

Pennsylvania Office of Developmental Programs

Quality Assessment & Improvement (QA&I) ❖ Interim Year 2 Questions Tool for Supports Coordination Organizations (SCOs)

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), 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-PWQAIPProcess@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, and as determined appropriate by the regional ODP office.*

*KEY – Desk Review (D); Onsite Review (O); Remediation (R)

Last Updated: 6/21/21

Tool Completion Instructions

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

- 1. Use the SCO 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. This remediation must be recorded on the SCO 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 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.*

#	Question	Type	Guidance	Source Documents
DEMOGRAPHIC INFORMATION				
1.	SCO 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 nine-digit Master Provider Index (MPI) number. This number is located in HCSIS and is the first nine digits of PROMISe ID. 	
3.	Region in which SCO is located. Non-Scored		<ul style="list-style-type: none"> Select the appropriate region for the SCO from the drop-down list. In the ID/A waivers, please designate the region that has been identified on the ID/A sample file. In the AAW, please select the region where the SCO's main office is located. 	
4.	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. 	
5.	Indicate the ODP Waiver(s) the SCO is approved to provide services. Non-Scored		<ul style="list-style-type: none"> Select the appropriate ODP Waiver(s) or program(s) the SCO is approved to provide services (please select all that are applicable): <ul style="list-style-type: none"> Adult Autism Waiver Any ID/A Waiver (Consolidated Waiver, P/FDS Waiver, Community Living Waiver) 	

*KEY – Desk Review (D); Onsite Review (O); Remediation (R)

Last Updated: 6/21/21

DATA & POLICY

#	Question	Type	Guidance	Source Documents
6.	The SCO 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 SCO's QMP reflects ODP's Mission, Vision and Values by reviewing the QMP and discussing with the SCO 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 • Everyday Lives Values in Action 2016 • Bulletin 00-17-01, <i>Quality Management Strategy of the Office of Developmental Programs</i>
6a.	SCO updated the plan to reflect ODP's Mission, Vision and Values.	R	<ul style="list-style-type: none"> • The SCO updated the QMP to reflect ODP's Mission, Vision and Values. <ul style="list-style-type: none"> ➤ Mark YES if the SCO updated their QMP. ➤ Mark NA if another remediation action was selected. 	

*KEY – Desk Review (D); Onsite Review (O); Remediation (R)

Last Updated: 6/21/21

#	Question	Type	Guidance	Source Documents
6b.	SCO develops a QMP.	R	<ul style="list-style-type: none"> • The SCO develops and submits a QMP that reflects ODP's Mission , Vision and Values. <ul style="list-style-type: none"> ➢ Mark YES if SCO develops and submits a QMP that reflects ODP's Mission, Vision and Values. ➢ Mark NA if another remediation action was selected. 	
6c.	Other remediation action.	R	<ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the SCO to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the SCO to remediate. <ul style="list-style-type: none"> ➢ Mark YES if the SCO submitted remediation documentation. ➢ Mark NA if another remediation action was selected. 	
6d.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the SCO and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. 	
6e.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➢ Mark YES if referred 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. 	

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Last Updated: 6/21/21

#	Question	Type	Guidance	Source Documents
7.	The SCO 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 SCO to develop the QMP. The reviewer discusses with the SCO 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"> 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) with 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 SCO Performance Review Reports <p>➤ Mark YES if the SCO used performance data in the development of the QMP. ➤ Mark NO if the SCO did not use performance data or there is no QMP. ➤ Mark NA if requirement does not apply to the SCO this year because SCO is new.</p> <p>A new SCO is an SCO who has been determined qualified/enrolled in the previous fiscal year.</p>	<ul style="list-style-type: none"> 55 Pa Code Chapter 6100.45 Everyday Lives Values in Action 2016 Bulletin 00-17-01, <i>Quality Management Strategy of the Office of Developmental Programs</i>
7a.	Documentation was located.	R	<ul style="list-style-type: none"> The SCO 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. 	
7b.	SCO staff is retrained as appropriate on QMP requirements.	R	<ul style="list-style-type: none"> The SCO provides/ensures retraining of the appropriate SCO staff regarding the QMP requirements. The SCO provides notification to ODP that the SCO staff was retrained. <ul style="list-style-type: none"> ➤ Mark YES if SCO provides notification to ODP of retraining provided to the SCO staff. ➤ Mark NA if another remediation action was selected. 	

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#	Question	Type	Guidance	Source Documents
7c.	SCO develops a QMP.	R	<ul style="list-style-type: none"> The SCO develops and submits a QMP. The SCO demonstrates the use of performance data in development of the QMP <ul style="list-style-type: none"> ➤ Mark YES if SCO develops and submits a QMP and demonstrates the use of data in generating it. ➤ Mark NA if another remediation action was selected. 	
7d.	Other remediation action.	R	<ul style="list-style-type: none"> The reviewer can accept documentation of "other" remediation actions taken by the SCO to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the SCO to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the SCO submitted remediation documentation. ➤ Mark NA if another remediation action was selected. 	
7e.	If YES, when:	R	<ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the SCO and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. 	
7f.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred 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. 	
8.	The SCO measures progress towards achieving identified QMP goals and objectives.	D O	<ul style="list-style-type: none"> The reviewer determines if the SCO measures progress toward achieving identified QMP goals and objectives by ensuring all three criteria listed below have been met: <ul style="list-style-type: none"> ○ Requesting to see data SCO collects on a routine basis (monthly data collection is desired best practice). ○ Asking SCO to share data analysis, including how often analysis occurs and how/where results are documented (quarterly analysis and reporting is the desired best practice). ○ Asking how SCO uses routine data and analysis to track performance over time, including whether changes to the Action Plan are warranted and why. ➤ Mark YES if the SCO uses data analysis to track performance including changes to the action plan as warranted. ➤ Mark NO if the SCO does not use data analysis to track performance including changes to the action plan as warranted. 	<ul style="list-style-type: none"> 55 Pa Code Chapter 6100.45 Everyday Lives Values in Action 2016 Bulletin 00-17-01, <i>Quality Management Strategy of the Office of Developmental Programs</i>

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#	Question	Type	Guidance	Source Documents
8a.	Documentation was located.	R	<ul style="list-style-type: none"> The SCO has located the routine reports. <ul style="list-style-type: none"> ➤ Mark YES if documentation was located. ➤ Mark NA if another remediation action was selected. 	
8b.	A reporting calendar is developed.	R	<ul style="list-style-type: none"> A reporting calendar is developed and shared within the organization to establish the frequency of reporting for responsible parties. <ul style="list-style-type: none"> ➤ Mark YES if the SCO develops and shares a reporting calendar. ➤ Mark NA if another remediation action was selected. 	
8c.	SCO staff is retrained as appropriate on QMP requirements.	R	<ul style="list-style-type: none"> The SCO provides/ensures retraining of the appropriate SCO staff regarding the QMP requirements. The SCO provides notification to ODP that the SCO staff was retrained. <ul style="list-style-type: none"> ➤ Mark YES if SCO provides notification to ODP of retraining provided to the SCO staff. ➤ Mark NA if another remediation action was selected. 	
8d.	Other remediation action.	R	<ul style="list-style-type: none"> The reviewer can accept documentation of "other" remediation actions taken by the SCO to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the SCO to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the SCO submitted remediation documentation. ➤ Mark NA if another remediation action was selected. 	
8e.	If YES, when:	R	<ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the SCO and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. 	
9.	The SCO 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. ➤ Mark NA if requirement does not apply to the SCO this year because the SCO's initial QMP is less than three years old. 	<ul style="list-style-type: none"> 55 Pa Code Chapter 6100.45 Everyday Lives Values in Action 2016 Bulletin 00-17-01, <i>Quality Management Strategy of the Office of Developmental Programs</i>

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#	Question	Type	Guidance	Source Documents
9a.	Documentation was located.	R	<ul style="list-style-type: none"> The SCO 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. 	
9b.	SCO revises the QMP.	R	<ul style="list-style-type: none"> The SCO revises the QMP. <ul style="list-style-type: none"> ➤ Mark YES if the SCO has revised the QMP. ➤ Mark NA if another remediation action was selected. 	
9c.	SCO staff is retrained as appropriate on QMP requirements.	R	<ul style="list-style-type: none"> The SCO provides/ensures retraining of the appropriate SCO staff regarding the QMP requirements. The SCO provides notification to ODP that the SCO staff was retrained. <ul style="list-style-type: none"> ➤ Mark YES if SCO provides notification to ODP of retraining provided to the SCO staff. ➤ 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 SCO to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the SCO to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the SCO 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 SCO and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. 	
9f.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred 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. 	

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#	Question	Type	Guidance	Source Documents
10.	<p>The SCO identifies how they collaborate with OVR and the school district for transition age youth and employment.</p> <p>Non-Scored</p>	D O	<ul style="list-style-type: none"> • This question is only applicable to ID/A SCOs. • The reviewer determines if the SCO collaborates with both OVR and the local school districts. • The reviewer documents any promising practices in the comment section. <ul style="list-style-type: none"> ➢ Mark YES if the SCO collaborates with OVR and local school districts. ➢ Mark NO if the SCO does not collaborate with OVR and local school districts. ➢ Mark NA if the SCO is only enrolled in the AAW. 	<ul style="list-style-type: none"> • Exploratory • Executive Order 2016-03 – Employment First • Executive Order 2016-03 – Recommendations • 2018 Act 36 – Employment First Act • Workforce Innovation and Opportunity Act (WIOA) • Everyday Lives Values in Action 2016
11.	The SCO maintains a certified investigator.	D O	<ul style="list-style-type: none"> • The reviewer determines whether the SCO has a certified investigator on staff or has a current contract/agreement with another entity to investigate incidents directly related to SC services. • If the SCO has a CI on staff, the CI certification 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 the SCO has a certified investigator or current agreement. ➢ Mark NO if the SCO does not have a certified investigator on staff or a current agreement or the date on the CI certificate is over three years old. 	<ul style="list-style-type: none"> • 55 Pa Code Chapter 6100.402 • Bulletin 00-21-02, <i>Incident Management</i> • Bulletin 00-10-06, <i>Supports Coordination Services</i> (ID/A waivers) • Bulletin 6000-04-01, <i>Incident Management</i> (ID/A waivers) • AAW SC Manual (AAW) • Adult Autism Waiver, Appendix G (AAW)
11a.	Documentation was located.	R	<ul style="list-style-type: none"> • The SCO has located the documentation. <ul style="list-style-type: none"> ➢ Mark YES if documentation was located. ➢ Mark NA if another remediation action was selected. 	
11b.	SCO acquires a certified investigator.	R	<ul style="list-style-type: none"> • The SCO acquires a certified investigator, either via contract with another entity or by having staff complete certified investigator training. <ul style="list-style-type: none"> ➢ Mark YES if the SCO acquired a certified investigator via contract or staff certification. ➢ 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 SCO to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the SCO to remediate. <ul style="list-style-type: none"> ➢ Mark YES if the SCO 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 SCO and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. 	

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#	Question	Type	Guidance	Source Documents
11e.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark Yes if referred 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 or if no remediation was required. 	
12.	*SCs completed the required number of training hours in the training year.	D	<ul style="list-style-type: none"> • This question is only applicable to ID/A SCOs. • The SCO will give a list of all SCs who are hired with the SCO and will include the annual training date for each SC. • The reviewer will review 25% of SCs, but no less than five SCs and a maximum of 25 SCs. • Exclude SCs who have a discrete Base and/or SC Services Only caseload and SCs no longer employed with the SCO. • The reviewer determines if the SCs completed the required 24 hours of annual training in the training year based on SCO 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 SCO and is a 12-month time frame. ○ SCOs can choose to use the same training year to cover all persons or different training years for each person. ➤ Mark YES if the SCs reviewed completed the required number of annual training hours in the training year. ➤ Mark NO if there are no training records or if any of the SCs reviewed did not complete the required number of annual training hours in the training year. ➤ Mark NA if the SCO is only enrolled in the AAW. <p>** On the QA&I Spreadsheet, the reviewer will enter the total number of SCs reviewed and the total number of SCs who completed the required number of annual training hours that have been verified.</p> <ul style="list-style-type: none"> • When the overall percentage of the total number of SCs reviewed and the total number of SCs who completed the required number of annual training hours in the training year falls between 0% to 85.9%, ODP will review for further actions to be taken. • For SCOs, ODP will 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. 	<ul style="list-style-type: none"> • 55 Pa Code Chapter 6100.143 • ODP Announcement 21-034, <i>ODP Regulation Update: Orientation and Annual Training Question and Answer Document and Annual Training Clarifications</i> • Bulletin 00-10-06, <i>Supports Coordination Services</i> • Consolidated, P/FDS and CL waivers

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#	Question	Type	Guidance	Source Documents
12a.	Documentation was located.	R	<ul style="list-style-type: none"> The SCO has located training records which indicate that the SC(s) have completed the required number of training hours in the training year. <ul style="list-style-type: none"> ➤ Mark YES if documentation was located. ➤ Mark NA if another remediation action was selected. 	
12b.	SCO ensures SC(s) complete required training.	R	<ul style="list-style-type: none"> The SCO submits documentation to ODP that shows the SC(s) completed the required number of training hours as appropriate. <ul style="list-style-type: none"> ➤ Mark YES if the SCO submitted documentation to ODP of training completed by the SCs. ➤ Mark NA if another remediation action was selected. 	
12c.	Other remediation action.	R	<ul style="list-style-type: none"> The reviewer can accept documentation of "other" remediation actions taken by the SCO to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the SCO to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the SCO submitted remediation documentation. ➤ Mark NA if another remediation action was selected. 	
12d.	If YES, when:	R	<ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the SCO and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. 	
12e.	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 SC no longer being employed at the SCO. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if another remediation action was selected. 	
12f.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark Yes if referred 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. 	
13.	*SC Supervisors with a caseload (or who submitted billable service notes) completed the required number of training hours in the training year.	D	<ul style="list-style-type: none"> This question is only applicable to ID/A SCOs. The SCO will give a list of all SC Supervisors with a caseload who are hired with the SCO and will include the annual training date for each SC Supervisor. The reviewer will review 25% of SC Supervisors, but no less than five SC Supervisors and a maximum of 25 SC Supervisors. 	<ul style="list-style-type: none"> 55 Pa Code Chapter 6100.143 ODP Announcement 21-034, <i>ODP Regulation Update: Orientation and Annual Training Question and Answer</i>

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			<ul style="list-style-type: none"> Exclude SC Supervisors that are no longer employed with the SCO. The reviewer determines if the SC Supervisors completed the required 24 hours of annual training in the training year based on SCO 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 SCO and is a 12-month time frame. SCOs can choose to use the same training year to cover all persons or different training years for each person. ➤ Mark YES if the SC Supervisors reviewed completed the required number of training hours in the training year. ➤ Mark NO if there are no training records or if any of the SC Supervisors reviewed did not complete the required number of training hours in the training year. ➤ Mark NA if the SCO is only enrolled in the AAW. <p>** On the QA&I Spreadsheet, the reviewer will enter the total number of SC Supervisors reviewed and the total number of SC Supervisors who completed the required number of annual training hours that have been verified.</p> <ul style="list-style-type: none"> When the overall percentage of the total number of SC Supervisors reviewed and the total number of SC Supervisors who completed the required number of annual training hours in the training year falls between 0% to 85.9%, ODP will review for further actions to be taken. For SCOs, ODP will 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>Document and Annual Training Clarifications</i></p> <ul style="list-style-type: none"> Bulletin 00-10-06, <i>Supports Coordination Services</i> Qualifications for Supports Coordination Organization Consolidated, P/FDS and CL waivers
13a.	Documentation was located.	R	<ul style="list-style-type: none"> The SCO has located training records which indicate that all SC Supervisors have completed the required number of training hours in the training year. <ul style="list-style-type: none"> ➤ Mark YES if documentation was located. ➤ Mark NA if another remediation action was selected. 	
13b.	SCO ensures SC Supervisor(s) complete required training.	R	<ul style="list-style-type: none"> The SCO submits documentation to ODP that shows the SC Supervisor(s) completed the required number of training hours as appropriate. <ul style="list-style-type: none"> ➤ Mark YES if the SCO submitted documentation to ODP of training completed by the SC Supervisors. ➤ Mark NA if another remediation action was selected. 	

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#	Question	Type	Guidance	Source Documents
13c.	Other remediation action.	R	<ul style="list-style-type: none"> The reviewer can accept documentation of "other" remediation actions taken by the SCO to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the SCO to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the SCO 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 SCO and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. 	
13e.	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 SC no longer being employed at the SCO. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if another remediation action was selected. 	
13f.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred 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.	*The SCO's staff completed Annual training that includes core courses as required.	D	<ul style="list-style-type: none"> This question is only applicable to ID/A SCOs. The SCO will give a list of all SCO staff who are hired with the SCO and will include the annual training date for each SCO staff. The reviewer will review 25% of SCO staff, but no less than five SCO staff and a maximum of 25 SCO staff. Exclude SCO staff that are no longer employed with the SCO. The reviewer determines if the SCO staff completed the annual training and all required core courses based on SCO 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"> 55 Pa Code Chapter 6100.143 ODP Announcement 21-034, <i>ODP Regulation Update: Orientation and Annual Training Question and Answer Document and Annual Training Clarifications</i>

*KEY – Desk Review (D); Onsite Review (O); Remediation (R)

Last Updated: 6/21/21

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> ○ A training year is defined by the SCO and is a 12-month time frame. ○ SCOs can choose to use the same training year to cover all persons or different training years for each person. <p>• 55 Pa Code Chapter 6100 Regulations Core courses are:</p> <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. ○ 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. <ul style="list-style-type: none"> ➤ Mark YES if the SCO 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 SCO staff reviewed did not complete the required annual training core courses in the training year. ➤ Mark NA if the SCO is only enrolled in the AAW. <p>** On the QA&I Spreadsheet, the reviewer will enter the total number of SCO staff reviewed and the total number of SCO staff who completed the required annual training core courses in the training year that have been verified.</p> <p>• When the overall percentage of the total number of SCO staff reviewed and the total number of SCO staff who completed the required annual training core courses in the training year falls between 0% to 85.9%, ODP will review for further actions to be taken.</p> <p>• For SCOs, ODP will 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>	

*KEY – Desk Review (D); Onsite Review (O); Remediation (R)

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#	Question	Type	Guidance	Source Documents
14a.	Documentation was located.	R	<ul style="list-style-type: none"> The SCO has located training records which indicate that the SCO staff have completed the required annual training core courses in the training year. <ul style="list-style-type: none"> ➤ Mark YES if documentation was located. ➤ Mark NA if another remediation action was selected. 	
14b.	SCO ensures the SCO staff complete required training.	R	<ul style="list-style-type: none"> The SCO submits documentation to ODP that shows the SCO staff completed the annual training core courses for 55 Pa Code Chapter 6100 regulations as appropriate. <ul style="list-style-type: none"> ➤ Mark YES if the SCO submitted documentation to ODP of training completed by the SCO staff. ➤ Mark NA if another remediation action was selected. 	
14c.	Other remediation action.	R	<ul style="list-style-type: none"> The reviewer can accept documentation of "other" remediation actions taken by the SCO to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the SCO to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the SCO submitted remediation documentation. ➤ Mark NA if another remediation action was selected. 	
14d.	If YES, when:	R	<ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the SCO and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. 	
14e.	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 SC no longer being employed at the SCO. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if another remediation action was selected. 	
14f.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred 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. 	

*KEY – Desk Review (D); Onsite Review (O); Remediation (R)

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#	Question	Type	Guidance	Source Documents
15.	New SC(s) completed the required ODP SC Orientation prior to working alone with individuals, and within 30 days after hire.	D	<ul style="list-style-type: none"> • This question is only applicable to ID/A SCOs. • This SCO will give a list of all new SCs hired by the SCO within the review period and will include the date of hire. • The reviewer will review 25% of new SCs, but no less than five SCs and a maximum of 25 SCs. • Exclude SCs who are no longer employed with the SCO. • The reviewer uses the date of hire on the SCO training spreadsheet and the date of the SC and SC Supervisor signature on the SC Orientation packet to determine if the orientation was completed prior to working alone with individuals, and within 30 days of hire. • The reviewer searches service notes from the date of hire to the date of orientation completed (per the SC Orientation certificate). • PATH: HCSIS > SC > Service Notes > Search > Advanced Search > Comment Author Last Name and First Name. • The reviewer searches for waiver billable face-to-face service notes by the contact date and ensures they have evidence that the SC did not attend these independently (i.e. documenting supervisor or co-workers attendance). <ul style="list-style-type: none"> ➢ Mark YES if the new SCs reviewed completed the SC Orientation packet prior to working alone with individuals, and within 30 days of hire. ➢ Mark NO if there are no training records or if any of the new SCs reviewed did not complete the SC Orientation packet prior to working alone with individuals, and within 30 days of hire. ➢ Mark NA if the SCO is only enrolled in the AAW, there were no new SCs hired, or the SC reviewed is within their 30 days of hire. <p>** On the QA&I Spreadsheet, the reviewer will enter the total number of newly hired SCs reviewed and the total number of newly hired SCs who completed the SC Orientation packet prior to working alone with individuals, and within 30 days of hire have been verified.</p> <ul style="list-style-type: none"> • When the overall percentage of the total number of newly hired SCs reviewed and the total number of newly hired SCs completed the SC Orientation packet prior to working alone with individuals, and within 30 days of hire falls between 0% to 85.9%, ODP will review for further actions to be taken. • For SCOs, ODP will 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. 	<ul style="list-style-type: none"> • 55 Pa Code Chapter 6100.142 • ODP Announcement 21-034, <i>ODP Regulation Update: Orientation and Annual Training Question and Answer Document and Annual Training Clarifications</i> • Bulletin 00-10-06, <i>Supports Coordination Services</i> • Consolidated, P/FDS and CL waivers

*KEY – Desk Review (D); Onsite Review (O); Remediation (R)

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#	Question	Type	Guidance	Source Documents
15a.	Documentation was located.	R	<ul style="list-style-type: none"> The SCO has located the documentation which indicates that the newly hired SC(s) completed the SC Orientation packet prior to working alone with individuals, and within 30 days of hire. <ul style="list-style-type: none"> ➤ Mark YES if documentation was located. ➤ Mark NA if another remediation action was selected. 	
15b.	SCO ensures newly hired SC(s) complete required training.	R	<ul style="list-style-type: none"> The SCO submits documentation to ODP that shows the newly hired SCs completed the SC Orientation packet as appropriate. <ul style="list-style-type: none"> ➤ Mark YES if the SCO has submitted documentation to ODP of the training completed by newly hired SCs. ➤ Mark NA if another remediation action was selected. 	
15c.	Other remediation action.	R	<ul style="list-style-type: none"> The reviewer can accept documentation of "other" remediation actions taken by the SCO to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the SCO to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the SCO submitted remediation documentation. ➤ Mark NA if another remediation action was selected. 	
15d.	If YES, when:	R	<ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the SCO and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. 	
15e.	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 SC no longer being employed at the SCO. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if another remediation action was selected. 	
15f.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred 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. 	

*KEY – Desk Review (D); Onsite Review (O); Remediation (R)

Last Updated: 6/21/21

RECORD REVIEW

#	Question	Type	Guidance	Source Documents
16.	<p>*The individual had an identified change in need.</p> <p>Non-Scored</p>	D	<ul style="list-style-type: none"> A change in need is one that would result in an ODP funded service being added, increased, modified, reduced, suspended, terminated or denied. The reviewer determines if the individual had identified change(s) in need based on a review of service notes, incident reports, PUNS, Health Risk Screening Tool (HRST), Individual Monitoring Tools and ISPs completed during the review period. The reviewer notes the date the change(s) in need were identified, the service(s) changed and what type of change it was. <ul style="list-style-type: none"> ➤ Mark YES if change(s) in need were documented. ➤ Mark NA if a change in need was not documented. 	<ul style="list-style-type: none"> 55 Pa Code Chapter 6100.221 Bulletin 00-10-06, <i>Supports Coordination Services</i> (ID/A waivers) ISP Manual Section 9 (ID/A waivers) Adult Autism Waiver (AAW) AAW SC Manual (AAW)
17.	<p>*The individual's ISP is updated when a change in need is identified.</p>	D	<ul style="list-style-type: none"> The reviewer determines if the ISP was updated when change(s) in need were identified based on a review of service notes, Individual Monitoring Tools and the ISP. ID/A Waivers PATH: HCSIS > Plan > History > Critical Revision. AAW PATH: HCSIS > Plan > Manage Plan > View Plan History > Critical Revision The reviewer uses the ISP history screen to assure a draft Critical Revision ISP was submitted for the change(s) being identified. If the individual's ISP was not updated when change(s) in need were identified, the reviewer determines if the SC documented justification of the reason(s) why the update was not made based on a review of the service notes, Individual Monitoring Tools and the ISP. <ul style="list-style-type: none"> ➤ Mark YES if the ISP was updated or the SC documented justification if the ISP was not updated when change(s) in need were identified. ➤ Mark NO if the ISP was not updated to reflect an ODP funded service change and the SC did not document justification for the ISP not being updated when change(s) in need were identified. ➤ Mark NA if there was no change in need. <p>NOTE – Identify the current needs that were not included.</p>	<ul style="list-style-type: none"> 55 Pa Code Chapter 6100.221 Bulletin 00-10-06, <i>Supports Coordination Services</i> (ID/A waivers) ISP Manual Section 9 (ID/A waivers) ODP Announcement 19-012, New Documentation Requirements for Individual Support Plans (ISPs) Within the Consolidated Waiver (ID/A waivers) Adult Autism Waiver (AAW) AAW SC Manual (AAW)

*KEY – Desk Review (D); Onsite Review (O); Remediation (R)

Last Updated: 6/21/21

#	Question	Type	Guidance	Source Documents
17a.	Documentation was located.	R	<ul style="list-style-type: none"> The SCO has located the documentation. <ul style="list-style-type: none"> ➤ Mark YES if the documentation was located. ➤ Mark NA if another remediation action was selected. 	
17b.	SCO completes an update to the ISP.	R	<ul style="list-style-type: none"> The SCO must update the ISP to reflect the change in need. <ul style="list-style-type: none"> ➤ Mark YES if the SCO updated the ISP to reflect the change in need. ➤ Mark NA if another remediation action was selected. 	
17c.	Other remediation action.	R	<ul style="list-style-type: none"> The reviewer can accept documentation of "other" remediation actions taken by the SCO to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the SCO to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the SCO submitted remediation documentation. ➤ Mark NA if another remediation action was selected. 	
17d.	If YES, when:	R	<ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the SCO and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. 	
17e.	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 SCO. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if no remediation was required. 	
18.	The Service Notes (SNs) meet quality standards.	D	<ul style="list-style-type: none"> The reviewer determines if the service notes meet quality standards. The reviewer reviews the SNs for the review period. PATH: HCSIS > SC > Service Notes > Search. <ul style="list-style-type: none"> Quality Standards (as per the trainings): <ul style="list-style-type: none"> - Person centered - Clear and concise - Objective - Include Who, What, When and Where - Detailed - Describe actions taken and actions needed ➤ Mark YES if the service notes meet quality standards. ➤ Mark NO if the service notes do not meet quality standards. 	<ul style="list-style-type: none"> Bulletin 00-10-06, <i>Supports Coordination Services</i> (ID/A waivers) ODP Trainings "<i>Service Notes Basics 2013 – Part 1</i>" & "<i>Service Notes – Part 2 (2014)</i>". (ID/A waivers) AAW SC Manual (AAW)

*KEY – Desk Review (D); Onsite Review (O); Remediation (R)

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#	Question	Type	Guidance	Source Documents
18a.	SCO ensures the SCs are trained on the requirements.	R	<ul style="list-style-type: none"> The SCO ensures that the staff are trained on the quality standards. <ul style="list-style-type: none"> ➤ Mark YES if the staff took the training. ➤ Mark NA if another remediation action was selected. 	
18b.	Other remediation action.	R	<ul style="list-style-type: none"> The reviewer can accept documentation of "other" remediation actions taken by the SCO to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the SCO to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the SCO submitted remediation documentation. ➤ Mark NA if another remediation action was selected. 	
18c.	If YES, when:	R	<ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the SCO and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. 	
18d.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred 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.	<p>There were identified issues documented.</p> <p>Non-Scored</p>	D	<ul style="list-style-type: none"> The reviewer determines if there are any issues identified based on service notes and Individual Monitoring Tools. <ul style="list-style-type: none"> Issues are defined as: <ul style="list-style-type: none"> - Any situation that warrants corrective action and timely response by an individual providing supports - Circumstances that negatively impact an individual's providing supports - An individual is not receiving the appropriate quality, type, duration and frequency of services as identified in the ISP - An individual is dissatisfied with the manner in which the services or supports are delivered ➤ Mark YES if identified issues were documented. ➤ Mark NA if there were no issues. 	<ul style="list-style-type: none"> Bulletin 00-10-16, <i>Supports Coordination Services</i> (ID/A waivers) Individual Monitoring Tool Guidance (ID/A waivers) AAW SC Manual (AAW)

*KEY – Desk Review (D); Onsite Review (O); Remediation (R)

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#	Question	Type	Guidance	Source Documents
20.	The SC documents follow-up on issues identified.	D	<ul style="list-style-type: none"> The reviewer determines if the SC followed-up on issues based on a review of service notes, Individual Monitoring Tools and the ISP. Documentation within service notes, monitorings or the ISP should indicate follow-up action which includes notification of the Provider of the issue. <ul style="list-style-type: none"> ➤ Mark YES if there is documentation of the follow-up actions, including notification of the Provider. ➤ Mark NO if there is not documentation of the follow-up actions or the follow-up actions do not include notification of the Provider. ➤ Mark NA if there were no issues. 	<ul style="list-style-type: none"> Bulletin 00-10-16, <i>Supports Coordination Services</i> (ID/A waivers) Individual Monitoring Tool Guidance (ID/A waivers) AAW SC Manual (AAW)
20a.	Documentation was located.	R	<ul style="list-style-type: none"> The SCO has located the documentation of the follow-up. <ul style="list-style-type: none"> ➤ Mark YES if the documentation was located. ➤ Mark NA if another remediation action was selected. 	
20b.	SCO follows-up on the issue and documents in HCSIS.	R	<ul style="list-style-type: none"> The SCO follows-up on the issue and documents the action in HCSIS. <ul style="list-style-type: none"> ➤ Mark YES if the SCO followed-up and documented in HCSIS. ➤ 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 SCO to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the SCO to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the SCO 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 SCO 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 death, moving out of state, inactive record status or transferring to another SCO. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if no remediation was required. 	

*KEY – Desk Review (D); Onsite Review (O); Remediation (R)

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#	Question	Type	Guidance	Source Documents
21.	There are unresolved issues where the SCO/SC notified the Provider but no action was taken by the Provider. Non-Scored	D	<ul style="list-style-type: none"> The reviewer determines if there are any issues that were unresolved by the Provider during the review period based on a review of service notes and Individual Monitoring Tools. <ul style="list-style-type: none"> ➤ Mark YES if there are unresolved issues and note the issues. ➤ Mark NA if there are no unresolved issues. 	<ul style="list-style-type: none"> Bulletin 00-10-06, <i>Supports Coordination Services</i> (ID/A waivers) AAW SC Manual (AAW)
22.	If there was an issue(s) that was unresolved by the Provider, there is documentation that the SCO/SC notified the AE (ID/A waivers) or AAW Regional Office (AAW) of the unresolved issue(s).	D O	<ul style="list-style-type: none"> The reviewer determines if the record contains notification to the AE (ID/A waivers) or AAW Regional Office (AAW) of the identified issue(s) that was unresolved by the Provider. The reviewer also accepts emails and letters as verification during the desk review. <ul style="list-style-type: none"> ➤ Mark YES if there was an unresolved issue(s) and there is documentation of AE or AAW Regional Office notification. ➤ Mark NO if there was not an unresolved issue(s) and there is no documentation of AE or AAW Regional Office notification. ➤ Mark NA if there was no unresolved issue(s). 	<ul style="list-style-type: none"> Bulletin 00-10-06, <i>Supports Coordination Services</i> (ID/A waivers) AAW SC Manual (AAW)
22a.	Documentation was located.	R	<ul style="list-style-type: none"> The SCO has located the documentation of the notification of the AE or AAW Regional Office. <ul style="list-style-type: none"> ➤ Mark YES if the documentation was located. ➤ Mark NA if another remediation action was selected. 	
22b.	SCO notifies the AE or AAW Regional Office of the unresolved issue(s).	R	<ul style="list-style-type: none"> The SCO notifies the AE or AAW Regional Office of the issue(s) unresolved by the Provider. <ul style="list-style-type: none"> ➤ Mark YES if the AE or AAW Regional Office is notified. ➤ 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 SCO to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the SCO to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the SCO 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 SCO and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. 	

*KEY – Desk Review (D); Onsite Review (O); Remediation (R)

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#	Question	Type	Guidance	Source Documents
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 death, moving out of state, inactive record status or transferring to another SCO. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if another remediation was selected. 	
23.	*The SC documents a risk assessment.	D	<p>For individuals in an ID/A waiver:</p> <ul style="list-style-type: none"> The reviewer determines if the SC documented a risk assessment based on a review of service notes, incident reports, Individual Monitoring Tools, the Supports Intensity Scale (SIS) assessment, and other provider assessment tools. Risk assessment information should be incorporated into the ISP. ISP PATH: HCSIS > Plan > Health & Safety > Focus Area > General Health Safety Risks, Fire Safety, Traffic, Cooking/Appliance Use, Outdoor Appliances, Water Safety, Safety Precautions, Knowledge of Self-Identifying Info, Stranger Awareness, Sensory Concerns, Meals/Eating. <p>For individuals in the AAW:</p> <ul style="list-style-type: none"> The reviewer determines if the individual had a Periodic Risk Evaluation (PRE) completed (by either the SC or BSS) to assess risk. Risk assessment information should be incorporated into the ISP. <ul style="list-style-type: none"> ➤ Mark YES if the ISP includes evidence of a risk assessment. ➤ Mark NO if the ISP does not include evidence of a risk assessment. <p>NOTE –Identify the risks that have not been documented.</p>	<ul style="list-style-type: none"> ISP Manual Section 2.4 (ID/A waivers) AAW Periodic Risk Evaluation (PRE) Manual (AAW) PRE Service Guidance Document 2 – Individual Support Plan (AAW)
23a.	SCO documents a risk assessment in the ISP in HCSIS.	R	<ul style="list-style-type: none"> The SCO documents a risk assessment in the ISP in HCSIS. <ul style="list-style-type: none"> ➤ Mark YES if the SCO documents in the ISP in HCSIS. ➤ Mark NA if another remediation action was selected. 	
23b.	Other remediation action.	R	<ul style="list-style-type: none"> The reviewer can accept documentation of "other" remediation actions taken by the SCO to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the SCO to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the SCO submitted remediation documentation. ➤ Mark NA if another remediation action was selected. 	

*KEY – Desk Review (D); Onsite Review (O); Remediation (R)

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#	Question	Type	Guidance	Source Documents
23c.	If YES, when:	R	<ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the SCO and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. 	
23d.	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 SCO. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if another remediation was selected. 	
24.	*The SC incorporates risk mitigation strategies into the ISP.	D	<ul style="list-style-type: none"> The reviewer determines if the SC incorporated risk mitigation strategies based on a review of the entire ISP. Risks can be found in the service notes, Individual Monitoring Tools, ISP, Incident Reports, SIS assessment (ID/A waivers), PRE (AAW), Scales of Independent Behavior-Revised (SIB-R) assessment (AAW), HRST and any applicable planning assessments. <ul style="list-style-type: none"> ➤ Mark YES if the ISP includes risk mitigation strategies. ➤ Mark NO if there are risks identified but the ISP does not include risk mitigation strategies. ➤ Mark NA if there were no risks that required mitigation. <p>NOTE -Identify the risks that did not have risk mitigation documented.</p>	<ul style="list-style-type: none"> ISP Manual Section 2.4 (ID/A waivers) AAW SC Manual (AAW) AAW PRE Manual (AAW) PRE Service Guidance Document 2 – Individual Support Plan (AAW)
24a.	SCO documents risk mitigation strategies in the ISP.	R	<ul style="list-style-type: none"> The SCO documents risk mitigation strategies in the ISP. <ul style="list-style-type: none"> ➤ Mark YES if the SCO documents in the ISP. ➤ Mark NA if another remediation action was selected. 	
24b.	Other remediation action.	R	<ul style="list-style-type: none"> The reviewer can accept documentation of "other" remediation actions taken by the SCO to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the SCO to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the SCO submitted remediation documentation. ➤ Mark NA if another remediation action was selected. 	

*KEY – Desk Review (D); Onsite Review (O); Remediation (R)

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#	Question	Type	Guidance	Source Documents
24c.	If YES, when:	R	<ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the SCO and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. 	
24d.	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 SCO. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if another remediation was selected. 	
25.	*The SC develops a person-centered ISP to address all assessed needs.	D	<ul style="list-style-type: none"> The reviewer determines if the SC developed a person-centered ISP that incorporates all formal and informal assessed needs based on a review of service notes, the ISP, PUNS (ID/A), the SIS assessment (ID/A), the PRE (AAW), SIB-R (AAW), communication assessments and any applicable planning assessments. The reviewer determines if the SC incorporated all services and support through waiver funded services or other funding sources or natural supports to mitigate identified risks into the ISP. <ul style="list-style-type: none"> ➤ Mark YES if the ISP is person-centered and includes evidence that all assessed needs have been reviewed and addressed. ➤ Mark NO if the ISP is not person-centered and the identified assessed needs are not included. <p>NOTE -Identify the assessed needs that have not been documented in the ISP.</p>	<ul style="list-style-type: none"> ➤ ISP Manual Section 1 & 2 (ID/A waivers) ➤ AAW SC Manual (AAW) • AAW PRE Manual (AAW)
25a.	Documentation was located.	R	<ul style="list-style-type: none"> The SCO has located the documentation of the assessed needs in HCSIS. <ul style="list-style-type: none"> ➤ Mark YES if the documentation was located. ➤ Mark NA if another remediation action was selected. 	
25b.	SCO develops a person-centered ISP to address all assessed needs.	R	<ul style="list-style-type: none"> The SCO ensure the SC develops a person-centered ISP. <ul style="list-style-type: none"> ➤ Mark YES if the SCO ensures a person-centered ISP is developed. ➤ Mark NA if another remediation action was selected. 	

*KEY – Desk Review (D); Onsite Review (O); Remediation (R)

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#	Question	Type	Guidance	Source Documents
25c.	Other remediation action.	R	<ul style="list-style-type: none"> The reviewer can accept documentation of "other" remediation actions taken by the SCO to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the SCO to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the SCO submitted remediation documentation. ➤ Mark NA if or another remediation action was selected. 	
25d.	If YES, when:	R	<ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the SCO and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. 	
25e.	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 SCO. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if another remediation was selected. 	
26.	*An ISP is developed that supports the outcomes/objectives throughout the entire plan.	D	<ul style="list-style-type: none"> For the ID/A waivers, the reviewer determines if the SC developed an ISP that supports the outcomes throughout the ISP based on a review of the ISP. For the AAW, the reviewer determines if the SC ensured that the objectives are consistent with the ISP. Outcomes/objectives should reflect the personal goals of the individual. <ul style="list-style-type: none"> ➤ Mark YES if the outcomes are supported by the information in the ISP (ID/A) or the objectives are consistent with the information in the ISP (AAW). ➤ Mark NO if the outcomes are not supported by the information in the ISP and identify the outcomes that are not supported (ID/A) or if the objectives are not consistent with the information in the ISP and identify the objectives that are not consistent (AAW). <p>NOTE – Identify the outcomes/objectives that are not supported and what is missing.</p>	<ul style="list-style-type: none"> ISP Manual Section 3.4 (ID/A waivers) AAW SC Manual (AAW) AAW Best Instructional Practices (AAW)
26a.	Documentation was located.	R	<ul style="list-style-type: none"> The SCO has located the documentation in HCSIS. <ul style="list-style-type: none"> ➤ Mark YES if the documentation was located. ➤ Mark NA if another remediation action was selected. 	

*KEY – Desk Review (D); Onsite Review (O); Remediation (R)

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#	Question	Type	Guidance	Source Documents
26b.	SCO updates the ISP to support the outcomes/objectives.	R	<ul style="list-style-type: none"> The SCO must ensure that an ISP is updated to support the outcomes/objectives. <ul style="list-style-type: none"> ➤ Mark YES if the SCO updates the ISP. ➤ Mark NA if another remediation action was selected. 	
26c.	Other remediation action.	R	<ul style="list-style-type: none"> The reviewer can accept documentation of "other" remediation actions taken by the SCO to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the SCO to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the SCO submitted remediation documentation. ➤ Mark NA if another remediation action was selected. 	
26d.	If YES, when:	R	<ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the SCO and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. 	
26e.	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 SCO. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if another remediation was selected. 	
27.	The SC conducts all monitorings at the required frequency.	D	<ul style="list-style-type: none"> As described in Appendix K, SCs were permitted to use remote means (telephone or video conferencing solutions) for most individual monitoring and meetings during the review period. The reviewer determines if the SC conducted monitorings at the required frequency based on a review of the Individual Monitoring Tools. PATH: HCSIS > SC > Indiv Monitoring. For the ID/A waivers, if the individual has an approved non-statutory frequency, identify them in the comments section by MCI#, name(s), or initials. Consolidated and Community Living is minimum of a monitoring once every two months during a six (6) calendar month timeframe. P/FDS is a minimum of a monitoring once in every three (3) calendar months. AAW is a minimum of a monitoring once per quarter over a 12-month period based on the individual's Plan Effective Date. <ul style="list-style-type: none"> ➤ Mark YES if the SC conducted all monitorings at the required frequency. ➤ Mark NO if the SC did not conduct all monitorings at the required frequency. ➤ Mark NA if the individual is newly enrolled and no monitoring was due at the time of the review. 	<ul style="list-style-type: none"> Consolidated, P/FDS and CL waivers Appendix D-2 (ID/A waivers) Bulletin 00-10-06, <i>Supports Coordination Services</i> (ID/A waivers) ODP Announcement 126-17 CMS Approves the Targeted Support Management State Plan Amendment (ID/A waivers) Operational Guide for Appendix K: Emergency Preparedness and Response for the Intellectual Disability/Autism (ID/A) Waivers – Version 2.0 (ID/A) AAW SC Manual (AAW) Operational Guide for Appendix K: Emergency Preparedness and Response for the Adult Autism Waiver – Version 2.0 (AAW)

*KEY – Desk Review (D); Onsite Review (O); Remediation (R)

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#	Question	Type	Guidance	Source Documents
27a.	Documentation was located.	R	<ul style="list-style-type: none"> The SCO has located the documentation and entered the information in HCSIS. <ul style="list-style-type: none"> ➤ Mark YES if documentation was located and entered into HCSIS. ➤ Mark NA if another remediation action was selected. 	
27b.	SCO completes a monitoring.	R	<ul style="list-style-type: none"> The SCO ensures the SC completes a monitoring and documents the activity in HCSIS. <ul style="list-style-type: none"> ➤ Mark YES if a monitoring was completed and the information was entered into HCSIS. ➤ Mark NA if another remediation action was selected. 	
27c.	SCO ensures the SCs are trained on the requirements.	R	<ul style="list-style-type: none"> The SCO ensures that the staff are trained on the monitoring requirements. <ul style="list-style-type: none"> ➤ Mark YES if the staff took the training. ➤ 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 SCO to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the SCO to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the SCO 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 SCO 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 SC no longer being employed at the SCO. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if another remediation action was selected. 	
27g.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred 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. 	

*KEY – Desk Review (D); Onsite Review (O); Remediation (R)

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#	Question	Type	Guidance	Source Documents
28.	*The individual received services in type, scope, amount, duration and frequency as defined in the ISP.	D	<ul style="list-style-type: none"> The reviewer determines if the individual's approved services and supports are received in the type, scope, amount, duration and frequency as defined in the ISP based on a review of the service notes and Individual Monitoring Tools. ISP should be used to determine what services need to be monitored. <ul style="list-style-type: none"> ➤ Mark YES if the individual received all approved services and supports as per the ISP. ➤ Mark NO if the individual did not receive all approved services and supports as per the ISP (to include disruptions experienced due to the COVID-19 pandemic). <p>NOTE – Identify which services and supports are missing.</p>	<ul style="list-style-type: none"> Consolidated, P/FDS and CL waivers Appendix D-2 (ID/A waivers) Bulletin 00-10-06, <i>Supports Coordination Services</i> (ID/A waivers) AAW Service Plan Sub-Assurance (AAW) AAW SC Manual (AAW)
28a.	Documentation was located.	R	<ul style="list-style-type: none"> The SCO has located the documentation in HCSIS. <ul style="list-style-type: none"> ➤ Mark YES if the documentation was located. ➤ Mark NA if another remediation action was selected. 	
28b.	Other remediation action.	R	<ul style="list-style-type: none"> The reviewer can accept documentation of "other" remediation actions taken by the SCO to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the SCO to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the SCO submitted remediation documentation. ➤ Mark NA if another remediation action was selected. 	
28c.	If YES, when:	R	<ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the SCO and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. 	
28d.	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 SCO. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if no remediation was required. 	

*KEY – Desk Review (D); Onsite Review (O); Remediation (R)

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#	Question	Type	Guidance	Source Documents
29.	*If service is not being provided as authorized, the SC documents justification of service not being provided.	D	<ul style="list-style-type: none"> The reviewer determines if the SC documented evidence of actions taken to resolve lack of service delivery based on a review of the service notes, Individual Monitoring Tools and the ISP. Examples of acceptable justification can include (but not limited to): individual out of town, extended illness, hospitalization / rehabilitation, disruptions experienced due to the COVID-19 pandemic, etc. <ul style="list-style-type: none"> ➢ Mark YES if services are not being provided and there is documented justification. ➢ Mark NO if services are not being provided and there is no documented justification. <p>NOTE – Identify the justification.</p>	<ul style="list-style-type: none"> Consolidated, P/FDS and CL waivers Appendix D-2 (ID/A waivers) Bulletin 00-10-06, <i>Supports Coordination Services</i> (ID/A waivers) AAW Service Plan sub-assurance (AAW) AAW SC Manual (AAW)
29a.	Documentation was located.	R	<ul style="list-style-type: none"> The SCO has located the documentation in HCSIS. <ul style="list-style-type: none"> ➢ Mark YES if the documentation was located. ➢ Mark NA if another remediation action was selected. 	
29b.	SCO documents justification of services not being provided as authorized.	R	<ul style="list-style-type: none"> The SCO ensures that the justification of services not being provided as authorized is documented. <ul style="list-style-type: none"> ➢ Mark YES if the SCO ensures justification of services not being provided as authorized is documented. ➢ 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 SCO to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the SCO to remediate. <ul style="list-style-type: none"> ➢ Mark YES if the SCO submitted remediation documentation. ➢ Mark NA 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 SCO and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. 	

*KEY – Desk Review (D); Onsite Review (O); Remediation (R)

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#	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 SCO. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if another remediation was selected. 	
30.	*The individual's identified health care needs are addressed.	D	<ul style="list-style-type: none"> The reviewer determines if the individual's health care needs are being addressed based on a review of the ISP, service notes, Incident Reports, PRE (AAW), HRST (if applicable), and Individual Monitoring Tools. The reviewer will put the information (ISP, service notes, Individual Monitoring Tools) into context by first considering this question: <i>does the documentation identify and address acute and chronic health conditions and wellness health promotion?</i> <ol style="list-style-type: none"> This includes: <ul style="list-style-type: none"> routine health care needs (recommended health screenings, checkups and annual physicals), acute (unexpected situations that require follow-up such as infection treatment, skin breakdown, injuries), chronic health (diabetes, high blood pressure, seizure disorder, medication management, etc.); wellness and health promotion (nutritional consults, weight management, exercise, access to activities); and other needs such as mobility or assistive technology. To put information into context, apply a holistic approach to health and wellness that occurs over time and includes: <ul style="list-style-type: none"> Behavioral Dental/Vision Emotional/Mental Physical Psychological Before determining a final response, review and incorporate the information from these two additional Individual Monitoring Tool questions: <ul style="list-style-type: none"> <i>Have there been changes observed in the individual's overall health functioning and health status since the last monitoring?</i> <ul style="list-style-type: none"> (A YES response needs follow-up of some type) <i>Necessary appointments were scheduled and kept.</i> <ul style="list-style-type: none"> Multiple SNs may need to be reviewed to determine this. 	<ul style="list-style-type: none"> Everyday Lives Values in Action 2016 Bulletin 00-10-06, <i>Supports Coordination Services</i> (ID/A waivers) Adult Autism Waiver, Appendix G (AAW) AAW SC Individual Monitoring Guide (AAW)

*KEY – Desk Review (D); Onsite Review (O); Remediation (R)

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#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> ➤ Mark YES if: <ul style="list-style-type: none"> a. ALL of the above have been addressed as identified b. PLUS, the responses to the two additional Individual Monitoring Tool questions are: <ul style="list-style-type: none"> i. YES to 1st question indicates there was a change, but review indicates follow-up occurred; ii. No to 1st question but review indicates everything identified had a follow-up as needed; c. THEN the individual's health care needs are being addressed or the SC documents follow-up on health care needs is occurring (scheduled, etc.). ➤ Mark YES if the person does not take any medications and no health needs have been identified; i.e., "Health is stable" (interpret to mean health needs are being addressed). ➤ Mark NO if: <ul style="list-style-type: none"> a. Any health item identified is not addressed; b1. OR the SC does not document follow-up on identified health care needs; b2. OR it appears follow-up occurred but there is no documentation to verify follow-up. 	
30a.	Documentation was located.	R	<ul style="list-style-type: none"> • The SCO has located the documentation. <ul style="list-style-type: none"> ➤ Mark YES if documentation was located. ➤ Mark NA if another remediation action was selected. 	
30b.	SCO ensures the individual's health care needs are addressed and follow-up is documented in HCSIS.	R	<ul style="list-style-type: none"> • The SCO ensures the individual's health care needs are addressed and follow-up is documented in HCSIS. <ul style="list-style-type: none"> ➤ Mark YES if the health care needs are addressed and follow-up is documented in HCSIS. ➤ 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 SCO to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the SCO to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the SCO submitted remediation documentation. ➤ Mark NA if another remediation action was selected. 	

*KEY – Desk Review (D); Onsite Review (O); Remediation (R)

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#	Question	Type	Guidance	Source Documents
30d.	If YES, when:	R	<ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the SCO 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 SCO. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if another remediation action was selected. 	
30f.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred 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. 	
31.	The SCO maintains records that they notified the AE and Regional Program Manager (RPM) or the AAW Regional Office if there was imminent risk to the health & welfare of the individual.	D	<ul style="list-style-type: none"> If there is an imminent risk, there is a need to act immediately in order to protect the person from the undesired event and when necessary taking action to first enlist the support of emergency services. The reviewer determines if the SCO notified the AE and RPM (ID/A waivers) or the AAW Regional Office (AAW) of the imminent risk based on a review of service notes and Individual Monitoring Tools. The reviewer should request proof of notification during the desk review if it is not in the record. <ul style="list-style-type: none"> ➤ Mark YES if there was imminent risk and there is documentation of AE and RPM or the AAW Regional Office notification. ➤ Mark NO if there was imminent risk and there is no documentation of AE and RPM or the AAW Regional Office notification. ➤ Mark NA if there is no documented imminent risk. 	<ul style="list-style-type: none"> Bulletin 00-21-02, <i>Incident Management</i> Bulletin 00-10-06, <i>Supports Coordination Services</i> (ID/A waivers) Bulletin 6000-04-01, <i>Incident Management</i> (ID/A waivers) AAW SC Manual (AAW)
31a.	Documentation was located.	R	<ul style="list-style-type: none"> The SCO has located the documentation. <ul style="list-style-type: none"> ➤ Mark YES if the documentation was located. ➤ Mark NA if another remediation action was selected. 	
31b.	SCO notifies the AE and RPM or the AAW Regional Office as required.	R	<ul style="list-style-type: none"> The SCO ensures that the AE and RPM or the AAW Regional Office are notified. <ul style="list-style-type: none"> ➤ Mark YES if the SCO ensures the AE and RPM or the AAW Regional Office are notified. ➤ Mark NA if another remediation action was selected. 	

*KEY – Desk Review (D); Onsite Review (O); Remediation (R)

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#	Question	Type	Guidance	Source Documents
31c.	Other remediation action.	R	<ul style="list-style-type: none"> The reviewer can accept documentation of "other" remediation actions taken by the SCO to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the SCO to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the SCO submitted remediation documentation. ➤ Mark NA if another remediation action was selected. 	
31d.	If YES, when:	R	<ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the SCO and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. 	
31e.	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 SCO. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if no remediation was required or another remediation was selected. 	
32.	<p>There is a communication need for this individual.</p> <p>Non-Scored</p>	D	<ul style="list-style-type: none"> A communication need applies to individuals whose spoken language is difficult to understand, those who do not communicate through spoken language, and those whose background or culture is such that English is not the primary language are at risk of being misunderstood or not listened to, especially in matters affecting personal choice and health and safety (for example, abuse and neglect). The reviewer determines if the individual has a communication need based on the SIS assessment (ID/A), SIB-R (AAW), services notes, Individual Monitoring Tools and the ISP. <ul style="list-style-type: none"> ➤ Mark YES if there is a communication need. ➤ Mark NA if there is not a communication need. <p>NOTE – Identify the communication need.</p>	<ul style="list-style-type: none"> Bulletin 00-08-18, <i>Communication Supports and Services</i> Everyday Lives Values in Action 2016

*KEY – Desk Review (D); Onsite Review (O); Remediation (R)

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#	Question	Type	Guidance	Source Documents
33.	The ISP includes information about communication supports and services the individual needs based on their communication assessment/reassessment or communication needs.	D	<ul style="list-style-type: none"> The reviewer determines if the ISP includes information about communication supports and services, including services and technologies authorized and funded by ODP or outside ODP. For the ID/A waivers, the SIS and PA Supplement communication and assistive technology sections are used to inform the communication assessment/reassessment. For the AAW, the SIB-R is a means to identify needs and inform service delivery. The SIB-R includes a section on social interaction and communication skills and also identifies frequency and severity of problematic behaviors. The FBA is utilized to understand the function of one's communicative attempts and to develop a multi-component intervention plan to support the individual in getting his or her needs met. The FBA is particularly useful to address misunderstanding of communicative attempts and to cease inappropriately labeling these attempts as problematic behavior. <ul style="list-style-type: none"> ➤ Mark YES if the ISP includes information about communication supports and services. ➤ Mark NO if the ISP does not include information about communication supports and services. ➤ Mark NA if communication assistance is not needed. 	<ul style="list-style-type: none"> Bulletin 00-08-18, <i>Communication Supports and Services</i> Everyday Lives Values in Action 2016
33a.	The ISP is updated to include information about communication supports and services the individual needs based on their communication assessment/reassessment or communication needs.	R	<ul style="list-style-type: none"> The SCO will ensure the SC updates the ISP to include information about communication supports and services. <ul style="list-style-type: none"> ➤ Mark YES if the SCO documents in the ISP. ➤ Mark NA if another remediation action was selected. 	
33b.	Other remediation action.	R	<ul style="list-style-type: none"> The reviewer can accept documentation of "other" remediation actions taken by the SCO to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the SCO to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the SCO submitted remediation documentation ➤ Mark NA if another remediation action was selected. 	
33c.	If YES, when:	R	<ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the SCO and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. 	

*KEY – Desk Review (D); Onsite Review (O); Remediation (R)

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#	Question	Type	Guidance	Source Documents
33d.	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 SCO. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if another remediation action was selected. 	
34.	The SC explores with the individual options for communication assistance and supports the individual to choose.	D	<ul style="list-style-type: none"> The reviewer determines if the SC explores with the individual options for communication assistance when appropriate and supports the individual to choose based on a review of service notes, Individual Monitoring Tools and the ISP. <ul style="list-style-type: none"> ➤ Mark YES if the SC explores with the individual options for communication assistance when appropriate and supports the individual to choose. ➤ Mark NO if the SC did not explore with the individual options for communication assistance when appropriate and support the individual to choose. ➤ Mark NA if communication assistance is not needed. 	<ul style="list-style-type: none"> Bulletin 00-08-18, <i>Communication Supports and Services</i> Everyday Lives Values in Action 2016
35.	*The individual receives information on how to identify and report abuse, neglect and exploitation.	D	<ul style="list-style-type: none"> The reviewer determines if the SC provided the individual with information about Abuse, Neglect and Exploitation (ANE) based on a review of the Individual Monitoring Tools. The ANE information must be provided in a setting that affords privacy to the individual. Contact information (names and phone numbers) must be included in the documentation in an Individual Monitoring Tool. <ul style="list-style-type: none"> ➤ Mark YES if there is documentation in an Individual Monitoring Tool that details the SC providing the ANE information in a setting that affords privacy and contact information is included. ➤ Mark NO if there is not documentation in an Individual Monitoring Tool that details the SC providing the ANE information in a setting that affords privacy and contact information is included. 	<ul style="list-style-type: none"> ODP Announcement 105-18, Expectations for Supports Coordinators Regarding the Right to be Free from Abuse (ID/A waivers) ODP Announcement 19-094, Expectations for AAW Supports Coordinators Regarding the Right to be Free from Abuse (AAW) ODP Announcement 19-153, Revisions to SC Individual Monitoring Tool for AAW Supports Coordinators (AAW)
35a.	Documentation was located.	R	<ul style="list-style-type: none"> The SCO has located the documentation. <ul style="list-style-type: none"> ➤ Mark YES if documentation was located. ➤ Mark NA if another remediation action was selected. 	

*KEY – Desk Review (D); Onsite Review (O); Remediation (R)

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#	Question	Type	Guidance	Source Documents
35b.	SCO ensures the ANE information is shared with the individual in a setting that is private and contact information is included in an Individual Monitoring Tool.	R	<ul style="list-style-type: none"> The SCO ensures the ANE information is shared and documented in an Individual Monitoring Tool, including contact information, in HCSIS. <ul style="list-style-type: none"> ➤ Mark YES if the ANE information was shared and documented in an Individual Monitoring Tool in HCSIS. ➤ Mark NA if another remediation action was selected. 	
35c.	Other remediation action.	R	<ul style="list-style-type: none"> The reviewer can accept documentation of "other" remediation actions taken by the SCO to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the SCO to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the SCO submitted remediation documentation. ➤ Mark NA if another remediation action was selected. 	
35d.	If YES, when:	R	<ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the SCO and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. 	
35e.	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 SCO. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if another remediation action was selected. 	
35f.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred 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 SC identifies any current medical personnel such as doctors, dentists, psychiatrists, therapists/counselors, allied health professionals, specialists, etc. seen in the review period.	D	<ul style="list-style-type: none"> The reviewer determines if required health care practitioners are identified based on a review of service notes, Individual Monitoring Tools and the ISP. <ul style="list-style-type: none"> ➤ Mark YES if the SC identified all health care practitioners seen in the last 12 months in HCSIS. ➤ Mark NO if the SC did not identify all health care practitioners seen in the last 12 months in HCSIS. 	<ul style="list-style-type: none"> Everyday Lives Values in Action 2016 ISP Manual Section 2.2 & 2.3 (ID/A waivers) AAW SC Manual (AAW) AAW ISP Worksheet (AAW) AAW RO ARP Full Checklist (AAW)

*KEY – Desk Review (D); Onsite Review (O); Remediation (R)

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#	Question	Type	Guidance	Source Documents
37.	All reportable incidents are documented in Enterprise Incident Management (EIM) as required.	D	<ul style="list-style-type: none"> The reviewer determines if there was reportable incidents based on a review of the service notes and Individual Monitoring Tools. The reviewer determines that if there is an incident in the record that there is an incident recorded in EIM. PATH: HCSIS > M4Q > EIM > Search > Individual <ul style="list-style-type: none"> ➤ Mark YES if the SC documented a reportable incident and there is an incident report in EIM. ➤ Mark NO if the SC documented a reportable incident but there is no incident report in EIM. ➤ Mark NA if the SC did not document a reportable incident in the service notes or Individual Monitoring Tool. <p>REMINDER - If any incident is found that doesn't have a corresponding incident report in EIM – the unreported incident protocol should be followed.</p>	<ul style="list-style-type: none"> 55 Pa Code Chapter 6100.401 Bulletin 00-21-02, <i>Incident Management</i> 55 Pa Code Chapter 6000 subchapter Q – Incident Management ODP Informational Packet 072-13 Incident Management Clarification of Responsibilities for the Supports Coordination Organizations (ID/A waivers)
38.	If there is a reported incident in EIM, the SC documents review of the initial incident report (including medication error and restraints incidents) for evidence that the individual's health, safety and rights were safeguarded.	D	<ul style="list-style-type: none"> The reviewer determines if the SC documented review of the initial incident including that the individual's health, safety and rights were safeguarded based on a review of service notes and Individual Monitoring Tools. <ul style="list-style-type: none"> ➤ Mark YES if the SC reviewed the initial incident and documented review. ➤ Mark NO if the SC did not document a review of the initial incident. ➤ Mark NA if there is no reportable incident. 	<ul style="list-style-type: none"> Bulletin 00-21-02, <i>Incident Management</i> 55 Pa Code Chapter 6000 subchapter Q – Incident Management ODP Informational Packet 072-13, Incident Management Clarification of Responsibilities for the Supports Coordination Organizations (ID/A waivers)
39.	The SC monitors the implementation of corrective action.	D	<ul style="list-style-type: none"> The reviewer determines if the SC monitored the corrective action listed in the incident based on a review of the service notes and Individual Monitoring Tools. The reviewer will determine if the SC monitored each corrective action listed in the EIM incident report. <ul style="list-style-type: none"> ➤ Mark YES if the SC monitored the incident corrective action. ➤ Mark NO if the SC did not monitor the incident corrective action. ➤ Mark NA if there are no reported incidents or there is no corrective action listed. 	<ul style="list-style-type: none"> Bulletin 00-21-02, <i>Incident Management</i> 55 Pa Code Chapter 6000 subchapter Q – Incident Management ODP Informational Packet 072-13, Incident Management Clarification of Responsibilities for the Supports Coordination Organizations (ID/A waivers)
39a.	Documentation was located.	R	<ul style="list-style-type: none"> The SCO has located the documentation. <ul style="list-style-type: none"> ➤ Mark YES if documentation was located. ➤ Mark NA if another remediation action was selected. 	

*KEY – Desk Review (D); Onsite Review (O); Remediation (R)

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#	Question	Type	Guidance	Source Documents
39b.	SCO monitors the corrective action implementation.	R	<ul style="list-style-type: none"> The SCO ensures that the corrective action is monitored for implementation and the monitoring is documented. <ul style="list-style-type: none"> ➤ Mark YES if the SCO ensures monitoring of corrective action. ➤ 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 SCO to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the SCO to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the SCO 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 SCO and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. 	
39e.	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 SCO. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if another remediation action was selected. 	
39f.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred 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.	The SC follows-up on corrective action as necessary.	D	<ul style="list-style-type: none"> The reviewer determines if the SCO/SC followed-up with the Provider and AE when the corrective action was not completed based on a review of the service notes and Individual Monitoring Tools. <ul style="list-style-type: none"> ➤ Mark YES if the SC notified the Provider and AE if corrective action was not completed. ➤ Mark NO if the SC did not notify the Provider and AE if corrective action was not completed. ➤ Mark NA if there are no reported incidents. 	<ul style="list-style-type: none"> Bulletin 00-21-02, <i>Incident Management</i> 55 Pa Code Chapter 6000 subchapter Q – Incident Management ODP Informational Packet 072-13, Incident Management Clarification of Responsibilities for the Supports Coordination Organizations (ID/A)

*KEY – Desk Review (D); Onsite Review (O); Remediation (R)

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#	Question	Type	Guidance	Source Documents
40a.	Documentation was located.	R	<ul style="list-style-type: none"> The SCO has located the documentation. <ul style="list-style-type: none"> ➤ Mark YES if documentation was located. ➤ Mark NA if another remediation action was selected. 	
40b.	SCO ensures that the Provider and the AE are notified of the need to complete the corrective action.	R	<ul style="list-style-type: none"> The SCO ensures that the Provider and the AE are notified of the need to complete the corrective action. <ul style="list-style-type: none"> ➤ Mark YES if the Provider and the AE are notified. ➤ Mark NA if another remediation action was selected. 	
40c.	Other remediation action.	R	<ul style="list-style-type: none"> The reviewer can accept documentation of "other" remediation actions taken by the SCO to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the SCO to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the SCO submitted remediation documentation. ➤ Mark NA if another remediation action was selected. 	
40d.	If YES, when:	R	<ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the SCO and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. 	
40e.	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 SCO. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if another remediation action was selected. 	
40f.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred 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. 	

*KEY – Desk Review (D); Onsite Review (O); Remediation (R)

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#	Question	Type	Guidance	Source Documents
41.	<p>For individuals who have experienced a crisis period, the SC completed additional monitoring during that crisis period in order to resolve the crisis.</p> <p>Non-Scored</p>	<p>D</p> <p>O</p>	<ul style="list-style-type: none"> The reviewer determines if there are any crisis periods and if the SC increased monitoring during the crisis based on a review of service notes and Individual Monitoring Tools. <ul style="list-style-type: none"> ➢ Mark YES if there are crisis periods and the SC increased their monitoring. ➢ Mark NO if there are crisis periods and the SC did not increase their monitoring. ➢ Mark NA if there are no crisis periods. <p>REMINDER – Service note documentation of increased monitoring is sufficient, increased monitoring tools are not required.</p>	<ul style="list-style-type: none"> Exploratory Everyday Lives Values in Action 2016
42.	<p>The individual has complex needs.</p> <p>Non-Scored</p>	D	<p>For individuals in an ID/A waiver:</p> <ul style="list-style-type: none"> The reviewer determines if the individual has complex needs based on a review of service notes, Individual Monitoring Tools and ISP. Complex needs are multiple (2 or more) needs across personal, physical, mental, social and financial well-being that require significant attention or resources. This can include 2 or more needs in one area and should be individualized. <ul style="list-style-type: none"> Examples: <ul style="list-style-type: none"> Medical complexity Socioeconomic factors Mental illness Behaviors and traits <p>For individuals in the AAW:</p> <ul style="list-style-type: none"> The reviewer determines if the individual has complex needs based on a review of the most current PRE. Complex needs are needs in any of the following domains: <ul style="list-style-type: none"> - Law Enforcement contact and accused of or being charged with a crime - Risk of Harm to Self/Others - Unstable Living Environment - Dysfunctional or absence of Natural Supports - Substance Use - Chronic Medical Conditions - Stressful Life Events - Co-occurring Mental Health Diagnosis <p>➢ Mark YES if the individual has complex needs.</p> <p>➢ Mark NA if the individual does not have complex needs.</p> <p>NOTE – Identify the complex needs.</p>	<ul style="list-style-type: none"> Exploratory Everyday Lives Values in Action 2016 AAW PRE Manual (AAW)

*KEY – Desk Review (D); Onsite Review (O); Remediation (R)

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#	Question	Type	Guidance	Source Documents
43.	If the individual has complex needs, the SC ensures there is a plan in place to address those needs.	D	<ul style="list-style-type: none"> The reviewer determines if a plan is in place to address identified complex needs based on a review of service notes, Individual Monitoring Tools and ISP. <ul style="list-style-type: none"> ➤ Mark YES if a plan is in place to address complex needs. ➤ Mark NO if a plan is not in place to address complex needs. ➤ Mark NA if the individual does not have complex needs. 	<ul style="list-style-type: none"> Exploratory Everyday Lives Values in Action 2016 Adult Autism Waiver. Appendix D (AAW)
43a.	Documentation was located.	R	<ul style="list-style-type: none"> The SCO has located the documentation. <ul style="list-style-type: none"> ➤ Mark YES if documentation was located. ➤ Mark NA if another remediation action was selected. 	
43b.	SCO ensures that a plan is in place to address complex needs.	R	<ul style="list-style-type: none"> The SCO ensures that a plan is in place to address complex needs. <ul style="list-style-type: none"> ➤ Mark YES if that a plan is in place. ➤ 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 SCO to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the SCO to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the SCO submitted remediation documentation. ➤ Mark NA if another remediation action was selected. 	
43d.	If YES, when:	R	<ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the SCO 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 death, moving out of state, inactive record status, or transferring to another SCO. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if another remediation action was selected. 	

*KEY – Desk Review (D); Onsite Review (O); Remediation (R)

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#	Question	Type	Guidance	Source Documents
44.	If there is a complex need identified for the individual, the SC addresses issues identified via monitoring related to support for the person.	D	<ul style="list-style-type: none"> The reviewer determines if there are any complex needs and identified issues based on a review of service notes, Individual Monitoring Tools, the ISP, and the most current PRE (AAW). The reviewer determines if the complex need/issues have been addressed based on a review of service notes, Individual Monitoring Tools, the ISP, and the most current PRE (AAW). <ul style="list-style-type: none"> ➤ Mark YES if there are complex needs and related issues that the SC has addressed (this includes documenting that complex needs are being addressed by another team member or professional). ➤ Mark NO if there are complex needs and related issues that the SC has not addressed. ➤ Mark NA if the individual does not have complex needs. 	<ul style="list-style-type: none"> Exploratory Everyday Lives Values in Action 2016 Adult Autism Waiver, Appendix D (AAW) AAW PRE Manual (AAW)
45.	*Choice of Providers was offered to the individual/family.	D O	<ul style="list-style-type: none"> The reviewer determines if the SC offered individual choice based on the ISP Signature Page. During the emergency period, for annual ISP purposes, the Supports Coordinator must use the weekly check-in calls with participants, individual transition planning meetings, or annual team meetings to ensure that needed services and willing and qualified providers of the participant's choice are included in the ISP and kept current with changes in need. If requested and/or necessary, modifications to the ISP may be made, as driven by individualized participant need, circumstance, and consent, and reviewed on an individualized basis without the input of the entire service planning team. Consent with the ISP will be verified by electronic signatures, or electronic verification via secure email consent from the participant, his or her designee if applicable, and service providers, in accordance with HIPAA requirements. Services may start once they are authorized by the AE or Bureau of Supports for Autism and Special Populations while waiting for signatures to be returned to the Supports Coordinator, whether electronically or by mail. Signatures will include a date reflecting the ISP meeting date. In addition to electronic signatures or electronic verification, verbal consent with the content of the ISP is currently acceptable. Supports Coordinators are responsible for documenting the verbal consent of the participant and all providers responsible for implementation of the ISP and any other members who attend the ISP meeting on the ISP Signature Page or in a Service Note. This flexibility was required to be approved by CMS through an 1135 waiver instead of Appendix K. <ul style="list-style-type: none"> ➤ Mark YES if the ISP Signature Page is checked "Yes". ➤ Mark NO if the ISP Signature Page is not checked or "No" is checked. 	<ul style="list-style-type: none"> PA 1135 Approval Letter (Section 1135 of the Social Security Act) ISP Manual Section 4 (ID/A waivers) Operational Guide for Appendix K: Emergency Preparedness and Response for the Intellectual Disability/Autism (ID/A) Waivers – Version 2.0 (ID/A) AAW SC Manual (AAW) Adult Autism Waiver, Appendix G (AAW) Operational Guide for Appendix K: Emergency Preparedness and Response for the Adult Autism Waiver – Version 2.0 (AAW)

*KEY – Desk Review (D); Onsite Review (O); Remediation (R)

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#	Question	Type	Guidance	Source Documents
45a.	Documentation was located.	R	<ul style="list-style-type: none"> The SCO has located the documentation. <ul style="list-style-type: none"> ➤ Mark YES if documentation was located. ➤ Mark NA if another remediation action was selected. 	
45b.	SCO offers the individual choice of Providers and documents on the ISP Signature Page.	R	<ul style="list-style-type: none"> The SCO ensures choice of providers is provided and documented on an ISP Signature page. <ul style="list-style-type: none"> ➤ Mark YES if completed. ➤ 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 SCO to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the SCO to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the SCO 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 SCO 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 death, moving out of state, inactive record status, or transferring to another SCO. <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 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. 	

*KEY – Desk Review (D); Onsite Review (O); Remediation (R)

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#	Question	Type	Guidance	Source Documents
46.	*Choice of services was offered to the individual/family.	D O	<ul style="list-style-type: none"> The reviewer determines if the SC offered individual choice at the annual ISP meeting based on the ISP Signature Page. During the emergency period, for annual ISP purposes, the Supports Coordinator must use the weekly check-in calls with participants, individual transition planning meetings, or annual team meetings to ensure that needed services and willing and qualified providers of the participant's choice are included in the ISP and kept current with changes in need. If requested and/or necessary, modifications to the ISP may be made, as driven by individualized participant need, circumstance, and consent, and reviewed on an individualized basis without the input of the entire service planning team. Consent with the ISP will be verified by electronic signatures, or electronic verification via secure email consent from the participant, his or her designee if applicable, and service providers, in accordance with HIPAA requirements. Services may start once they are authorized by the AE or Bureau of Supports for Autism and Special Populations while waiting for signatures to be returned to the Supports Coordinator, whether electronically or by mail. Signatures will include a date reflecting the ISP meeting date. In addition to electronic signatures or electronic verification, verbal consent with the content of the ISP is currently acceptable. Supports Coordinators are responsible for documenting the verbal consent of the participant and all providers responsible for implementation of the ISP and any other members who attend the ISP meeting on the ISP Signature Page or in a Service Note. This flexibility was required to be approved by CMS through an 1135 waiver instead of Appendix K. <ul style="list-style-type: none"> ➤ Mark YES if the ISP Signature Page is checked "Yes". ➤ Mark NO if the ISP Signature Page is not checked or "No" is checked. 	<ul style="list-style-type: none"> PA 1135 Approval Letter (Section 1135 of the Social Security Act) ISP Manual Section 4 (ID/A waivers) Operational Guide for Appendix K: Emergency Preparedness and Response for the Intellectual Disability/Autism (ID/A) Waivers – Version 2.0 (ID/A) AAW SC Manual (AAW) Adult Autism Waiver, Appendix G (AAW) Operational Guide for Appendix K: Emergency Preparedness and Response for the Adult Autism Waiver – Version 2.0 (AAW)
46a.	Documentation was located.	R	<ul style="list-style-type: none"> The SCO has located the documentation. <ul style="list-style-type: none"> ➤ Mark YES if documentation was located. ➤ Mark NA if another remediation action was selected. 	
46b.	SCO offers the individual choice of services and documents on the ISP Signature Page.	R	<ul style="list-style-type: none"> The SCO ensures choice of services is provided and documented on an ISP Signature page. <ul style="list-style-type: none"> ➤ Mark YES if completed. ➤ Mark NA if another remediation action was selected. 	

*KEY – Desk Review (D); Onsite Review (O); Remediation (R)

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#	Question	Type	Guidance	Source Documents
46c.	Other remediation action.	R	<ul style="list-style-type: none"> The reviewer can accept documentation of "other" remediation actions taken by the SCO to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the SCO to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the SCO submitted remediation documentation. ➤ Mark NA if another remediation action was selected. 	
46d.	If YES, when:	R	<ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the SCO and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. 	
46e.	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 SCO. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if another remediation action was selected. 	
46f.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred 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 or if no remediation was required. 	

*KEY – Desk Review (D); Onsite Review (O); Remediation (R)

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#	Question	Type	Guidance	Source Documents
47.	*SC provides the individual information on participant directed service (PDS) options annually.	D O	<ul style="list-style-type: none"> The reviewer determines if the SC provided information about PDS at the annual ISP meeting based on the ISP Signature Page. During the emergency period, for annual ISP purposes, the Supports Coordinator must use the weekly check-in calls with participants, individual transition planning meetings, or annual team meetings to ensure that needed services and willing and qualified providers of the participant's choice are included in the ISP and kept current with changes in need. If requested and/or necessary, modifications to the ISP may be made, as driven by individualized participant need, circumstance, and consent, and reviewed on an individualized basis without the input of the entire service planning team. Consent with the ISP will be verified by electronic signatures, or electronic verification via secure email consent from the participant, his or her designee if applicable, and service providers, in accordance with HIPAA requirements. Services may start once they are authorized by the AE while waiting for signatures to be returned to the Supports Coordinator, whether electronically or by mail. Signatures will include a date reflecting the ISP meeting date. In addition to electronic signatures or electronic verification, verbal consent with the content of the ISP is currently acceptable. Supports Coordinators are responsible for documenting the verbal consent of the participant and all providers responsible for implementation of the ISP and any other members who attend the ISP meeting on the ISP Signature Page or in a Service Note. This flexibility was required to be approved by CMS through an 1135 waiver instead of Appendix K. <ul style="list-style-type: none"> ➤ Mark YES if the ISP Signature Page is checked "Yes". ➤ Mark NO if the ISP Signature Page is not checked or "No" is checked. 	<ul style="list-style-type: none"> PA 1135 Approval Letter (Section 1135 of the Social Security Act) ISP Manual Section 3.6 & Section 4 (ID/A Waivers) Operational Guide for Appendix K: Emergency Preparedness and Response for the Intellectual Disability/Autism (ID/A) Waivers – Version 2.0 (ID/A Waivers) ODP Announcement 20-103, <i>Adult Autism Waiver (AAW): New Individual Support Plan (ISP) Signature Form</i> (AAW) Operational Guide for Appendix K: Emergency Preparedness and Response for the Adult Autism Waiver – Version 2.0 (AAW)
47a.	Documentation was located.	R	<ul style="list-style-type: none"> The SCO has located the documentation. <ul style="list-style-type: none"> ➤ Mark YES if documentation was located. ➤ Mark NA if another remediation action was selected. 	
47b.	SCO provides information about PDS to the individual and documents on the ISP Signature Page.	R	<ul style="list-style-type: none"> The SCO ensures PDS information has been shared and documented on an ISP Signature page. <ul style="list-style-type: none"> ➤ Mark YES if completed. ➤ Mark NA if another remediation action was selected. 	

*KEY – Desk Review (D); Onsite Review (O); Remediation (R)

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#	Question	Type	Guidance	Source Documents
47c.	Other remediation action.	R	<ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the SCO to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the SCO to remediate. <ul style="list-style-type: none"> ➢ Mark YES if the SCO submitted remediation documentation. ➢ Mark NA if another remediation action was selected. 	
47d.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the SCO 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 SCO. <ul style="list-style-type: none"> ➢ Mark YES if remediation by exception applies. ➢ Mark NA if another remediation action was selected. 	
47f.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➢ Mark YES if referred 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. 	

*KEY – Desk Review (D); Onsite Review (O); Remediation (R)

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#	Question	Type	Guidance	Source Documents
48.	<p>At the annual ISP meeting, the SC provides education and information to the individual about employment services (i.e. competitive, integrated employment, OVR services, benefits counseling or the “Guidance for Conversations about Employment”).</p> <p>Non-Scored</p>	<p>D</p> <p>O</p>	<ul style="list-style-type: none"> • The reviewer determines if the SC offered individual information about employment services based on the ISP Signature Page. • During the emergency period, for annual ISP purposes, the Supports Coordinator must use the weekly check-in calls with participants, individual transition planning meetings, or annual team meetings to ensure that needed services and willing and qualified providers of the participant’s choice are included in the ISP and kept current with changes in need. If requested and/or necessary, modifications to the ISP may be made, as driven by individualized participant need, circumstance, and consent, and reviewed on an individualized basis without the input of the entire service planning team. • Consent with the ISP will be verified by electronic signatures, or electronic verification via secure email consent from the participant, his or her designee if applicable, and service providers, in accordance with HIPAA requirements. Services may start once they are authorized by the AE or Bureau of Supports for Autism and Special Populations while waiting for signatures to be returned to the Supports Coordinator, whether electronically or by mail. Signatures will include a date reflecting the ISP meeting date. • In addition to electronic signatures or electronic verification, verbal consent with the content of the ISP is currently acceptable. Supports Coordinators are responsible for documenting the verbal consent of the participant and all providers responsible for implementation of the ISP and any other members who attend the ISP meeting on the ISP Signature Page or in a Service Note. This flexibility was required to be approved by CMS through an 1135 waiver instead of Appendix K. <ul style="list-style-type: none"> ➢ Mark YES if the ISP Signature Page is checked “Yes”. ➢ Mark NO if the ISP Signature Page is not checked or “No” is checked. 	<ul style="list-style-type: none"> • Exploratory • PA 1135 Approval Letter (Section 1135 of the Social Security Act) • Executive Order 2016-03 • Pathways of Employment Guidance for Conversations Document – 2015 (ID/A waivers) • Operational Guide for Appendix K: Emergency Preparedness and Response for the Intellectual Disability/Autism (ID/A) Waivers – Version 2.0 (ID/A) • ODP – BAS Pathways to Employment Tool (AAW) • AAW SC Manual (AAW) • Operational Guide for Appendix K: Emergency Preparedness and Response for the Adult Autism Waiver – Version 2.0 (AAW)

*KEY – Desk Review (D); Onsite Review (O); Remediation (R)

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#	Question	Type	Guidance	Source Documents
49.	<p>The SC ensures that the individual seeking or receiving Community Participation Support in a prevocational setting has a competitive integrated employment outcome included in their service plan.</p> <p>Non-Scored</p>	<p>D</p> <p>O</p>	<ul style="list-style-type: none"> • This question is only applicable to individuals in an ID/A waiver. • The reviewer reviews the individual outcome summary and outcome action plan to determine whether this is included. • All individuals, regardless of age, must have a competitive integrated employment outcome included in their service plan. <ul style="list-style-type: none"> ➤ Mark YES if the individual seeking or receiving Community Participation Support in a prevocational setting has a competitive integrated employment outcome in their service plan. ➤ Mark NO if the individual seeking or receiving Community Participation Support in a prevocational setting does not have a competitive integrated employment outcome in their service plan. ➤ Mark NA if the individual is not seeking or receiving Community Participation Support, is not in a prevocational setting, or is enrolled in the AAW. 	<ul style="list-style-type: none"> • Exploratory • Consolidated, P/FDS and CL waivers • ISP Manual Section 14.5

*KEY – Desk Review (D); Onsite Review (O); Remediation (R)

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