs who provide them. <ul style="list-style-type: none"> ➤ Mark YES documentation was located. ➤ Mark NA if another remediation action was selected. | |
| 42b. | AWC FMS Provider develops/modifies its procedure to ensure the participant or the ME chooses or directs and determines the terms and conditions of | R | <ul style="list-style-type: none"> • The AWC FMS Provider develops/modifies its procedure to ensure participants or the ME can choose or direct and determine the terms and conditions of the individual's services and the SSPs who are provide them with services. <ul style="list-style-type: none"> ➤ Mark YES if the procedure was developed/modified. | |

| # | Question | Type | Guidance | Source Documents |
|------|---|--------|--|---|
| | the individual's services and the SSPs who provide him or her services. | | ➤ Mark NA if another remediation action was selected. | |
| 42c. | Other remediation action. | R | <ul style="list-style-type: none"> The reviewer can accept documentation of "other" remediation actions taken by the AWC FMS Provider to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the AWC FMS Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the AWC FMS Provider submitted remediation documentation. ➤ Mark NA if another remediation action was selected. | |
| 42d. | If YES, when: | R | <ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the AWC FMS Provider and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. | |
| 42e. | Remediation action outstanding - referred to appropriate staff for follow-up. | R | <ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated. | |
| 43. | *New hired SSPs received training to meet the needs of the individual they support as identified in the approved ISP prior to working alone with the individual. | D O | <ul style="list-style-type: none"> The AWC FMS Provider will give a list of new SSPs hired within the review period who worked with the individuals included in the individual record review sample and will include the date of hire and the date in which the staff began working with the individual. The reviewer will review 25% of new SSPs, but no less than five SSPs and a maximum of 25 SSPs. Exclude SSPs that are no longer employed by the AWC FMS Provider. The reviewer determines if the new hire SSPs completed training on the approved ISP of the individual(s) they support prior to working alone with the individual(s) based on Provider training records including, but not limited to: a description of the course, sign-in sheets, transcripts or certificates of completion from the training. Training should include all aspects of the ISP such as outcomes, special health care needs, behavior, accessibility, nutrition/diet, communication methods and SSP sign language skills (when required) and risk mitigation strategies. <ul style="list-style-type: none"> ➤ Mark YES if the SSPs reviewed completed training on the approved ISP for the individual(s) they support prior to working alone with the individual(s). ➤ Mark NO if there are no training records or if any of the SSPs reviewed did not complete training on the approved ISP for the individual(s) they support prior to working alone with the individual(s). ➤ Mark NA if there were no newly hired SSPs during the review period. | <ul style="list-style-type: none"> 55 Pa Code Chapters 6100.142(b)(5), 6100.801 (b)(3) Waiver Assurance on Participant Services, Appendix C Waiver Assurance on Qualified Providers Waiver Assurance of Service Plans Bulletin 00-08-08, <i>Agency With Choice Financial Management Services (AWC FMS)</i> Bulletin 00-20-04, <i>Participant-Directed Services: Agency With Choice Financial Management Services Model, Attachment 2 Managing</i> |

| # | Question | Type | Guidance | Source Documents |
|------|---|------|---|---|
| | | | <p>** On the QA&I Spreadsheet, the reviewer will enter the total number of new SSPs reviewed and the total number of new SSPs who completed the training on the approved ISP for the individual they support prior to working alone with the individual(s) that have been verified.</p> <ul style="list-style-type: none"> • When the overall percentage of the total number of new SSPs reviewed and the total number of new SSPs who completed training on the approved ISP for the individual they support prior to working alone with the individual(s) falls between 0% to 85.9%, the issue must be referred to the regional ODP office for review of further actions to be taken. The AE will document the date they referred the issue to the Regional Coordinator. • For Providers, ODP will review referred issues with the AE to determine the seriousness, continued or repeated nature, and combination of issues identified to determine appropriate actions through DCAP or sanctions, which may include adjusting of claims. | <p><i>Employer Skills Training Topics</i></p> |
| 43a. | Documentation was located. | R | <ul style="list-style-type: none"> • The AWC FMS Provider has located training records which indicate that SSPs have completed training on the approved ISP for the individual(s) they support prior to working alone with the individual(s). <ul style="list-style-type: none"> ➢ Mark YES if documentation was located. ➢ Mark NA if another remediation action was selected. | |
| 43b. | AWC FMS Provider ensures SSPs complete required training. | R | <ul style="list-style-type: none"> • The AWC FMS Provider submits documentation to ODP or the AE that shows the SSPs completed the training on the approved ISP for the individuals they support as appropriate. <ul style="list-style-type: none"> ➢ Mark YES if AWC FMS Provider submitted documentation to ODP or the AE of training completed by SSPs. ➢ Mark NA if another remediation action was selected. | |
| 43c. | Other remediation action. | R | <ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the AWC FMS Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the AWC FMS Provider to remediate. <ul style="list-style-type: none"> ➢ Mark YES if the AWC FMS Provider submitted remediation documentation. ➢ Mark NA if another remediation action was selected. | |

| # | Question | Type | Guidance | Source Documents |
|------|---|--------|---|---|
| 43d. | If YES, when: | R | <ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the AWC FMS Provider and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. | |
| 43e. | Remediation by exception. | R | <ul style="list-style-type: none"> Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to SSP no longer being employed at the AWC FMS Provider. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if another remediation was selected. | |
| 43f. | Remediation action outstanding - referred to appropriate staff for follow-up. | R | <ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated. | |
| 44. | New SSPs completed the required orientation training courses prior to working alone with individuals, and within 30 days after hire or starting to provide a service to an individual. | D O | <ul style="list-style-type: none"> The AWC FMS Provider will give a list of all new SSPs hired by the AWC FMS Provider within the review period and will include the date of hire. The reviewer will review 25% of new SSPs, but no less than five SSPs and a maximum of 25 SSPs. Exclude SSPs that are no longer employed with the Provider. The reviewer uses the date of hire on the Provider training spreadsheet to determine if the new SSPs completed the required orientation training courses prior to working alone with individuals, and within 30 days after hire or starting to provide a service to an individual based on AWC FMS Provider training records including, but not limited to: a description of the course, sign-in sheets, transcripts, certificates of completion from the training, staff training logs, staff schedules, staff timesheets or staff personnel files. 55 Pa Code Chapter 6100 Regulations Orientation courses are: <ul style="list-style-type: none"> The application of person-centered practices, community integration, individual choice and assisting individuals to develop and maintain relationships. The prevention, detection and reporting of abuse, suspected abuse and alleged abuse in accordance with the Older Adults Protective Services Act (35 P.S. §§ 10225.101—10225.5102), the Child Protective Services Law (23 Pa.C.S. §§ 6301—6386), the Adult Protective Services Act (35 P.S. §§ 10210.101—10210.704) and applicable protective services regulations. Individual rights. Recognizing and reporting incidents. Job-related knowledge and skills. | <ul style="list-style-type: none"> 55 Pa Code 6100.142 55 Pa Code 6100.801 (3) ODP Announcement 21-034, “ODP Regulation Update: Orientation and Annual Training Question and Answer Document and Annual Training Clarifications” |

| # | Question | Type | Guidance | Source Documents |
|------|---|------|---|------------------|
| | | | <ul style="list-style-type: none"> ➤ Mark YES if the new SSPs reviewed completed the required orientation training courses prior to working alone with individuals, and within 30 days after hire or starting to provide a service to an individual. ➤ Mark NO if there are no training records or if any of the new SSPs reviewed did not complete the required orientation training courses prior to working alone with individuals, and within 30 days after hire or starting to provide a service to an individual. ➤ Mark NA if there were no new SSPs hired or the SSPs reviewed are within their 30 days of hire. <p>** On the QA&I Spreadsheet, the reviewer will enter the total number of newly hired SSPs reviewed and the total number of newly hired SSPs who completed the required orientation training courses that have been verified.</p> <ul style="list-style-type: none"> • When the overall percentage of the total number of newly hired SSPs reviewed and the total number of newly hired SSPs who completed the required orientation training courses falls between 0% to 85.9%, the issue must be referred to the regional ODP office for review of further actions to be taken. The AE will document the date they referred the issue to the Regional Coordinator. • For Providers, ODP will review referred issues with the AE to determine the seriousness, continued or repeated nature, and combination of issues identified to determine appropriate actions through DCAP or sanctions, which may include adjusting of claims. | |
| 44a. | Documentation was located. | R | <ul style="list-style-type: none"> • The AWC FMS Provider has located the documentation which indicates that the newly hired SSPs completed the required orientation training courses prior to working alone with individuals, and within 30 days of hire or starting to provide a service to an individual. <ul style="list-style-type: none"> ➤ Mark YES if the documentation was located. ➤ Mark NA if another remediation action was selected. | |
| 44b. | AWC FMS Provider ensures SSPs complete required training. | R | <ul style="list-style-type: none"> • The AWC FMS Provider submits documentation to ODP or the AE that shows the SSPs completed the annual orientation training cores for 55 Pa Code Chapter 6100 regulations as appropriate. <ul style="list-style-type: none"> ➤ Mark YES if the AWC FMS Provider submitted documentation to ODP or the AE of training completed by the SSPs. ➤ Mark NA if another remediation action was selected. | |

| # | Question | Type | Guidance | Source Documents |
|------|---|--------|---|---|
| 44c. | Other remediation action. | R | <ul style="list-style-type: none"> The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the AWC FMS Provider submitted remediation documentation. ➤ Mark NA if another remediation action was selected. | |
| 44d. | If YES, when: | R | <ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. | |
| 44e. | Remediation by exception. | R | <ul style="list-style-type: none"> Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to SSP no longer being employed at the AWC FMS Provider agency. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if another remediation action was selected. | |
| 44f. | Remediation action outstanding - referred to appropriate staff for follow-up. | R | <ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated. | |
| 45. | The SSPs completed annual training that includes core courses as required. | D O | <ul style="list-style-type: none"> The AWC FMS Provider will give a list of all SSPs who are hired with the AWC FMS Provider and will include the annual training date for each SSP. The reviewer will review 25% of SSPs, but no less than five SSPs and a maximum of 25 SSPs. Exclude SSPs that are no longer employed with the AWC FMS Provider. The reviewer determines if the SSPs completed the annual training and all required core courses based on AWC FMS Provider training records including, but not limited to: a description of the course, sign-in sheets, transcripts or certificates of completion from the training. <ul style="list-style-type: none"> ○ A training year is defined by the AWC FMS Provider and is a 12-month time frame. ○ AWC FMS Providers can choose to use the same training year to cover all persons or different training years for each person. 55 Pa Code Chapter 6100 Regulations Core courses are: <ul style="list-style-type: none"> ○ The application of person-centered practices, community integration, individual choice and assisting individuals to develop and maintain relationships. ○ The prevention, detection and reporting of abuse, suspected abuse and alleged abuse in accordance with the Older Adults Protective Services Act (35 P.S. §§ | <ul style="list-style-type: none"> 55 Pa Code 6100.143 55 Pa Code 6100.801 (3) ODP Announcement 21-034, "ODP Regulation Update: Orientation and Annual Training Question and Answer Document and Annual Training Clarifications" |

| # | Question | Type | Guidance | Source Documents |
|------|---|------|---|------------------|
| | | | <p>10225.101—10225.5102), the Child Protective Services Law (23 Pa.C.S. §§ 6301—6386), the Adult Protective Services Act (35 P.S. §§ 10210.101—10210.704) and applicable protective services regulations.</p> <ul style="list-style-type: none"> ○ Individual rights. ○ Recognizing and reporting incidents. ○ Implementation of the individual plan if the person provides an HCBS or base-funding service. <ul style="list-style-type: none"> ▪ *Per 55 Pa Code 6100.801 (3)(ii), 55 Pa Code 6100.143(c)(5) “The safe and appropriate use of behavior supports if the person works directly with an individual” does not apply to AWC. <ul style="list-style-type: none"> ➤ Mark YES if the SSPs reviewed completed the required annual training core courses in the training year. ➤ Mark NO if there are no training records or if any of the SSPs reviewed did not complete the required annual training core courses in the training year. <p>** On the QA&I Spreadsheet, the reviewer will enter the total number of SSPs reviewed and the total number of SSPs who completed the required annual training core courses in the training year that have been verified.</p> <ul style="list-style-type: none"> • When the overall percentage of the total number of SSPs reviewed and the total number of SSPs who completed the required annual training core courses in the training year falls between 0% to 85.9%, the issue must be referred to the regional ODP office for review of further actions to be taken. The AE will document the date they referred the issue to the Regional Coordinator. • For ID/A Providers, ODP will review referred issues with the AE to determine the seriousness, continued or repeated nature, and combination of issues identified to determine appropriate actions through DCAP or sanctions, which may include adjusting of claims. | |
| 45a. | Documentation was located. | R | <ul style="list-style-type: none"> • The AWC FMS Provider has located training records which indicate that the SSPs have completed the required annual training core courses in the training year. <ul style="list-style-type: none"> ➤ Mark YES if the documentation was located. ➤ Mark NA if another remediation action was selected. | |
| 45b. | AWC FMS Provider ensures SSPs complete required training. | R | <ul style="list-style-type: none"> • The AWC FMS Provider submits documentation to ODP or the AE that shows the SSPs completed the annual training core courses for 55 Pa Code Chapter 6100 regulations as appropriate. | |

| # | Question | Type | Guidance | Source Documents |
|------|---|------|---|------------------|
| | | | <ul style="list-style-type: none"> ➤ Mark YES if the AWC FMS Provider submitted documentation to ODP or the AE of training completed by SSPs. ➤ Mark NA if another remediation action was selected. | |
| 45c. | Other remediation action. | R | <ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the AWC FMS Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the AWC FMS Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the AWC FMS Provider submitted remediation documentation. ➤ Mark NA if another remediation action was selected. | |
| 45d. | If YES, when: | R | <ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the AWC FMS Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. | |
| 45e. | Remediation by exception. | R | <ul style="list-style-type: none"> • Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to SSPs no longer being employed at the AWC FMS Provider agency. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if another remediation action was selected. | |
| 45f. | Remediation action outstanding - referred to appropriate staff for follow-up. | R | <ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated. | |

AWC FMS RECORD REVIEW

| # | Question | Type | Guidance | Source Documents |
|--|--|--------|---|--|
| AWC FMS Provider Responsibilities | | | | |
| 46. | The AWC FMS Provider provides the ME with an initial orientation and skills training on how to manage services and perform as the ME of their SSPs. | D O | <ul style="list-style-type: none"> • The reviewer will identify the participant's initial date they have completed enrollment with the AWC FMS Provider. • The date of the enrollment for the ME is the same date of enrollment for the participant. <p>For Managing Employers enrolled <u>PRIOR TO</u> December 16, 2020:</p> | <ul style="list-style-type: none"> • Bulletin 00-08-08, <i>Agency With Choice Financial Management Services (AWC FMS)</i> • Bulletin 00-20-04, <i>Participant-Directed Services:</i> |

*KEY – Desk Review (D); Onsite Review (O); Remediation (R)
Last updated: 7/6/2021

| # | Question | Type | Guidance | Source Documents |
|---|----------|------|---|---|
| | | | <ul style="list-style-type: none"> • The reviewer reviews the training records for the MEs of the selected sample and determines if they received orientation and skills training on how to manage services. • The reviewer validates the ME records of the selected sample and determines that they were provided with an initial orientation and skills training, which includes at a minimum how to: <ul style="list-style-type: none"> - Recruit, screen, interview, select and refer qualified SSPs to the AWC FMS for hire, to include encouraging equal opportunities to all prospective workers, regardless of race, creed, color, national origin, sex, disability, marital status, or sexual orientation. - Train or participate in the training of the SSP. - Develop the schedules of qualified SSPs. - Supervise day-to-day activities of qualified SSPs. - Verify time worked by SSPs and approve timesheets. - Contact and inform the AWC FMS that the individual or surrogate no longer wishes to utilize a qualified SSP. - Develop and implement an emergency back-up qualified SSP plan. - Identify changes in individual or surrogate contact information and health status (that is, hospitalization) and qualified SSP contact information, hours, and employment status and report them to the AWC FMS. - Track utilization of services and budgets per the approved and authorized ISP. - Reporting abuse, suspected abuse and alleged abuse of an individual per § 6100.46. - Reporting incidents specified at § 6100.401 (Relating to types of incidents and timelines for reporting) to the AWC FMS. <p>For Managing Employers enrolled <u>AFTER</u> December 16, 2020:</p> <ul style="list-style-type: none"> • The reviewer reviews the training records for the MEs of the selected sample and determines if they received orientation and skills training on how to manage services. • The reviewer validates the ME records of the selected sample and determines that they were provided with an initial orientation and skills training, which includes at a minimum the training topics which are listed in Attachment 2 of ODP Bulletin 00-20-04, <i>Participant-Directed Services: Agency With Choice Financial Management Services Model</i>. <ul style="list-style-type: none"> ➢ Mark YES if the AWC FMS Provider has implemented an orientation and skills training for the ME which meets the minimum requirements listed above. ➢ Mark NO if the AWC FMS Provider has not developed or implemented an orientation and skills training for the ME, or it does not meet all the minimum requirements listed above. | <p><i>Agency With Choice Financial Management Services Model, Attachment 2 Managing Employer Skills Training Topics</i></p> |

| # | Question | Type | Guidance | Source Documents |
|------|---|------|--|------------------|
| | | | <ul style="list-style-type: none"> ➤ Mark NA if the ME did not newly enroll as an ME during the review period. | |
| 46a. | Documentation was located. | R | <ul style="list-style-type: none"> • The AWC FMS Provider has located evidence the MEs have received orientation and skills training that meets the minimum requirements listed above. <ul style="list-style-type: none"> ➤ Mark YES if documentation was located. ➤ Mark NA if another remediation action was selected. | |
| 46b. | AWC FMS Provider provides the ME with an orientation and skills training as listed in Attachment 2 of ODP Bulletin 00-20-04, <i>Participant-Directed Services: Agency With Choice Financial Management Services Model</i> . | R | <ul style="list-style-type: none"> • The AWC FMS Provider submits documentation to ODP or the AE that validates the ME was provided with an orientation and skills training as listed in Attachment 2 of ODP Bulletin 00-20-04, <i>Participant Directed Services: Agency With Choice Financial Services Model</i>. <ul style="list-style-type: none"> ➤ Mark YES if the AWC FMS Provider submitted documentation to ODP or the AE that the ME was provided with an orientation and skills training that meets the minimum requirements listed above. ➤ Mark NA if another remediation action was selected. | |
| 46c. | AWC FMS Provider develops/modifies a process to ensure the ME is provided with training on how to manage their services and how to perform as a ME. | R | <ul style="list-style-type: none"> • The AWC FMS Provider develops/modifies a process to ensure the ME is provided an orientation and skills training on how to manage services and how to perform as an ME of their SSP. <ul style="list-style-type: none"> ➤ Mark YES if the process was developed/modified. ➤ Mark NA if another remediation action was selected. | |
| 46d. | Other remediation action. | R | <ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the AWC FMS Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the AWC FMS Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the AWC FMS Provider submitted remediation documentation. ➤ Mark NA if another remediation action was selected. | |
| 46e. | If YES, when: | R | <ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the AWC FMS Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. | |
| 46f. | Remediation by exception. | R | <ul style="list-style-type: none"> • Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if another remediation action is selected. | |

| # | Question | Type | Guidance | Source Documents |
|---|---|--------|---|--|
| 46g. | Remediation action outstanding - referred to appropriate staff for follow-up. | R | <ul style="list-style-type: none"> ➢ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➢ Mark NA if the issue was remediated. | |
| ME RESPONSIBILITIES – The ME completes the responsibilities on the ME Agreement. | | | | |
| 47. | The ME was provided the option and opportunity to recruit, screen, interview, and refer qualified SSPs for hire. | D O | <ul style="list-style-type: none"> • The reviewer determines if the ME was provided with an opportunity to participate in recruiting, screening, interviewing, and referring qualified SSPs for hire. This would include a review of forms, documents, or notes the AWC FMS Provider used in the screening, interviewing and referral process. <ul style="list-style-type: none"> ➢ Mark YES if the ME was provided the opportunity to participate in all tasks listed above. ➢ Mark NO if the AWC FMS Provider did not provide the ME with an opportunity to participate in all of the tasks listed above. | <ul style="list-style-type: none"> • Bulletin 00-08-08, <i>Agency With Choice Financial Management Services (AWC FMS)</i> • Bulletin 00-20-04, <i>Participant-Directed Services: Agency With Choice Financial Management Services Model, Attachment 2 Managing Employer Skills Training Topics</i> |
| 47a. | Documentation was located. | R | <ul style="list-style-type: none"> • The AWC FMS Provider has located documentation and evidence which indicates a process that meets all criteria exists. <ul style="list-style-type: none"> ➢ Mark YES documentation was located. ➢ Mark NA if another remediation action was selected. | |
| 47b. | AWC FMS Provider develops/modifies its process which allows the ME to recruit, screen, interview and refer qualified SSPs for hire. | R | <ul style="list-style-type: none"> • The AWC FMS Provider develops/modifies its process to allow the ME to recruit, screen, interview and refer qualified SSPs for hire. • Additionally, it must include what mechanisms the AWC FMS Provider has in place to efficiently process the SSP referrals that MEs have made and not discourage participants or surrogates from choosing to recruit and refer their own SSPs. <ul style="list-style-type: none"> ➢ Mark YES if the process was developed/modified. ➢ Mark NA if another remediation action was selected. | |
| 47c. | Other remediation action. | R | <ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the AWC FMS Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the AWC FMS Provider to remediate. <ul style="list-style-type: none"> ➢ Mark YES if the AWC FMS Provider submitted remediation documentation. ➢ Mark NA if another remediation action was selected. | |

| # | Question | Type | Guidance | Source Documents |
|------|---|------|--|------------------|
| 47d. | If YES, when: | R | <ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the AWC FMS Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. | |
| 47e. | Remediation by exception. | R | <ul style="list-style-type: none"> • Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. <ul style="list-style-type: none"> ➢ Mark YES if remediation by exception applies. ➢ Mark NA if another remediation was selected. | |
| 47f. | Remediation action outstanding - referred to appropriate staff for follow-up. | R | <ul style="list-style-type: none"> ➢ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➢ Mark NA if the issue was remediated. | |