**Quality Assessment & Improvement (QA&I) Cycle 3, Year 1 Process**

**Provider Checklist**

**Provider Name**: Provider Name

**Name of QA&I Contact Person(s)**: Provider QA&I Contact Name(s)

**Review Period**: 12-month review period

**Date Submitted to AE QA&I Lead**: Date

**Onsite Conference Date/Time:** Conference Date/Time

**Conference Location:** Conference Location

**Instructions**:

*As part of the QA&I Cycle 3, Year 1 Process, certain documents are to be submitted to the QA&I team electronically, or by another agreed upon method, prior to the conference. Please provide this page along with the documents listed below to your QA&I Lead by the designated due date. As a reminder, the time frame for each question is 12 months from the date of the review, unless otherwise specified in the tool guidance. The tool guidance should also be used as a reference to address specifics related to each submission requirement. Please be sure to include your organization name on each page of the documentation you are submitting. Cooperation and assistance from your organization to coordinate this activity is appreciated. Should you encounter difficulties with electronically submitting documents, please contact your QA&I Lead immediately.*

| **Document** | **Submission Due Date****(To be completed by QA&I Lead)** | **Name of Document& Page Number** | **Contact Person Name & Email** |
| --- | --- | --- | --- |
| General:* Completed self-assessment QA&I review spreadsheet
 |  |  |  |
| Q1-Q3, Q14 **Quality Management*** Quality Management Plan (QMP), Action Plan, and quarterly reports
* Performance data used by Provider to develop the QMP and its Action Plan
* Data Provider collects on a routine basis
 |  |  |  |
| Q4* Documentation of activities and/or a written policy to improve racial equity performance
 |  |  |  |
| Q5* Documentation to support the Therapy Provider renders the service in a home and community location (Providers of Therapy services)
 |  |  |  |
| Q6-Q7:* Documentation of written notice and continuity of service during the transition period for individual transfer and discharge (If applicable)
 |  |  |  |
| Q8* Policy regarding facilitating and making accommodations to assist an individual to visit with whom the individual chooses (ID/A: Community Participation Support, Companion, In-Home and Community Support, Respite, Shift Nursing, Supported Living and Unlicensed Residential Habilitation and Life Sharing AAW: Day Habilitation, Respite, Specialized Skill Development: Community Support)
 |  |  |  |
| Q9* Procedures to receive, document, manage, and respond to complaints regarding the delivery of a service
 |  |  |  |
| Q10-Q12: **Provider Staff Training Record Spreadsheet (ID/A Only) (attached)**Follow instructions on the Provider Staff Training Record Documentation includes but is not limited to a description of the course, training hours, sign-in sheets, transcripts, or certificates of completion |  |  |  |
| Q13* Policy regarding sexual health, personal relationships, and sexuality
 |  |  |  |
| Q15* Policy that addresses providing support to individuals with medication administration (ID/A: Unlicensed Respite, In-Home and Community Support and Companion AAW: Respite – In-Home, Respite – Unlicensed Out-of-Home and Community Support)
 |  |  |  |
| Q16-Q26: **Incident Management*** Identify Incident Management (IM) Representative
* Date IM Rep assumed role. Verification may include, but not limited to, current organizational chart or designation by position description.
* IM Rep’s Certified Investigator Certificate
* List/tracking mechanism of active Certified Investigators
* Documentation of completed Certified Investigation Peer Reviews
* Written contract or agreement of any delegated or purchased IM functions (If applicable)
* Quarterly monitoring documentation for any delegated or purchased IM functions (If applicable)
* Evidence of follow up actions on the monitoring of delegated or purchased IM functions (if applicable)
* Policy that supports the release of the incident information to the individual, or persons designated by the individual, upon request
* Policy or protocol related to the review of EIM restraint and medication error incident reports
* Documentation of individual incident data monitoring from the last three months (If applicable)
* Documentation of the most recent trend analysis of incidents (If applicable)
 |  |  |  |
| Q29 **Provider Staff Training Record Spreadsheet (Individuals in the sample with a communication profile and/or formal communication system)**Follow instructions on the Provider Staff Training Record Documentation includes but is not limited to a description of the course, training hours, sign-in sheets, transcripts, or certificates of completion |  |  |  |
| Q30* Signed statement on file that acknowledges the individual has received information on individual rights (Unlicensed direct service Providers and Older Adult Daily Living Centers licensed under 6 Pa. Code Chapter 11 that render Community Participation Support services)
 |  |  |  |
| Q31-Q33:* Signed Department-approved room and board residency agreements for the current and past year (Individuals in in the sample receiving Residential Habilitation or Life Sharing)
 |  |  |  |
| Q34-Q41, Q43-Q53* Progress notes for the review period for individuals in the sample
 |  |  |  |
| Q34-Q35, Q38-Q39, Q43, Q48-Q50, Q52-Q53:* Provider service notes for the review period for individuals in the sample (If applicable)
* Review of Provider service notes can be conducted onsite as agreed upon by the Provider and reviewer
 |  |  |  |
| Q42:* Evidence that the Provider sent competitive integrated employment outcome/objective(s) to the SC (Individuals in in the sample receiving Small Group Employment and the prevocational component of Community Participation Support (ID/A) or Small Group Employment (AAW), if applicable)
 |  |  |  |
| Q48* Fading plan or schedule (Individuals in in the sample receiving Job Coaching & Support (ID/A or Intensive Job Coaching (AAW))
 |  |  |  |
| Q53* Documentation to support the individual was offered and educated about the circumstances of incidents (If applicable)
 |  |  |  |

**For Agency with Choice (AWC) Financial Management Services (FMS) Providers Only**

| **Document** | **Submission Due Date****(To be completed by QA&I Lead)** | **Name of Document****& Page Number** | **Contact Person Name & Email** |
| --- | --- | --- | --- |
| Q58:* Documentation to determine how the AWC Provider applies individual choice and control
 |  |  |  |
| Q59, Q67:* Process, utilization reports and emails that demonstrate the reports were provided to MEs within the required time frame
 |  |  |  |
| Q60:* Process/Policy for determining if an SSP is a relative of the participant
 |  |  |  |
| Q61:* Policy and procedures for providing information about the AWC Provider’s roles and responsibilities and review a copy of the information provided to MEs
 |  |  |  |
| Q62:* Incident management policy (or the AWC-specific policy, if one exists) to determine whether there is a process for MEs to report incidents to the AWC
 |  |  |  |
| Q63-Q64:* Policy and procedures to analyzing satisfaction responses to include reports and documentation of the findings that demonstrates action taken to improve services
 |  |  |  |
| Q65:* Documentation demonstrating action taken when required to fulfill the unmet responsibilities of the ME
 |  |  |  |
| Q66:Timesheets and documentation demonstrating that SSPs are able to work up to 40 hours when needed and/or allowed within the waiver budget of the participant |  |  |  |
| Q68:* Training materials and training logs that demonstrate the AWC delivered skills training to MEs
 |  |  |  |
| Q69:* Training materials and training logs that demonstrate the AWC delivered medication assistance training to MEs
 |  |  |  |
| Q70:* Policy and other documentation that demonstrates monitoring of restrictive procedures used by MEs and SSPs
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