

Pennsylvania Office of Developmental Programs

Quality Assessment & Improvement (QA&I) Cycle 3, Year 1 (C3Y1) Questions Tool for Administrative Entities (AEs)

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

Tool Completion Instructions

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

- 1. Prior to responding to a question, the guidance and source documents must be reviewed to understand the requirements and expectations of the topical area(s).*
- 2. The review period for the entity is the 12 months preceding the date of the review unless otherwise specified in the guidance. When counting back 12 months, always start at the 1st day of the month. The first day an entity begins their review establishes the 12-month time frame for the review period. For example, the entity begins their review on August 15, 2024, questions would be answered based on a start date of August 1, 2024 to July 31, 2025.*
- 3. 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).*
- 4. Questions associated to the Centers for Medicare and Medicaid Services (CMS) Performance Measures are marked with an asterisk (*). Questions associated to ODP's Information Sharing and Advisory Committee (ISAC) recommendations are marked with two asterisks (**).*
- 5. Use the QA&I review spreadsheet to capture responses for all applicable questions. For each question, the response option and any required remediation (full reviews only) must be entered into QuestionPro after the review spreadsheet has been completed in its entirety.*
- 6. Comments will be mandatory for all instances when the requirement is not met ("No" response) or as directed in the guidance. When a question requires specific information to be documented, "COMMENT NEEDED" is stated in the guidance.*
- 7. When the requirement is not met for 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. For full reviews, all documentation to validate remediation activities must be submitted to the appropriate QA&I Lead.*
- 8. For self-assessments, 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. *For full reviews, the entity must provide all requested documentation, including policy & procedure documentation, training curriculum, records, and other training documentation as well as documentation associated with service/supports delivery. If this documentation is received more than 24-business hours after the conference, the documentation is considered remediation, not discovery.*
10. *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.*

Demographic Information

Question	Guidance
Administrative Entity Name. Non-Scored	Select the organization’s name.
Region AE is located. Non-Scored	Select the appropriate region for the AE from the drop-down list.
Contact Information for person entering the data into QuestionPro. - Contact Name (First & Last Name) - Contact Telephone Number - Contact Email Address Non-Scored	Enter the contact information for the person who is entering the data into QuestionPro.

Data and Policy

#	Question	Guidance	Response Options	Source Documents
1.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
2.	The AE ensures that any delegated or purchased administrative functions are established in writing pursuant to a subcontract or agreement.	- The reviewer will determine if the AE delegates or purchases any administrative functions. - Administrative functions are not permitted to be delegated to an SCO that provides ID/A Waiver services. - The reviewer will verify the existence of any written subcontract(s) or agreement(s) (and any amendments to contracts or agreements) related to delegated or purchased administrative functions. COMMENT NEEDED – If “Yes,” identify all administrative functions that are delegated or purchased.	1.(Yes) There is a written subcontract(s) or agreement(s) for all delegated or purchased administrative functions. 2.(No) The AE delegated or purchased administrative function(s) to an SCO that provides ID/A Waiver services. 3.(No) There is not a written subcontract(s) or agreement(s) for any delegated or purchased administrative functions. 4. (N/A) The AE does not delegate or purchase any administrative functions.	Administrative Entity Operating Agreement (AE OA), Section 3.1d

#	Question	Guidance	Response Options	Source Documents
2a.	AE obtains required documentation.	The AE obtains and submits written documentation of delegated or purchased administrative function(s).	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
2b.	AE will no longer delegate or purchase the administrative function(s) to an SCO that provides ID/A Waiver services.	- The AE will no longer delegate or purchase the administrative function(s) to an SCO that provides ID/A Waiver services and submits verification of this action. - The AE will complete the delegated or purchased administrative function(s) on their own or the AE will delegate or purchase administrative functions to an entity that does not provide SCO ID/A Waiver services. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
2c.	Other remediation action.	- The AE submits documentation of "other" remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
3.	The AE completes monitoring of delegated or purchased administrative functions.	- The reviewer determines if the AE completes monitoring for delegated or purchased administrative functions. - Monitoring documentation should include at a minimum: - A method to verify compliance with written Policies, Procedures, Departmental Decisions, state and federal laws and regulations and the requirements to the function purchased/delegated. - The frequency of monitoring by the AE. - The staff position/titles responsible for the monitoring. - Exclude the review of delegated or purchased incident management functions.	1.(Yes) The AE completes monitoring of delegated or purchased administrative function(s) and has written documentation of all the listed requirements. 2.(No) The AE completes monitoring of delegated or purchased administrative function(s) but did not have written documentation of all the listed requirements. 3.(No) The AE did not complete monitoring of delegated or purchased administrative function(s) and did not have written	AE OA, Section 3.1

#	Question	Guidance	Response Options	Source Documents
			documentation of all the listed requirements. 4.(N/A) The AE does not delegate or purchase any administrative functions.	
3a.	AE completes monitoring of delegated or purchased administrative function(s).	- The AE completes monitoring of delegated or purchased administrative function(s) and all requirements were met. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
3b.	AE completes required documentation.	- The AE completes documentation of completed monitoring of delegated or purchased administrative function(s) that meets all requirements. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
3c.	Other remediation action.	- The AE submits documentation of “other” remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
4.	The AE has an Incident Manager (IM) that is a Certified Investigator (CI).	- The reviewer will determine if the AE has designated a person who is fulfilling the role of the agency’s Incident Manager (IM), through verification of evidence provided, including but not limited to a current organizational chart or designation by position description. The evidence provided shall include the date of which the person began fulfilling the role of the Incident Manager. - The reviewer will determine if the IM has a current CI certificate. - The reviewer will compare the date the IM assumed their role as the IM with the current date the IM obtained their certificate. - IMs have 12 months from the date of assuming their role as IM to complete and pass the ODP CI training.	1.(Yes) There is evidence that the AE has an IM that is a CI, or the IM assumed their role less than 12 months ago. 2.(No) There is no evidence that the AE has an Incident Manager. 3.(No) The Incident Manager did not have a CI certificate within the required timeframe.	IM Bulletin 00-21-02 IV.g

#	Question	Guidance	Response Options	Source Documents
4a.	AE designates a person to fulfill the role of the agency's Incident Manager.	- The AE submits evidence that identifies the agency's Incident Manager. - The AE will ensure the designated Incident Manager obtains CI certificate within 12 months.	If yes, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
4b.	AE ensures agency's Incident Manager obtains CI certificate.	- The AE enrolls the designated Incident Manager in an upcoming CI course. - The AE submits documentation of enrollment and completed CI certificate as appropriate.	If yes, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
4c.	Other remediation action.	- The AE submits documentation of "other" remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If yes, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
5.	The Incident Manager ensures Certified Investigator Peer Reviews (CIPRs) are conducted on a semi-annual basis.	- The reviewer will determine if the Incident Manager ensures CIPRs are conducted on a semi-annual basis. - All entities that complete investigations are required to conduct the standardized CIPR process which involves using the most current forms as outlined in the ODP CIPR manual. Review Period is 7/1/2024-6/30/2025	1.(Yes) The Incident Manager ensured Certified Investigator Peer Reviews (CIPRs) were conducted on a semi-annual basis. 2.(No) There is no evidence that the Incident Manager ensured Certified Investigator Peer Reviews (CIPRs) were conducted on a semi-annual basis. 3.(N/A) No new investigations conducted during the review period.	- ODP Certified Investigator Peer Review (CIPR) Manual, 2023 Version 4.0 - Bulletin 00-21-02, <i>Incident Management</i>

#	Question	Guidance	Response Options	Source Documents
5a.	The IM Representative ensures CIPRs are completed.	- The Incident Manager completes or ensures completion of CIPRs per the standardized process outlined in the ODP CIPR Manual. - The AE submits documentation as appropriate.	If yes, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
5b.	Other remediation action.	- The AE submits documentation of “other” remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If yes, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
6.	The Incident Manager ensures adherence to expectations related to the Incident Management complaint process.	- The reviewer will determine if any complaints related to the IM Process were received by the AE. - The reviewer will determine if the Incident Manager adheres to the Incident Management Complaint Process requirements that include a timely response to complaints provided to the individual/complainant in the communication method preferred by the individual/complainant.	1.(Yes) There is evidence that the AE’s response was timely and delivered in the communication method preferred by the individual/complainant. 2.(No) There is no evidence that the AE’s response was timely and delivered in the communication method preferred by the individual/complainant. 3.(N/A) No complaints received during the review period.	1915(c) HCBS Waiver - Bulletin 00-21-02, <i>Incident Management</i>
6a.	The AE develops or modifies a complaint policy.	- The AE develops/modifies and submits a policy that ensures the AE conducts and documents a trend analysis for all incident categories. - The AE trains staff on the developed/modified policy and submits verification of training.	If yes, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.

#	Question	Guidance	Response Options	Source Documents
6b.	Other remediation action.	- The AE submits documentation of “other” remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If yes, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
7.	The AE maintains a signed written contract or agreement of any delegated or purchased function related to Incident Management (IM).	- The reviewer will determine if the AE delegates or purchases any incident management (IM) functions. - IM functions include: - IM Training - Investigations conducted by a Department CI - Administrative Review of Investigations - Certified Investigator Peer Review (CIPR) Process - Quality Management and Trend Analysis - Data Entry - IM Representative Functions - Management Review of Incidents - Initial Management Reviews - Final Management Reviews - Weekend/Holiday Incident Reviews - The reviewer will verify the existence of contracts or agreements (and any amendments to contracts or agreements) related to delegated or purchased IM functions. *Record name of agency completing the function for any IM function that is delegated or purchased.	1.(Yes) There is written documentation for all delegated or purchased IM functions. 2.(No) There is not written documentation for one or more delegated or purchased IM functions. 3.(N/A) The AE does not delegate or purchase any IM functions.	Bulletin 00-21-02, <i>Incident Management</i>

#	Question	Guidance	Response Options	Source Documents
7a.	AE obtains required documentation.	The AE obtains and submits written documentation of delegated or purchased functions related to incident management.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
7b.	Other remediation action.	- The AE submits documentation of “other” remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
8.	The AE completes monitoring of delegated or purchased Incident Management function(s).	- The reviewer will determine if the AE completes monitoring for delegated or purchased IM function(s) identified in previous question. - Monitoring documentation should include at a minimum: - A method to verify compliance with ODP Regulations, written policies and procedures, departmental decisions, state and federal laws and regulations that are related to the function purchased/delegated. - The monitoring of delegated functions should be completed on at least a quarterly basis and the results of the monitoring should be readily available in a written format. - The staff position/titles and names of those responsible for the monitoring.	1.(Yes) The AE completes monitoring of all delegated or purchased IM function(s) and has written documentation of all the listed requirements. 2.(No) The AE did not complete monitoring of delegated or purchased IM function(s) and/or did not have written documentation of all the listed requirements. 3.(N/A) The AE does not delegate or purchase any IM functions or the delegated/purchased incident management function did not need to be utilized during the review period.	Bulletin 00-21-02, <i>Incident Management</i>

#	Question	Guidance	Response Options	Source Documents
8a.	AE completes monitoring of delegated or purchased IM function(s).	• The AE completes monitoring of delegated or purchased IM function(s) and all requirements were met. • The AE submits documentation as appropriate.	If YES, when: • The AE chooses the appropriate time frame from the drop down.	• The AE calculates the number of days between the notification date to the AE and the remediation action date.
8b.	AE completes required documentation.	• The AE completes documentation of completed monitoring of delegated or purchased IM function(s) that meets all requirements. • The AE submits documentation as appropriate.	If YES, when: • The AE chooses the appropriate time frame from the drop down.	• The AE calculates the number of days between the notification date to the AE and the remediation action date.
8c.	Other remediation action.	• The AE submits documentation of “other” remediation actions taken to comply with the requirements. • The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: • The AE chooses the appropriate time frame from the drop down.	• The AE calculates the number of days between the notification date to the AE and the remediation action date.

#	Question	Guidance	Response Options	Source Documents
9.	The AE follows up on actions taken to address concerns identified through the monitoring process of Incident Management delegated functions.	- The reviewer will determine if the AE provides evidence of follow up actions taken to address concerns identified through the monitoring process of delegated functions. - The AE's monitoring follow up should be readily available in a written format and should include at a minimum: - Area(s) of identified concern(s) - Deadline for actions to be completed on behalf of the delegated or contracted entity - The staff position/titles and name(s) of those responsible to ensure identified actions are completed - The manner in which the information was relayed to the delegated or contracted entity (e.g.: email, documentation of live communication between the AE and entity such as meeting minutes, or letter)	1.(Yes) The AE follows up on actions taken to address concerns identified through the monitoring process of delegated functions. 2.(No) The AE did not follow up on actions taken to address concerns identified through the monitoring process of delegated functions and/or did not have the documentation to validate the follow up. 3.(N/A) The AE does not delegate or purchase or did not identify concerns through monitoring activities of delegated functions.	- Consolidated, CL and P/FDS Waivers - Bulletin 00-21-02, <i>Incident Management</i> - AE OA
9a.	The AE follows up on concerns identified through the monitoring process.	- The AE completes actions on identified concerns that were identified through the monitoring process. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
9b.	Other remediation action.	- The AE submits documentation of "other" remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
10.	The AE's designated point person for claims resolution uses ODP's claims resolution support process to assist Providers when claims are denied.	The reviewer determines if the AE has a designated point person for claims resolution by looking at staffing lists, job descriptions, AE communications, and other documentation provided by the AE to verify there is someone designated to address claims resolution issues.	1.(Yes) The AE's documentation and other evidence indicates there is a point person assigned to handle claims resolution issues and demonstrates use of the claim resolution process to assist providers when claims are denied.	- AE OA, Section 3.2.6 - HCSIS/PROMISe TM Claim Error Resolution Tip Sheet for ODP

#	Question	Guidance	Response Options	Source Documents
		- The reviewer will look at documentation and other evidence provided by the AE to verify the AE supports providers when claims are denied by using ODP's claim resolution process. - AEs are expected to assist Providers with claims denials resulting from but not limited to: issues with ISPs or discrepancies between HCSIS and information maintained by the Department's CAO.	2.(No) The AE's documentation or other evidence did not identify a designated point person for claims resolution and does not demonstrate use of the claim resolution process to help providers with denied claims. 3.(No) The AE does not have a designated point person for claims resolution. 4.(N/A) The AE's designated point person was not notified by a Provider that assistance was needed regarding denied claims.	
10a.	AE designates a point person.	- The AE designates a point person for claims resolution. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
10b.	AE develops/updates documentation or evidence.	- The AE develops/updates documentation or evidence to demonstrate use of ODP's claim resolution process to help Providers with denied claims. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
10c.	Other remediation action.	- The AE submits documentation of "other" remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.

#	Question	Guidance	Response Options	Source Documents
11.	The AE has a protocol that describes how Multi Year Program Growth Strategy standards and measures are monitored. Non-Scored	• The reviewer determines if the AE has a written protocol that monitors the standards and measures set forth as part of ODP's Multi Year Program Growth Strategy for their MYPGS standards and measures. • The AE's protocol shall include the following: ○ Data collection methods ○ Monitoring activities ○ Provider communication and Technical Assistance ○ Documentation and reporting ○ Review and continuous improvement ○ Staff roles and responsibilities	1.(Yes) The AE has a protocol that describes how Multi Year Program Growth Strategy Standard and Measures are monitored. 2.(No) The AE did not have a protocol that describes how Multi Year Program Growth Strategy Standard and Measures are monitored.	• Exploratory • AE OA Section 3.4

#	Question	Guidance	Response Options	Source Documents
12.	The AE has a protocol that describes how Utilization Reviews are conducted. Non-Scored	• The reviewer will determine if the AE has a written protocol that describes how utilization reviews are conducted and evidence that reflects implementation. • Protocol should include, but is not limited to the following: ○ Usage of available tools such as the AE Dashboard and HCSIS reports ○ Communication between AE program and fiscal staff ○ Monthly reviews of authorization versus utilization ○ Collaboration on utilization with partnering Supports Coordination Organizations	1.(Yes) The AE has a protocol that describes Utilization Review. 2.(No) The AE does not have a protocol that describes Utilization Review.	• Exploratory • AE OA Section 3.4

#	Question	Guidance	Response Options	Source Documents
13.	The AE has a policy/protocol that describes their process reviews for interval Individual Support Plan (ISP) reviews and service authorizations. Non-Scored	• The reviewer will determine if the AE has documentation of a policy/protocol for their interval ISP reviews and service authorizations that adheres to ODP's requirements. • Policy/protocol should include, but is not limited to the following: ○ Internal controls around ISP reviews ○ Review of ISPs to ensure services are authorized in accordance with identified needs, waiver expectations, and budget impact	1.(Yes) The AE has a policy/protocol that describes their process for interval ISP reviews and service authorizations. 2.(No) The AE does have a policy/protocol for interval ISP reviews and service authorizations.	• Exploratory • AE OA Section 3.4

#	Question	Guidance	Response Options	Source Documents
14.	The AE follows ODP's record retention policy for individual closed records.	• The reviewer determines if the AE followed ODP's record retention policy for individual closed records. • The reviewer will determine if the AE has any individual closed records by reviewing the "Demographics by County" report in HCSIS. • The reviewer will review 1% of individual closed records with a maximum of five closed records. If there are less than five individuals closed for an AE, all individual closed records must be reviewed. ◦ While an AE may have a longer purge period, this applies to all closed records that have not been purged; no closed records should be purged before five years of being closed. • The AE must: ◦ Preserve the documents listed in Section 3.3.1 until the expiration of five (5) years after the ID/A Waiver Participant's case is closed; or ◦ Record(s) that relate to litigation, audit exceptions, or the settlement of a Claim related to performance or expenditures under this Agreement must be retained by the AE until such litigation, audit exception, or Claim has reached final disposition. • The reviewer will determine if the AE's closed record(s) reviewed adhered to ODP's record retention policy. In Year 1, reviewers will look back 5 years; in Year 2, reviewers will look back 4 years; and in Year 3, reviewers will look back 3 years.	1.(Yes) The AE followed ODP's record retention policy. 2.(No) The AE did not follow ODP's record retention policy.	• AE OA Sections 3.3 & 3.3.1
14a.	AE develops/modifies a policy.	• The AE develops/modifies and submits a policy that ensures the AE completes record retention procedures following ODP's record retention policy. • The AE trains staff on the developed/modified policy and submits verification of training.	If YES, when: • The AE chooses the appropriate time frame from the drop down.	• The AE calculates the number of days between the notification date to the AE and the remediation action date.
14b.	Other remediation action.	• The AE submits documentation of "other" remediation actions taken to comply with the requirements. • The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: • The AE chooses the appropriate time frame from the drop down.	• The AE calculates the number of days between the notification date to the AE and the

#	Question	Guidance	Response Options	Source Documents
				remediation action date.
15.	The AE follows ODP's record retention policy for individual active records.	- The reviewer determines if the AE follows ODP's record retention policy for individual active records. - Based on the core sample, the reviewer will review 1% of individual active records with a maximum of five active records. If there are less than five individuals active for an AE, all individual records must be reviewed. - The reviewer will determine if the AE's record(s) reviewed adheres to ODP's record retention policy.	1.(Yes) The AE follows ODP's record retention policy. 2.(No) The AE did not follow ODP's record retention policy.	AE OA, Sections 3.3 & 3.3.1
15a.	AE develops/modifies a policy.	- The AE develops/modifies and submits a policy that ensures the AE completes record retention procedures following ODP's record retention policy. - The AE trains staff on the developed/modified policy and submits verification of training.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
15b.	Other remediation action.	- The AE submits documentation of "other" remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
16.	The AE has a process to manage vacated capacity to ensure waiting list emergent needs are addressed timely.	- The reviewer will review the AE's process to ensure the process includes: - How the AE triages and prioritizes emergent need - How the AE will provide updated information to SCOs about emergent needs of those on the waiting list - How the AE uses data to identify who will be in need of waiver services (e.g., aging out of EPSDT, aging out of a RTF, children and youth, etc.) - The reviewer will consider that emergent needs are addressed timely according to the following criteria unless there is	1.(Yes)The AE has a process to manage vacant capacity to ensure waiting list emergent needs are addressed timely. 2.(No)The AE does not have a process to manage vacant capacity, or required components to process are missing, to ensure waiting list emergent needs are addressed timely.	AE OA, Sections 3.4 & 3.4.1

#	Question	Guidance	Response Options	Source Documents
		documentation that the circumstance was outside the AE's control. ○ Within 14 calendar days to be in either reserved capacity or enrolled for the Consolidated and Community Living Waivers ○ Within 30 calendar days in reserved capacity or enrolled for the P/FDS Waiver.		
16a.	AE develops/modifies a process.	• The AE develops/modifies and submits a process that ensures the AE manages vacated capacity to ensure waiting list emergent needs are addressed timely. • The AE trains staff on the developed/modified policy and submits verification of training.	If YES, when: • The AE chooses the appropriate time frame from the drop down.	• The AE calculates the number of days between the notification date to the AE and the remediation action date.
16b.	Other remediation action.	• The AE submits documentation of "other" remediation actions taken to comply with the requirements. • The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: • The AE chooses the appropriate time frame from the drop down.	• The AE calculates the number of days between the notification date to the AE and the remediation action date.
17.	The AE has a Prioritization of Urgency of Need for Services (PUNS) protocol.	• The reviewer will determine that the AE has a PUNS protocol that includes the following: ○ Identified AE staff responsible for PUNS related activities. ○ Engagement with the SCO on a regular basis to ensure PUNS accuracy and information sharing to determine emergent individuals on the PUNS waiting list. ○ Training of AE staff, SCOs and intake/registration workers ○ Oversight to ensure prospective and current waiver participants are placed in the appropriate category of need. • The reviewer will look at documentation and other evidence provided by the AE to verify the AE has implemented the protocol.	1.(Yes) The AE has a Prioritization of Urgency of Needs for Services protocol. 2.(No) The AE does not have a Prioritization of Urgency of Need for Services protocol.	• AE OA 6.4

#	Question	Guidance	Response Options	Source Documents
17a.	AE develops/modifies a protocol.	- The AE develops/modifies and submits a PUNS protocol. - The AE trains staff on the developed/modified protocol and submits verification of training.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
17b.	Other remediation action.	- The AE submits documentation of “other” remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
18.	The AE demonstrates the management of reserved capacity for transitions to a short-term facility.	- The reviewer will talk with the AE and review documentation provided by the AE to determine whether the AE effectively identifies and manages reserved capacity when individuals must be admitted temporarily to a hospital, nursing facility, or rehabilitation care facility, including the use of data sources such as PASRR and IM reports. - Short-term facility means temporary admission to a hospital, nursing facility or rehabilitation care facility.	1.(Yes) The AE demonstrates it is managing reserved capacity when a waiver participant experiences a short-term facility stay. 2.(No) The evidence provided by the AE doesn’t demonstrate effective management of reserved capacity when short-term facility stays occur. 3.(N/A) There have been no short-term facility stays during the review period.	AE OA, Section 3.4.4

#	Question	Guidance	Response Options	Source Documents
18a.	AE develops/modifies a protocol.	- The AE develops/modifies and submits a protocol to improve their management of reserved capacity when short-term facility stays occur. - The AE trains staff on the developed/modified protocol and submits verification of training.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
18b.	Other remediation action.	- The AE submits documentation of “other” remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
19.	The AE implements its established protocols for management of unanticipated emergencies.	- The reviewer will talk with the AE and review the protocol provided by the AE to determine whether the AE manages unanticipated emergencies for prospective waiver participants by implementing its written protocols. - Key elements of the protocol should include but are not limited to: - Communication strategy that identifies a designated point person(s) responsible for responding to unanticipated emergencies at any point of time. - Activities to be implemented to ensure the safety of an individual in the absence of waiver enrollment.	1.(Yes) The AE demonstrates it is following written protocols to handle unanticipated emergencies. 2.(No) The AE did not implement their protocol to effectively manage unanticipated emergencies. 3.(No) The AE doesn't have a protocol to manage unanticipated emergencies. 4.(N/A) There were no unanticipated emergencies during the review period.	AE OA, Section 3.4.5

#	Question	Guidance	Response Options	Source Documents
19a.	AE develops/modifies a protocol.	- The AE develops/modifies and submits a protocol for the management of unanticipated emergencies. - The AE trains staff on the developed/modified protocol and submits verification of training.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
19b.	AE trains staff on the existing protocol.	- The AE trains staff on the existing protocol and submits verification of training. - The Provider submits documentation of enrollment and when completed CI certificate as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
19c.	Other remediation action.	- The AE submits documentation of “other” remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
20.	The AE implements the ODP Provider risk screening process.	- The reviewer will look at the risk screening and other Provider analyses completed by the AE from the prior fiscal year (FY 23-24) for all Residential Service Providers qualified by the AE. - The reviewer determines if the AE identified issues with Provider service delivery that potentially affect individual health and welfare and/or the Provider’s ability to successfully operate by reviewing risk screening tools completed.	1. (Yes) The AE implemented ODP’s Provider risk screening process. 2. (No) The AE did not implement ODP’s Provider risk screening process. 3. (N/A) The AE is not lead for a Provider.	AE OA, Section 4.1

#	Question	Guidance	Response Options	Source Documents
		The reviewer pulls information to identify the Providers who were required to have a risk screening completed by reviewing the risk screening results and determine the AE's actions to follow-up with the Provider if they were moved to Phase 2.		
20a.	AE implements ODP's Provider risk screening process.	- The AE implements ODP's risk screening process. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
20b.	Other remediation action.	- The AE submits documentation of "other" remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
21.	The AE has a written policy that supports the release of the incident report information upon request. Non-Scored	- The reviewer determines if the AE has a written policy, or is included in a larger policy, that supports the release of the incident information to the individual, or persons designated by the individual, upon request. - The incident information is the incident report or a summary of the incident, the findings and the actions taken. - The information must be redacted to exclude information about another individual and the reporter, unless the reporter is the individual who receives the information. - An incident report does not include the investigation file. In order to satisfy these requirements, the AE's policy must support the release of the following: - A summary of the incident, to include: - A description of the incident - The immediate action(s) taken to protect the health, safety and well-being of the individual - Incident classification	1. (Yes) The evidence indicates that a policy exists and all the listed requirements are met. 2. (No) There is no evidence that a policy exists or all the listed requirements were not met.	Exploratory

#	Question	Guidance	Response Options	Source Documents
		- All notification information to include date and person or entity notified - o The findings, to include: - Additional Information - Investigation findings and determination (when applicable) - o The actions taken, to include: - Corrective Actions planned or implemented - Medical Intervention Information		
22.	The AE has a policy to monitor EIM restraint and medication error reports in order to ensure proper procedures are followed and detect abuse and neglect.	• The reviewer will determine if the AE has a written policy related to the review of EIM restraint and medication error incident reports. The policy at a minimum should contain processes that outline: - o The review of all restraint and medication error EIM incident reports on a periodic basis. - o This process is also to include the review of reports that have been initiated but not submitted. - o Evaluation of the circumstances and frequency of restraints and medication errors on a periodic basis, including the use of restraint dashboard. - o Methods to recognize unreported critical incidents and ensure reporting, investigation and implementation of corrective actions. - o Collaboration and communication with the individual's team to ensure health and safety. • Collaboration and communication with the individual's team to revise ISP, behavior support plan, and risk mitigation plan.	1. (Yes) The evidence indicates that a policy exists and all the listed requirements were met. 2. (No) There is no evidence that a policy exists or all the listed requirements were not met.	• Consolidated, CL and P/FDS Waivers • Bulletin 00-21-02, <i>Incident Management</i> • AE OA
22a.	AE develops/modifies a policy.	• The AE develops/modifies and submits a policy to monitor EIM restraint and medication error reports in order to ensure proper procedures are followed and detect abuse and neglect. • The AE trains staff on the developed/modified policy and submits verification of training.	If YES, when: • The AE chooses the appropriate time frame from the drop down.	• The AE calculates the number of days between the notification date to the AE and the remediation action date.
22b.	AE trains staff on the existing policy.	• The AE trains staff on the existing policy and submits verification of training.	If YES, when:	• The AE calculates the number of days

#	Question	Guidance	Response Options	Source Documents
			The AE chooses the appropriate time frame from the drop down.	between the notification date to the AE and the remediation action date.
22c.	Other remediation action.	- The AE submits documentation of “other” remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
23.	The AE conducts and documents a trend analysis to identify risks that require intervention to avoid a crisis.	- The reviewer will determine if the AE conducted a trend analysis using ODP provided tools and dashboards or AE created tools and dashboards, by individual and Provider entity, as well as specific service locations, to identify risks that require intervention to avoid a crisis. The trend analysis must include, but is not limited to: - An analysis of compliance with timeframes in accordance with the IM bulletin for reporting, investigation and finalization of incidents - Evaluation of the circumstances and frequency of the use of restraints - Evaluation of the circumstances and frequency of medication errors. - The AE must document the outcomes or findings from the trend, including any actions that need to be taken. COMMENT NEEDED – If “Yes,” provide details on how the AE is completing their trend analysis.	1. (Yes) The documentation indicates that a trend analysis was completed, and all requirements are met. 2. (No) There is no documentation that a trend analysis was completed, or all requirements were not met. 3. (N/A) There were not any incidents for the review period.	- AE OA - Bulletin 00-21-02, <i>Incident Management</i>
23a.	AE conducts and documents trend analysis for all incident categories.	- The AE conducts and documents a trend analysis for all incident categories. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the

#	Question	Guidance	Response Options	Source Documents
				remediation action date.
23b.	AE develops/modifies a policy.	- The AE develops/modifies and submits a policy that ensures the AE conducts and documents a trend analysis for all incident categories. - The AE trains staff on the developed/modified policy and submits verification of training.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
23c.	AE trains staff on the existing policy.	The AE trains staff on the existing policy and submits verification of training.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
23d.	Other remediation action.	- The AE submits documentation of “other” remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
24.	The AE has a policy to develop mitigation plans to address medical, behavioral, and socio-economic crisis situations.	- The reviewer will determine if the AE’s policy identifies their role in developing mitigation plans to address medical, behavioral, and socio-economic crisis situations. - The policy should include but is not limited to: - o Collaboration with the waiver individual and their team to develop mitigation plans & - o Ensuring that these activities are not delegated to a SCO or other entity.	1. (Yes) The AE has a policy that addresses all requirements. 2. (No) The AE has a policy, however, one or more of the identified requirements were not satisfied. 3. (No) The AE does not have a policy.	AE OA, Section 4.2

#	Question	Guidance	Response Options	Source Documents
24a.	AE develops a policy.	- The AE develops and submits a policy that ensures mitigation plans are developed to address medical, behavioral, and socio-economic crisis situations. - The AE trains staff on the developed policy and submits verification of training.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
24b.	AE modifies a policy.	- The AE modifies and submits a policy to include all requirements. - The AE trains staff on the modified policy and submits verification of training.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
24c.	Other remediation action.	- The AE submits documentation of “other” remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
25.	The AE operates a Human Rights Committee (HRC) in accordance with ODP requirements.	- The reviewer will determine if the AE operates an HRC in order to safeguard the human rights of ID/A Waiver participants receiving services and supports. - The HRC is responsible for the following: - Conducting systemic reviews of physical restraints and other restrictive procedures. - Developing systems to reduce or eliminate the need for physical restraints and restrictive procedures. - Providing technical assistance to Providers to assist them in developing positive intervention strategies; and - Analyzing systemic concerns that impact the rights of individuals. - The reviewer will look at minutes from HRC meetings, membership, and data used by the HRC in its operations.	(Yes) The AE operates an HRC in accordance with ODP requirements. (No) The AE did not operate an HRC in accordance with ODP requirements.	- AE OA, Section 4.3 - Bulletin 00-21-01, <i>Guidance for Human Rights Teams and Human Rights Committees</i>

#	Question	Guidance	Response Options	Source Documents
		COMMENT NEEDED – If “No,” identify any areas of the HRC expectations the AE is not implementing per the HRC bulletin.		
25a.	AE operates an HRC.	- The AE operates an HRC in accordance with ODP requirements. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
25b.	Other remediation action.	- The AE submits documentation of “other” remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
26.	The AE engages with the Health Care Quality Unity (HCQU).	- The reviewer will determine if the AE engages with the HCQU for support of activities related to identified health concerns. - Activities can include but is not limited to: - Individual specific identified health concerns - Providing education, technical assistance, and Provider’s capacity building - Collaborate and provide assistance, guidance, and support to SCOs for health-related issues - Participation by the HCQU in the AE’s quality council - The reviewer will look at documentation including but not limited to, meeting minutes, training announcements, training plans, etc. to determine if the AE engages with the HCQU.	1. (Yes) The documentation demonstrates engagement with the HCQU. 2. (No) The documentation does not demonstrate engagement with the HCQU.	AE OA, Section 5.1
26a.	AE engages with the HCQU.	- The AE engages with the HCQU for support of activities related to identified health concerns. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the

#	Question	Guidance	Response Options	Source Documents
				remediation action date.
26b.	Other remediation action.	- The AE submits documentation of “other” remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
27.	The AE has a protocol in place for when an individual is not or is no longer eligible for the ID/A Waivers or the AAW.	- The reviewer will determine if the AE has a protocol in place for when an individual is not or is no longer eligible for the ID/A Waivers or the AAW. - The reviewer determines if the protocol includes the following: - Provides eligibility disposition - Information about individual appeal rights - Identification of alternative available resource	1. (Yes) The AE has a protocol that includes all requirements. 2. (No) The AE has a protocol but one or more of the requirements is not met. 3. (No) The AE does not have a protocol.	AE OA, Sections 6.1 & 6.2
27a.	AE develops/modifies a protocol.	- The AE develops/modifies and submits a protocol for when an individual is not or is no longer eligible for the ID/A Waivers or the AAW. - The AE trains staff on the developed/modified protocol and submits verification of training.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
27b.	AE trains staff on the existing protocol.	The AE trains staff on the existing protocol and submits verification of training.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
27c.	Other remediation action.	The AE submits documentation of “other” remediation actions taken to comply with the requirements.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the

#	Question	Guidance	Response Options	Source Documents
		The AE enters the REMEDIATION ACTION taken in the comment field.		notification date to the AE and the remediation action date.
28.	The AE conducts oversight of the Priority of Urgency of Need for Services (PUNS) as per ODP's PUNS policy.	- The reviewer will access the PUNS data in HCSIS for the previous month and the current month. - The reviewer will compare the PUNS data from the previous month to the current month to ensure that the AE is conducting oversight as per ODP's PUNS policy. - The reviewer will determine if through the AE's oversight, the following areas are considered: - PUNS are updated within 365 days from the date of the last PUNS - Within 30 days of an identified change in need - Marked inactive when an individual is fully served - Enrolled in the Consolidated Waiver and marked as inactive and fully served. COMMENT NEEDED – Identify instances where the AE has documentation of contact with the SCO regarding PUNS updates needed and the SCO did not take action.	(Yes) The AE conducts oversight of PUNS as per ODP's PUNS policy. (No) The AE did not conduct oversight of PUNS as per ODP's PUNS policy.	- AE OA, Section 6.4 - Consolidated, CL and P/FDS Waivers - Bulletin 00-19-03, <i>Prioritization of Urgency of Need for Services (PUNS) Manual</i> - Prioritization of Urgency of Need for Services (PUNS) Manual for Individuals with Intellectual Disabilities and/or Autism - ODP Announcement 25-043, Updates to the Prioritization of Urgency of Need for Services (PUNS) Manual for Individuals with Intellectual Disabilities and/or Autism

#	Question	Guidance	Response Options	Source Documents
28a.	AE conducts oversight.	• The AE conducts oversight of PUNS as per ODP's PUNS policy. • The AE submits documentation as appropriate.	If YES, when: • The AE chooses the appropriate time frame from the drop down.	• The AE calculates the number of days between the notification date to the AE and the remediation action date.
28b.	Other remediation action.	• The AE submits documentation of "other" remediation actions taken to comply with the requirements. • The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: • The AE chooses the appropriate time frame from the drop down.	• The AE calculates the number of days between the notification date to the AE and the remediation action date.

#	Question	Guidance	Response Options	Source Documents
29.	The AE provides information and resources to individuals and families.	- The reviewer determines if the AE provided information and resources to individuals and families including but not limited to the following areas: - Self-direction and corresponding fiscal management services (FMS) - Everyday Lives and Supporting Families Throughout the Lifespan principles - Guidance on other community resources - Services available to all prospective waiver participants - Areas prioritized for communication by ODP - The reviewer determines if the AE uses multiple channels to routinely provide a wide variety of community resources to individuals and families, either directly or through partnership with another entity (other than SCOs). - Information can include local resources, fairs, calendar of awareness events, leaflets, newsletters, etc.	1. (Yes) The AE provided information and resources to individuals and families which includes the areas listed. 2. (No) The AE did not provide resource information to individuals and families, or the information provided did not include the areas listed.	- AE OA, Section 6.8 - Everyday Lives Values in Action 2021
29a.	AE develops a process for sharing information.	- The AE develops and submits a process for sharing information and resources to individuals and families. - The AE trains staff on the developed process and submits verification of training.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
29b.	Other remediation action.	- The AE submits documentation of “other” remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
30.	The AE has a process to identify prospective individuals for waiver enrollment.	- The reviewer will look at the AE’s process to identifying prospective individuals for waiver enrollment. - The reviewer will look at the AE’s open waiver capacity list and the AE’s emergency PUNS list to determine how the AE addresses the following:	1. (Yes) The AE has a process to identify prospective individuals for waiver enrollment that addresses all requirements.	AE OA, Sections 6.11 & 6.12

#	Question	Guidance	Response Options	Source Documents
		○ Actions taken to assess the urgency of need for individuals on the waiting list. ○ Offering enrollment to the ID/A waiver that is appropriate to address all assessed needs and/or the health and welfare needs of the individuals. ▪ For Consolidated Waiver, the AE must demonstrate identification of all assessed needs including health and welfare needs. ▪ For P/FDS and Community Living Waivers, the AE must demonstrate identification of health and welfare needs. ● The reviewer will also look at documentation of acceptance or declination of waiver enrollment by the individual and/or family.	2. (No) The AE has a process, however, one or more of the identified requirements were not met. 3. (No) The AE does not have a process.	
30a.	AE develops a process to identify prospective individuals for waiver enrollment.	● The AE develops and submits a process to identify prospective individuals for waiver enrollment that meets all requirements. ● The AE trains staff on the developed process and submits verification of training.	If YES, when: ● The AE chooses the appropriate time frame from the drop down.	● The AE calculates the number of days between the notification date to the AE and the remediation action date.
30b.	AE modifies their process.	● The AE modifies and submits their process to include all requirements. ● The AE trains staff on the modified process and submits verification of training.	If YES, when: ● The AE chooses the appropriate time frame from the drop down.	● The AE calculates the number of days between the notification date to the AE and the remediation action date.
30c.	Other remediation action.	● The AE submits documentation of “other” remediation actions taken to comply with the requirements. ● The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: ● The AE chooses the appropriate time frame from the drop down.	● The AE calculates the number of days between the notification date to the AE and the remediation action date.

#	Question	Guidance	Response Options	Source Documents
31.	The AE follows ODP's process regarding the move and transfer of ID/A Waiver individuals to another AE.	- The reviewer determines if the AE followed ODP's process regarding the move and transfer of ID/A Waiver individual(s) to another AE. - The reviewer looks at the County to County transfer report to determine if any transfers to another AE took place during the review period. - If the AE transferred an individual(s) to another AE, the reviewer will look at documentation provided to determine the following occurred: - Communication of transfer(s) between sending AE and receiving AE, including that the communication occurred <i>prior</i> to the individual's transition to the receiving AE. - The sending AE should ensure the placement is stable before requesting a transfer. - The sending AE provided the receiving AE with all of the ID/A waiver individual's records. - The sending AE maintains the responsibility for all requirements until the transfer is complete.	(Yes) The AE followed ODP's process regarding the move and transfer of ID/A Waiver individuals to another AE. (No) The AE did not follow ODP's process. (N/A) The AE did not have any transfers to another AE during the review period.	AE OA, Section 6.13
31a.	AE develops plan.	- The AE develops and submits a plan to ensure that ODP's process regarding the move and transfer of ID/A waiver individuals is followed. - The AE trains staff on the plan and submits verification of training.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
31b.	Other remediation action.	- The AE submits documentation of "other" remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
32.	The AE has a protocol for supporting individuals and families to resolve issues with SCOs and/or Providers.	The reviewer determines if the AE has a protocol for supporting individuals and families to resolve issues with SCOs and/or Providers.	(Yes) The AE has a protocol. (No) The AE has a protocol, but it does not include the areas identified. (No) The AE does not have a protocol.	Exploratory

#	Question	Guidance	Response Options	Source Documents
	Non-Scored	- The reviewer will determine if the AE's protocol addresses the AE's activities in the following: - Communication to individuals and families regarding the ability to assist if and when there are issues with SCOs and/or Providers. - Supporting individuals and families to resolve issues with SCOs and/or Providers - Supporting individuals and families to make an informed choice of a new SCO and facilitate a change of SCO		
33.	The AE implements a quality review protocol of auto-approval and authorization of ISPs.	- The reviewer will determine if the AE's protocol regarding auto approval and authorization of ISPs is being implemented based on conversation with the AE and other documentation. - The reviewer will determine if the AE completed a quality review of a random sample of ISPs that were auto approved and authorized based on the Auto Approval and Authorization criteria.	1. (Yes) The AE implements its protocol to complete a quality review of auto approved and authorized ISPs. 2. (No) The documentation provided does not demonstrate that the AE completed a quality review of auto approved and authorized ISPs. 3. (No) The AE does not have a protocol to complete a quality review of auto approved and authorized ISPs.	AE OA, Section 6.17
33a.	AE completes review of auto approved and authorized ISPs.	- The AE completes a quality review of auto approved and authorized ISPs. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
33b.	AE develops/modifies a protocol.	- The AE develops/modifies a protocol that ensures a quality review of auto approved and authorized ISPs is completed. - The AE trains staff on the developed/modified protocol and submits verification of training.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.

#	Question	Guidance	Response Options	Source Documents
33c.	AE trains staff on the existing protocol.	The AE trains staff on the existing protocol and submits verification of training.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
33d.	Other remediation action.	- The AE submits documentation of “other” remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
34.	The AE evaluates trends in ISP disapprovals and engages in technical assistance based on trend analysis. Non-Scored	- The reviewer will determine if the AE evaluates trends in ISP disapproval based on a conversation with the AE and other documentation. - The reviewer will determine if the AE engages in technical assistance (TA) as needed based on trend analysis to improve the quality of ISPs.	1. (Yes) The AE evaluates trends in ISP disapprovals and engages in TA as needed to improve the quality of ISPs. 2. (No) The AE evaluated trends in ISP disapprovals and did not engage in TA as needed to improve the quality of ISPs. 3. (No) The AE did not evaluate trends in ISP disapprovals and did not engage in TA as needed to improve the quality of ISPs.	Exploratory
35.	The AE promotes competitive integrated employment as a priority.	- The reviewer determines if the AE implements its employment protocol that promotes competitive integrated employment as the first consideration and preferred outcome for all ID/A Waiver Participants receiving ID/A Waiver services. - The reviewer will determine if the AE promotes competitive integrated employment through a review of any written policies and discussion of activities conducted by the AE related to competitive integrated employment. COMMENT NEEDED – If “Yes,” identify the activities the AE completed around competitive integrated employment.	1. (Yes) The AE implements an employment protocol that promotes competitive integrated employment. 2. (No) The AE has not developed an employment protocol that promotes competitive integrated employment or doesn’t have evidence of actively implemented its protocol.	- AE OA, Section 7.2 - Executive Order 2016-03, Employment First - Executive Order 2016-03 Recommendations 2018 Act 36 – Employment First Act - Everyday Lives Values in Action 2021

#	Question	Guidance	Response Options	Source Documents
35a.	AE develops/modifies a protocol.	- The AE develops/modifies a protocol that promotes competitive integrated employment. - The AE trains staff on the developed/modified protocol and submits verification of training.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
35b.	AE trains staff on the existing protocol.	The AE trains staff on the existing protocol and submits verification of training.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
35c.	Other remediation action.	- The AE submits documentation of “other” remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
36.	**The AE has assigned a point person as a Subject Matter Expert (SME) in employment.	The reviewer determines if the AE has an assigned staff point person as the local employment SME.	1. (Yes) The AE has an assigned employment staff point person. 2. (No) The AE does not have an assigned employment staff point person.	- AE OA, Section 7.2 - Executive Order 2016-03, Employment First - Executive Order 2016-03 Recommendations 2018 Act 36 – Employment First Act - Everyday Lives Values in Action 2021
36a.	AE identifies employment SME.	The AE submits documentation which shows that an employment SME has been identified.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the

#	Question	Guidance	Response Options	Source Documents
				notification date to the AE and the remediation action date.
36b.	Other remediation action.	- The AE submits documentation of “other” remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.

#	Question	Guidance	Response Options	Source Documents
37.	The AE ensures that fair hearing and appeal activities are conducted in compliance with all ODP requirements.	• The reviewer determines if the AE had any fair hearing and appeal activities during the review period and, if so, look at a maximum of five fair hearing or appeal actions. • The reviewer determines if the AE completed fair hearing and appeal activities in accordance with ODP policy. • The reviewer will look at documentation to ensure the AE completed the following activities: ○ The provision of pendency when appropriate ○ The transmittal of the fair hearing request to the Bureau of Hearings & Appeals (BHA) ○ The continuation of service in dispute when appropriate ○ The offer of county mediation ○ AE participation in hearing ○ Implement the orders issued by the BHA ○ Communicate with ODP regional office when issues cannot be resolved.	1.(Yes) The AE ensured that fair hearing and appeal activities were conducted in compliance with all ODP requirements. 2.(No) The AE did not complete one or more of the requirements. 3.(N/A) There were no fair hearing or appeal activities in the review period.	• AE OA, Section 7.5 • Bulletin 00-08.05, <i>Due Process and Fair Hearing Procedures for Individuals with ID</i>
37a.	AE completes fair hearing and appeal activities.	• The AE completes all ODP requirements for fair hearing and appeal activities. • The AE submits documentation as appropriate.	If YES, when: • The AE chooses the appropriate time frame from the drop down.	• The AE calculates the number of days between the notification date to the AE and the remediation action date.
37b.	Other remediation action.	• The AE submits documentation of “other” remediation actions taken to comply with the requirements. • The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: • The AE chooses the appropriate time frame from the drop down.	• The AE calculates the number of days between the notification date to the AE and the remediation action date.

#	Question	Guidance	Response Options	Source Documents
38.	The AE actively expands and builds capacity of the Provider network.	- The reviewer will review the AE's documentation of outreach and capacity building efforts to ensure the AE is actively working to expand and build the capacity of its Provider network. - The reviewer will review evidence of expansion of service capacity. (Examples include: Providers of all ID/A services available in county, new residential service locations, new community participation supports services providers or new locations, number of individuals served, new providers rendering services) - The reviewer will have a conversation with the AE about how the needs of the individuals are monitored/tracked and how willing and qualified providers are identified to address said needs.	1.(Yes) The AE actively works to expand and build the capacity of its Provider network. 2.(No) The information reviewed does not demonstrate sufficient activities by the AE to expand and build the capacity of the Provider network.	AE OA, Section 8.1
38a.	The AE completes activities to expand and build Provider capacity.	- The AE completes activities to expand and build capacity. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
38b.	Other remediation action.	- The AE submits documentation of "other" remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
39.	The AE identifies, develops, and implements strategies regarding the areas of need in the community and the resources available. Non-Scored	The reviewer will review documentation such as meeting notes, SWOT analyses, environmental scans, etc. to ensure the AE has assessed the areas of need in the community and the resources available.	1.(Yes) The AE has identified the areas of need and resources. 2.(No) The AE has not identified the areas of need and resources.	- Exploratory - Everyday Lives Values in Action 2021

#	Question	Guidance	Response Options	Source Documents
To answer the next four questions, the reviewer selects four different Providers most recently qualified by that AE by choosing Providers with MPI numbers ending in 3-5 in the following categories: • An Agency with Choice (AWC) Financial Management Services (FMS) Provider, • A large Provider (50 or more individuals, exclude CPS only Provider), • A small Provider (less than 50 individuals, exclude CPS only Provider) and • A Community Participation Support (CPS) Provider				
40.	*The AE qualifies AWC FMS Provider utilizing ODP standardized procedures.	• The reviewer determines if the AWC FMS Provider was qualified by reviewing qualification packets. • The reviewer assures that the AE reviewed the qualification submissions using ODP approved methods, which may include: ○ Review of Submitted Materials – Review of information submitted by the Provider, including the Provider Qualification Documentation Record and supporting documents. ○ DP 1059 – Completed and emailed to the Provider. ▪ All DP 1059's must be within a 3-year qualification period if a Provider is qualified. If an AE only has a copy of a DP 1059 from a Provider that is outside of the 3-year period, then the AE would be out of compliance for not having a current DP 1059 if the Provider is still qualified. *The reviewer must IMMEDIATELY notify the Regional Provider Qualification Lead of a "No" response.	1. (Yes) The documentation indicates that the process was followed. 2. (No) There is no documentation and/or the process was not followed. 3. (N/A) The AE did not qualify any AWC FMS Providers during the review period.	• AE OA, Section 8.2 • Consolidated, CL and P/FDS Waivers • ODP Announcement 22-122, Provider Qualification Process • Provider Qualification Documentation Record

#	Question	Guidance	Response Options	Source Documents
40a.	AE provides documentation that the AWC FMS Provider was qualified in accordance with ODP's standardized procedures.	- The AE contacts the AWC FMS Provider and collects any/all missing documents to ensure qualification was completed according to ODP standards. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
40b.	AE must notify ODP for further review and potential action if the required documents are not promptly obtained.	- The AE contacts ODP for further review and potential action if required documents are not obtained. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
40c.	AE must notify ODP for further review and potential action if the documentation obtained do not result in qualification.	- The AE contacts ODP for further review and potential action if documents obtained do not result in qualification. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
40d.	Other remediation action.	- The AE submits documentation of "other" remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.

#	Question	Guidance	Response Options	Source Documents
41.	*The AE qualifies PROVIDER 1 utilizing ODP standardized procedures.	- The reviewer determines if the Provider was qualified by reviewing qualification packets. - The reviewer assures that the AE reviewed the qualification submissions using ODP approved methods, which may include: - Review of Submitted Materials – Review of information submitted by the Provider, including the Provider Qualification Documentation Record and supporting documents. - DP 1059 – Completed and emailed to the Provider. - All DP 1059's must be within a 3-year qualification period if a Provider is qualified. If an AE only has a copy of a DP 1059 from a Provider that is outside of the 3-year period, then the AE would be out of compliance for not having a current DP 1059 if the Provider is still qualified. *The reviewer must IMMEDIATELY notify the Regional Provider Qualification Lead of a "No" response.	(Yes) The documentation indicates that the process was followed. (No) There is no documentation and/or the process was not followed. (N/A) The AE did not qualify any Providers during the review period.	- AE OA, Section 8.2 - Consolidated, CL and P/FDS Waivers - ODP Announcement 22-005, Provider Qualification Process - Provider Qualification Documentation Record 4-08-22
41a.	AE provides documentation that the PROVIDER 1 was qualified in accordance with ODP's standardized procedures.	- The AE contacts the AWC FMS Provider and collects any/all missing documents to ensure qualification was completed according to ODP standards. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
41b.	AE must notify ODP for further review and potential action if the required documents are not promptly obtained.	- The AE contacts ODP for further review and potential action if required documents are not obtained. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
41c.	AE must notify ODP for further review and potential action if the documentation obtained do not result in qualification.	- The AE contacts ODP for further review and potential action if documents obtained do not result in qualification. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to

#	Question	Guidance	Response Options	Source Documents
				the AE and the remediation action date.
41d.	Other remediation action.	- The AE submits documentation of “other” remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
42.	*The AE qualifies PROVIDER 2 utilizing ODP standardized procedures.	- The reviewer determines if the Provider was qualified by reviewing qualification packets. - The reviewer assures that the AE reviewed the qualification submissions using ODP approved methods, which may include: - Review of Submitted Materials – Review of information submitted by the Provider, including the Provider Qualification Documentation Record and supporting documents. - DP 1059 – Completed and emailed to the Provider. - All DP 1059’s must be within a 3-year qualification period if a Provider is qualified. If an AE only has a copy of a DP 1059 from a Provider that is outside of the 3-year period, then the AE would be out of compliance for not having a current DP 1059 if the Provider is still qualified. *The reviewer must IMMEDIATELY notify the Regional Provider Qualification Lead of a “No” response.	1. (Yes) The documentation indicates that the process was followed. 2. (No) There is no documentation and/or the process was not followed. 3. (N/A) The AE did not qualify any Providers during the review period.	- AE OA, Section 8.2 - Consolidated, CL and P/FDS Waivers - ODP Announcement 22-005, Provider Qualification Process - Provider Qualification Documentation Record 4-08-22
42a.	AE provides documentation that the PROVIDER 2 was qualified in accordance with ODP’s standardized procedures.	- The AE contacts the Provider and collects any/all missing documents to ensure qualification was completed according to ODP standards. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.

#	Question	Guidance	Response Options	Source Documents
42b.	AE must notify ODP for further review and potential action if the required documents are not promptly obtained.	- The AE contacts ODP for further review and potential action if required documents are not obtained. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
42c.	AE must notify ODP for further review and potential action if the documentation obtained do not result in qualification.	- The AE contacts ODP for further review and potential action if documents obtained do not result in qualification. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
42d.	Other remediation action.	- The AE submits documentation of “other” remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
43.	*The AE qualifies a COMMUNITY PARTICIPATION SUPPORT (CPS) PROVIDER utilizing ODP standardized procedures.	- The reviewer determines if the Community Participation Support (CPS) Provider was qualified by reviewing qualification packets. - The reviewer assures that the AE reviewed the qualification submissions using ODP approved methods, which may include: - Review of Submitted Materials – Review of information submitted by the Provider, including the Provider Qualification Documentation Record and supporting documents. - DP 1059 – Completed and emailed to the Provider. - All DP 1059’s must be within a 3-year qualification period if a Provider is qualified. If an AE only has a copy of a DP 1059 from a Provider that is outside of the 3-year period, then the AE would be out of compliance for not having a current DP 1059 if the Provider is still qualified.	(Yes) The documentation indicates that the process was followed. (No) There is no documentation and/or the process was not followed. (N/A) The AE did not qualify any CPS Providers during the review period.	- AE OA, Section 8.2 - Consolidated, CL and P/FDS Waivers - ODP Announcement 22-005, Provider Qualification Process - Provider Qualification Documentation Record 4-08-22

#	Question	Guidance	Response Options	Source Documents
		*The reviewer must IMMEDIATELY notify the Regional Provider Qualification Lead of a “No” response.		
43a.	AE provides documentation that the CPS Provider was qualified in accordance with ODP’s standardized procedures.	• The AE contacts the CPS Provider and collects any/all missing documents to ensure qualification was completed according to ODP standards. • The AE submits documentation as appropriate.	If YES, when: • The AE chooses the appropriate time frame from the drop down.	• The AE calculates the number of days between the notification date to the AE and the remediation action date.
43b.	AE must notify ODP for further review and potential action if the required documents are not promptly obtained.	• The AE contacts ODP for further review and potential action if required documents are not obtained. • The AE submits documentation as appropriate.	If YES, when: • The AE chooses the appropriate time frame from the drop down.	• The AE calculates the number of days between the notification date to the AE and the remediation action date.
43c.	AE must notify ODP for further review and potential action if the documentation obtained do not result in qualification.	• The AE contacts ODP for further review and potential action if documents obtained do not result in qualification. • The AE submits documentation as appropriate.	If YES, when: • The AE chooses the appropriate time frame from the drop down.	• The AE calculates the number of days between the notification date to the AE and the remediation action date.
43d.	Other remediation action.	• The AE submits documentation of “other” remediation actions taken to comply with the requirements. • The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: • The AE chooses the appropriate time frame from the drop down.	• The AE calculates the number of days between the notification date to the AE and the remediation action date.

#	Question	Guidance	Response Options	Source Documents
44.	**The AE uses person-centered performance data in developing the Quality Management Plan (QMP) and its Action Plan.	• This question is about assessing the AE's utilization of the "Plan" and "Do" steps in the Plan-Do-Check-Act (PDCA) quality improvement cycle. • To assess this, the reviewer should ask the AE about their practice (is agency leadership engaged in the process and how; is input gathered from agency staff/stakeholders and how?) and review documentation as evidence to support leadership engagement and stakeholder input (e.g., meeting minutes/agendas, etc.). • The reviewer requests to see performance data used by AE to develop the QMP and its Action Plan. • The reviewer discusses with AE 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. ◦ Person-centered performance data specifically targets people outcomes, not compliance outcomes and <i>can include but is not limited to</i>: - Results from QA&I self-assessments and full reviews (if applicable), targeting those areas where performance falls below 86% - Employment - Individual interviews (QA&I and IM4Q) - Communication needs - Community Participation - Self-direction, choice, and control - Management of incidents of abuse, neglect, exploitation, rights violations and unexplained deaths - Use of restrictive interventions, including restraints - Local level data, e.g., agency satisfaction surveys ◦ Engaging agency leadership and gathering input from agency staff and other stakeholders to develop the QMP and its Action Plan (response option #1), is considered the best practice/high quality standard. Response option #2 is compliant however, the AE should be encouraged to strive to achieve the best practice/high quality standard.	• Select the response option that best represents the AE's use of performance data to develop the QMP and its Action Plan. 1.(Yes) The AE used person-centered performance data to develop the QMP and its Action Plan and engaged agency leadership and gathered input from agency staff and other stakeholders to develop the QMP and its Action Plan. 2.(Yes) The AE used person-centered performance data to develop the QMP and its Action Plan. 3.(No) The AE does not have a QMP and its Action Plan or did not use person-centered performance data to develop it.	• AE OA, Sections 10.1 & 10.2 • Everyday Lives Values in Action 2021 • Bulletin 00-17-01, <i>Quality Management Strategy of the Office of Developmental Programs</i> • ODP Quality Management Certification Handbook

#	Question	Guidance	Response Options	Source Documents
44a.	AE develops a QMP and its Action Plan using person-centered performance data.	The AE develops and submits a QMP and its Action Plan that demonstrates the use of person-centered performance data in generating it.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
44b.	AE revises QMP and its Action Plan using person-centered performance data.	The AE revises and submits a QMP and its Action Plan demonstrating the use of person-centered performance data in generating it.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
45.	**The AE uses data to assess progress towards achieving person-centered goals and target objectives in the Quality Management Plan (QMP) and its Action Plan.	- This question is about assessing the AE's utilization of the "Check" and "Act" steps in the Plan-Do-Check-Act (PDCA) quality improvement cycle. <i>Use of data involves the following actions:</i> collecting data, analyzing data, sharing data, <i>and</i> taking actions based on what the data reveals. - The reviewer determines if the AE uses data to assess progress toward achieving person-centered goals and target objectives in the QMP and its Action Plan target objectives by <i>ensuring all three criteria listed below have been met:</i> 1. Requesting to see data AE collects on a routine basis (monthly data collection is desired best practice). 2. Asking AE to share data analysis, including how often analysis occurs and how/where results are documented and shared with leadership and stakeholders, e.g., managers, responsible parties, staff, individuals and families, etc. (Quarterly analysis and reporting are the desired best practice.) 3. Asking how AE uses routine data and analysis to track performance over time, including whether changes to the Action Plan are warranted and why.	Select the response option that best represents the use of data to assess progress and track performance including changes to the Action Plan items as warranted. 1.(Yes) The AE: a. Collects person-centered data monthly AND b. Leadership, managers, responsible parties, and staff review it at least quarterly to assess progress toward QMP goals AND c. Updates the QMP and its Action Plan target objectives annually. 2.(Yes) The AE uses person-centered data to determine if goals and objectives are on track in the QMP and its Action Plan, at least every 3 years. 3.(No) AE does not have a QMP and its Action Plan OR has not updated the QMP in more than 3 years OR does not use person-centered data to assess progress towards achieving goal(s) and target objectives.	- AE OA, Sections 10.1 & 10.2 - Everyday Lives Values in Action 2021 - Bulletin 00-17-01, <i>Quality Management Strategy of the Office of Developmental Programs</i> - ODP Quality Management Certification Handbook

#	Question	Guidance	Response Options	Source Documents
		Response option #1, is considered the best practice/high quality standard. Response option #2 is compliant however, the AE should be encouraged to strive to achieve the best practice/high quality standard. To achieve option #1, the AE must be able to provide the reviewer with evidence that person-centered data is: collected monthly, analyzed, and shared with leadership and stakeholders at least quarterly, and that actions are taken and documented, via changes to its Action Plan, based on what the data reveals.		
45a.	AE develops a QMP and its Action Plan using person-centered performance data.	The AE develops and submits a QMP and its Action Plan that demonstrates the use of person-centered performance data in generating it.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
45b.	AE revises QMP and its Action Plan using person-centered performance data.	The AE revises/updates and submits a QMP and its Action Plan demonstrating the current use of person-centered performance data in generating it.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.

#	Question	Guidance	Response Options	Source Documents
45c.	AE uses data to assess progress towards achieving identified person-centered goals and target objectives.	The AE has submitted documentation demonstrating the use of person-centered performance data in assessing progress, e.g., raw data, data analysis and the sharing of routine reports. (For more details, refer to the question guidance.)	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
46.	The AE has developed effective target objectives that include all necessary components to increase the likelihood of being successful. Non-Scored	- The ODP QM Certification Handbook defines a target objective as a statement that describes where you want to go (what you want to happen), in precise, quantifiable terms (by how much and by when), using S-M-A-R-T guidelines, baselines and benchmarks. - Before the AE can make a decision about where they want to go with a target objective, they have to first understand their current performance (baseline). The reviewer should start an assessment of this question by first identifying the AE's baseline. - The reviewer then determines if the AE's QM plan target objectives include all of the following components to be effective and increase the likelihood of being successful: - What they want to happen - e.g., increase, decrease, or eliminate a specific problem (e.g., employment, incidents, community participation) - By how much – e.g., counts or percentages - By when – e.g., fiscal year end date Examples: - Increase % of people employed by 10% by 6/30/2025 - Increase # of people using CPS to 30 by 6/30/2025 - The reviewer should ensure the target objective math makes sense. For example, if the AE has 4 people employed in competitive integrated employment and their TO is to increase this number by 10%, then they are saying they want to increase by a part (4/10th) of a person. - To be successful in quality management planning and activities, the AE should be encouraged to develop target objectives that include all necessary components. Without an effectively written target objective, the AE will be unable to determine if they are making progress or have met the outcome/goal that they wanted to achieve.	(Yes) The AE has developed effective target objectives that include all necessary components to increase the likelihood of being successful. (No) The AE's QM plan does not include target objectives OR target objectives do not include all necessary components to increase the likelihood of being successful.	ODP Quality Management Certification Handbook

#	Question	Guidance	Response Options	Source Documents
47.	The AE actively uses a process to share Independent Monitoring for Quality (IM4Q) information with stakeholders.	• The reviewer requests documentations from the previous 12 months that indicates the Policy and Procedure established by the AE is being implemented for sharing information with stakeholders. • The reviewer should look for information as specified by the AE's policy. Examples might include: ○ Board reports ○ Letters ○ Logs ○ Emails ○ Meeting minutes	1.(Yes) The documentation is available that indicates the AE shared IM4Q information with stakeholders. 2.(No) There is no documentation of the AE sharing IM4Q information.	• AE OA, Section 10.4 • Pennsylvania Office of Developmental Programs (ODP) Independent Monitoring for Quality (IM4Q) Manual, January 2016

#	Question	Guidance	Response Options	Source Documents
47a.	AE develops/modifies a process.	- The AE develops/modifies and submits a process with timeframes that ensures IM4Q information is shared with all stakeholders. - The AE trains staff on the developed/modified process and submits verification of training.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
47b.	AE trains staff on the existing process.	The AE trains staff on the existing process and submits verification of training.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
47c.	Other remediation action.	- The AE submits documentation of “other” remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
48.	The AE attends and participates in all trainings that includes AEs as the target audience and/or is relative to the AE’s staff role functions.	- The reviewer will use the AE list of required trainings identified by ODP to determine if the AE completed the trainings as specified. - The reviewer determines if staff completed the required trainings identified based on the AE’s training records including but not limited to: sign-in sheets or certificates of completion from the training. - The reviewer determines if the documentation provided by the AE regarding participation in trainings compared to the list of trainings provided by ODP for the review period.	1.(Yes) The AE attended and participated in all ODP offered training intended for AEs and/or the AE’s staff role functions. 2.(No) The documentation provided does not sufficiently demonstrate training attendance. 3.(No) The AE did not attend training.	AE OA, Section 11.1

#	Question	Guidance	Response Options	Source Documents
48a.	AE ensures AE staff complete required training.	The submits documentation that demonstrates the AE staff completed all required training as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
48b.	Other remediation action.	- The AE submits documentation of “other” remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
49.	The AE provides the SCOs and Providers with assistance to support individuals with complex physical and behavioral needs.	- The reviewer determines if the AE uses the Health Risk Screening Tool (HRST) to identify individuals with complex physical and behavioral health needs. - The reviewer determines if the AE provided assistance to the SCOs and Providers to support individuals with complex physical and behavioral needs. - Assistance may or may not include: - Resources - Training - Collaboration with HCQUs - Technical assistance - Building capacity to service people with complex physical and/or behavioral needs.	1.(Yes) The AE provided the SCOs and Providers with assistance. 2.(No) The AE did not provide assistance.	- Everyday Lives Values in Action 2021 - ODP Announcement 22-116, Health Risk Screening Tool (HRST) Protocol Update
49a.	AE provides assistance as needed.	- The AE provides the SCOs and Providers with assistance to support individuals with complex physical and behavioral needs. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.

#	Question	Guidance	Response Options	Source Documents
49b.	AE develops/modifies a policy.	- The AE develops/modifies and submits a policy that ensures the AE provides SCOs and Providers with assistance to support individuals with complex physical and behavioral needs. - The AE trains staff on the developed/modified policy and submits verification of training.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
49c.	Other remediation action.	- The AE submits documentation of “other” remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.

Record Review

#	Question	Guidance	Response Options	Source Documents
50.	The AE worked with the individual and their team to develop mitigation strategies when there are medical, behavioral, or socio-economic crisis situations.	- The reviewer will determine if the individual had a crisis situation by reviewing service notes, Individual Monitoring Tools, PUNs, SIS and the ISP. - The reviewer will determine if the documentation demonstrates that the AE worked with the individual and their team during a crisis situation using mitigation strategies. - The reviewer should request documentation during the review if it is not in the record. - Mitigation strategies shall include but are not limited to: - Locate resources and opportunities through family and/or community to mitigate the crisis - Active engagement in identifying qualified service Providers - Work to divert institutional placement - Facilitate competency and guardianship appointments for individuals only as a last option for resolution and if deemed appropriate by ODP.	(Yes) The documentation demonstrates the use of mitigation strategies during a crisis situation. (No) The documentation does not demonstrate the use of mitigation strategies during a crisis situation. (N/A) There were no individuals who experienced a crisis situation during the review period.	- AE OA, Section 4.2 - Bulletin 00-21-02, <i>Incident Management</i> - Everyday Lives Values in Action 2021

#	Question	Guidance	Response Options	Source Documents
50a.	AE changed practice to work with the individual and their team.	- The AE changed its practice to work with the individual and their team to develop mitigation strategies when there are medical, behavioral, or socio-economic crisis situations. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
50b.	Other remediation action.	- The AE submits documentation of “other” remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
50c.	Remediation by exception.	- Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to an individual’s death, moving out of state, inactive record status or transferring to another AE. - The AE enters the reason for the exception in the comment field.		
51.	Annual Review Update Date: Non-Scored	- The reviewer determines the Annual Review Update Date. - The reviewer uses the most current annual plan for this review. - This question is answered for all funding types. - PATH: HCSIS > Plan > Plan Admin > Print > Plan Summary Page COMMENT NEEDED – Record the date listed in the Annual Review Update Date field	1. Enter in the date listed in the Annual Review Update date field.	- AE OA, Section 7 - ISP Manual, Section 5
52.	Plan Last Updated Date: Non-Scored	- The reviewer determines the plan last updated date. - The reviewer uses the most current annual plan for this review. - This question is answered for all funding types. - PATH: HCSIS > Plan > Plan Admin > Print > Plan Summary Page COMMENT NEEDED – Record the date listed in the Plan Last Updated Date field	1. Enter in the date listed in the Plan Last Updated date field.	- AE OA, Section 7 - ISP Manual, Section 5

#	Question	Guidance	Response Options	Source Documents
53.	*The individual has an approved Annual ISP (Annual Review Update) in HCSIS.	- The reviewer determines if there is an approved Annual Review Update ISP in HCSIS. - PATH: HCSIS > Plan > History > Summary > Annual review update	1.(Yes) There is an Annual Review ISP in HCSIS. 2.(No) There is no Annual Review ISP in HCSIS. 3.(N/A) The ISP was auto-authorized (ODP Approved).	- AE OA, Section 7 - Consolidated, CL and P/FDS Waivers - Bulletin 00-22-01, <i>Targeted Support Management for Individuals Served by the Office of Developmental Programs</i> - ISP Manual, Section 5
54.	*The AE ensures the Annual ISP (Annual Review Update) is approved and authorized within 365 days of the prior Annual ISP.	- The reviewer ensures that the current, approved Annual Review Update ISP was approved and authorized prior to the Annual Review Update Date (ARUD). - The Annual Review Update approval must occur prior to the ARUD (Question 43). - PATH: HCSIS > Plan > History > Summary > Annual Review Update - Access Annual Review Update ISP and review the ARUD included on the ISP. - If the Annual ISP is marked “ODP Approved” it means it was auto-authorized. COMMENT NEEDED – If “No,” document how many calendar days past the ARUD the plan was approved.	1.(Yes) The AE approved the ISP prior to the ARUD. 2.(No) The AE did not approve the ISP prior to the ARUD. 3.(No) There is not an Annual ISP (Annual Review Update) approved for the individual. 4.(N/A) The ISP was auto-authorized (ODP Approved).	- AE OA, Section 7 - Consolidated, CL and P/FDS Waivers - Bulletin 00-22-01, <i>Targeted Support Management for Individuals Served by the Office of Developmental Programs</i> - ISP Manual, Section 5 - ODP Announcement 23-040 FY 23-24 Renewal Guidance Individual Support Plan (ISP) Renewal Guidance
54a.	AE approves ISP.	- The AE must ensure that the Annual Review ISP is approved and services are authorized. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.

#	Question	Guidance	Response Options	Source Documents
54b.	AE develops/modifies a protocol.	- The AE develops/modifies and submits a protocol that ensures ISPs are approved and authorized in 365 days. - The AE trains staff on the developed/modified protocol and submits verification of training.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
54c.	AE trains staff on the existing protocol.	The AE trains staff on the existing protocol and submits verification of training.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
54d.	Other remediation action.	- The AE submits documentation of “other” remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
54e.	Remediation by exception.	- Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to an individual’s death, moving out of state, inactive record status or transferring to another AE. - The AE enters the reason for the exception in the comment field.		
55.	The AE ensures that the individual’s ISP includes all assessed needs and includes services that adequately address the assessed needs.	The reviewer determines if the most recent Critical Revision or Annual Review ISP within the timeframe of review approved and authorized by the AE was based on all formal and informal assessments based on a review of the service notes, Individual Monitoring Tools, PUNS (ID/A), the SIS assessment (ID/A), HRST (if applicable), communication assessments and any applicable assessments.	1.(Yes) The ISP contains evidence that all assessed needs have been reviewed and/or addressed. 2.(No) There are identified assessed needs that have not been reviewed and/or addressed within the ISP. 3.(N/A) The Annual Review ISP was auto-authorized (ODP Approved) and there	- AE OA, Section 7 - ISP Manual, Section 5

#	Question	Guidance	Response Options	Source Documents
		○ The ISP reflects the full range of a waiver individual's needs and therefore must include all Medicaid and non-Medicaid services, including informal, family and community supports and supports paid by other service systems to address those needs. • The reviewer determines if the AE reviewed the content of the ISP prior to approval and authorization of ODP paid supports identified to ensure the individual's assessed needs are met. • The AE has authorized services funding through an ID/A Waiver as necessary to address documented and current Assessed Needs. • Consolidated: All assessed needs must be met. • CLW and P/FDS: Immediate health and welfare needs must be met. COMMENT NEEDED – If “No,” identify any assessed needs that were not addressed in the ISP.	were no Critical Revisions within timeframe.	
55a.	AE develops/modifies a protocol.	• The AE develops/modifies and submits a protocol regarding the review, approval and authorization of ISPs. • The AE trains staff on the developed/modified protocol and submits verification of training.	If YES, when: • The AE chooses the appropriate time frame from the drop down.	• The AE calculates the number of days between the notification date to the AE and the remediation action date.
55b.	AE trains staff on the existing protocol.	• The AE trains staff on the existing protocol and submits verification of training.	If YES, when: • The AE chooses the appropriate time frame from the drop down.	• The AE calculates the number of days between the notification date to the AE and the remediation action date.
55c.	Other remediation action.	• The AE submits documentation of “other” remediation actions taken to comply with the requirements. • The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: • The AE chooses the appropriate time frame from the drop down.	• The AE calculates the number of days between the notification date to the AE and the remediation action date.

#	Question	Guidance	Response Options	Source Documents
55d.	Remediation by exception.	- Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to an individual's death, moving out of state, inactive record status or transferring to another AE. - The AE enters the reason for the exception in the comment field.		
56.	The AE ensures that the individual's ISP includes information about ongoing opportunities and supports necessary to participate in community activities of the individual's choice.	- The reviewer determines if the AE approved and authorized an ISP that includes opportunities and supports necessary to participate in community activities based on the individual's choice. - Community activities include but are not limited to: church, shopping, social clubs, restaurants, etc. COMMENT NEEDED – If “No,” identify what community activities are missing from the ISP.	1.(Yes) The ISP includes opportunities and supports necessary to participate in community activities of the individual's choice. 2.(No) The ISP does not include opportunities and support necessary to participate in community activities of the individual's choice. 3.(N/A) The ISP was auto-authorized (ODP Approved).	- AE OA, Section 7 - Everyday Lives Values in Action 2021 - CMS Final Rule
56a.	AE develops/modifies a protocol.	- The AE develops/modifies and submits a protocol regarding the review, approval and authorization of ISPs. - The AE trains staff on the developed/modified protocol and submits verification of training.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
56b.	AE trains staff on the existing protocol.	The AE trains staff on the existing policy and submits verification of training.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
56c.	Other remediation action.	- The AE submits documentation of “other” remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the

#	Question	Guidance	Response Options	Source Documents
				remediation action date.
56d.	Remediation by exception.	- Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to an individual's death, moving out of state, inactive record status or transferring to another AE. - The AE enters the reason for the exception in the comment field.		
57.	The AE authorizes services consistent with the service definitions.	The reviewer determines if the services authorized by the AE are consistent with the current ODP service definitions based on a review of service notes, Individual Monitoring Tools and the ISP. COMMENT NEEDED – If “No,” identify which services authorized were not consistent with the current ODP service definitions.	1.(Yes) The services authorized are consistent with the current service definitions. 2.(No) The services authorized are not consistent with the current service definitions. 3.(N/A) The individual is not enrolled in a waiver.	- AE OA Section 7 - ISP Manual, Section 14
57a.	AE develops/modifies a protocol.	- The AE develops/modifies and submits a protocol regarding the review, approval and authorization of ISPs. - The AE trains staff on the developed/modified protocol and submits verification of training.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
57b.	AE trains staff on the existing protocol.	The AE trains staff on the existing policy and submits verification of training.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
57c.	Other remediation action.	- The AE submits documentation of “other” remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to

#	Question	Guidance	Response Options	Source Documents
				the AE and the remediation action date.
57d.	Remediation by exception.	- Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to an individual's death, moving out of state, inactive record status or transferring to another AE. - The AE enters the reason for the exception in the comment field.		
58.	*The individual has an identified change in need. Non-Scored	- A change in need is one that would result in an ODP funded service being reduced, suspended, terminated or denied. - Not every identified change required is considered a change in need and should be evaluated on a case-by-case basis. - The reviewer determines if the individual had identified change(s) in need based on a review of service notes, incident reports, PUNS, assessments including but not limited to the SIS assessment, Health Risk Screening Tool (HRST), Individual Monitoring Tools and ISPs completed during the review period. COMMENT NEEDED – If “Yes,” identify the need(s), the date(s) the need(s) was identified, the service(s), and type of change(s).	1.(Yes) The individual had an identified change(s) in need. 2.(N/A) There was no change(s) in need identified, the change in need was requested by the individual, or the individual is not enrolled in a waiver.	- AE OA, Section 7.5.1 - Consolidated, CL and P/FDS Waivers - ISP Manual, Section 9
59.	*Due process rights information was provided to the individuals with a change(s) in need.	- A change in need is one that would result in an ODP funded service being reduced, suspended, terminated or denied. - The reviewer determines if written notification of Due process rights was provided. - Acceptable documentation MUST include an indication that a copy of the DP 458 was distributed to the individual/family/surrogate. - The individual's name, date, and specific change in service should be identified within the DP 458.	1.(Yes) There is written notification accompanied by the DP 458 for all change(s) in need. 2.(No) There is no written notification or DP 458 for at least one change in need. 3.(N/A) There was no service change resulting in reduction, suspension, termination and/or denial of services, all the plans which captured the change(s) in need was auto-authorized, all the change(s) in need was requested by the individual, or the individual is not enrolled in a waiver.	- AE OA, Sections 7.5.1 & 9.3 - Consolidated, CL and P/FDS Waivers - Bulletin 00-08-05, <i>Due Process and Fair Hearing Procedures for Individuals with ID</i>

#	Question	Guidance	Response Options	Source Documents
59a.	AE provides written notice of Due process rights.	- The AE provides written notice (DP 458) of Due process rights. - Acceptable documentation MUST include an indication that a copy of the DP 458 was distributed to the individual/family/surrogate. - The AE submits documentation as appropriate. *A record may have numerous situations where Due process rights were not provided to the individual. Notification one time constitutes remediation action for all situations where failure to provide Due process rights was cited as noncompliant.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
59b.	Other remediation action.	- The AE submits documentation of “other” remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
59c.	Remediation by exception.	- Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to an individual’s death, moving out of state, inactive record status or transferring to another AE. - The AE enters the reason for the exception in the comment field.		
60.	A referral is made and the eligibility determination or case closure letter from OVR is in the individual’s record for those individuals who are under age 25, authorized for the prevocational component of CPS, and are paid subminimum wage.	- This question is only applicable to individuals in an ID/A waiver(s) who meet all the following criteria: - Authorized to receive the prevocational component of CPS for the first time during the review period. - Are paid subminimum wage; and - Were under the age of 25 at the time CPS prevocational services were first added to their ISP. - The reviewer determines if the eligibility determination or case closure letter from OVR is in the individual’s file and that it complies with the requirements in Bulletin 00-19-01, <i>OVR Referral Policy for ODP Employment-Related Services</i>.	1.(Yes) There is evidence of OVR correspondence in the individual’s file that meets the standards set forth in Bulletin 00-19-01, OVR Referral Policy for ODP Employment-Related Services. 2.(No) There is no OVR correspondence in the file or if the correspondence is not acceptable in accordance with Bulletin 00-19-01, OVR Policy for ODP Employment-Related Services. 3.(N/A) The individual did not the criteria listed.	- Bulletin 00-19-01, <i>OVR Referral Policy for ODP Employment-Related Services</i> - Consolidated, CL and P/FDS Waivers - Workforce Innovation and Opportunity Act (WIOA)

#	Question	Guidance	Response Options	Source Documents
60a.	AE makes referral to OVR.	- The AE ensures that the individual is referred to OVR. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
60b.	Other remediation action.	- The AE submits documentation of “other” remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
60c.	Remediation by exception.	- Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to an individual’s death, moving out of state, inactive record status or transferring to another AE. - The AE enters the reason for the exception in the comment field.		
61.	If Q60 is yes, the service is eligible for waiver funding.	The reviewer determines if the individual is eligible for the prevocational component of CPS through waiver funding based on the requirements outlined in Bulletin 00-19-01. COMMENT NEEDED – If “No,” identify why the service is not eligible.	1.(Yes) The individual is eligible for the prevocational component of CPS through waiver funding. 2.(No) The individual is not eligible for the prevocational component of CPS through waiver funding. 3.(N/A) The individual did not meet the criteria in Q52.	Bulletin 00-19-01, <i>OVR Referral Policy for ODP Employment-Related Services</i>
61a.	AE obtains required documentation.	- The eligibility determination or case closure letter from is located or completed and placed in the individual’s record. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.

#	Question	Guidance	Response Options	Source Documents
61b.	Other remediation action.	- The AE submits documentation of “other” remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
61c.	Remediation by exception.	- Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to an individual's death, moving out of state, inactive record status or transferring to another AE. - The AE enters the reason for the exception in the comment field.		
62.	The DP 251 form is complete.	- The reviewer determines if the DP 251 (1/22 current version) was signed and dated within the past year at the time of the QA&I review. - The annual reevaluation must be signed and dated by the Qualified Developmental Disabilities Professional (QDDP) and AE designee for compliance. - Electronic signature and date are acceptable. - AE signature and date must be after (can be on same day) the QDDP signed and dated to be in compliance. - ICF/ID or ICF/ORC box must be checked to be in compliance.	1.(Yes) The DP 251, signed and dated within the past year at the time of the QA&I review, is found in the individual's file. 2.(No) The DP 251 is missing either the signature or date. 3.(No) The DP 251 is not in the individual's file. 4.(N/A) Individual is not enrolled in waiver.	- AE OA, Section 6 - Consolidated, CL and P/FDS Waivers - Bulletin 00-19-04, <i>Individual Eligibility for the Consolidated, P/FDS and Community Living Waivers</i>
62a.	AE corrects the LOC reevaluation form (DP 251).	- The AE corrects the most recent LOC reevaluation form (DP 251) ensuring both signatures and both dates are obtained and legible. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
62b.	AE completes the LOC reevaluation form (DP 251).	- The AE completes the LOC reevaluation form (DP 251) ensuring both signatures and both dates are obtained and legible. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the

#	Question	Guidance	Response Options	Source Documents
				remediation action date.
62c.	AE corrects or completes the LOC reevaluation form (DP 251); eligibility criteria was not met.	- The AE corrects or completes the LOC reevaluation form (DP 251) ensuring both signatures and both dates are obtained and legible. - If the determination is that the individual DOES NOT meet eligibility criteria, the AE must initiate disenrollment procedures per ODP policies and procedures, which includes notification to the individual of hearing and appeal rights. - The AE updates eligibility screen to reflect disenrollment. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
62d.	Other remediation action.	- The AE submits documentation of “other” remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
62e.	Remediation by exception.	- Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to an individual’s death, moving out of state, inactive record status or transferring to another AE. - The AE enters the reason for the exception in the comment field.		
62f.	Remediation outstanding.	- Remediation did not occur within 30 days of notification to the AE of review findings. - ODP enters the reason for the “REMEDIATION OUTSTANDING” in the comment field.		
63.	The DP 251 is timely.	- The reviewer determines if the DP 251 (AE signature and date) is timely. “Timely” is defined as the first reevaluation of need for an ICF/ID or ICF/ORC level of care is to be made within 365 days of the individual’s initial determination (date on the current DP 250) and subsequent reevaluations are made within 365 days of the individual’s previous reevaluation. - The reviewer will compare the AE signature and date on the current DP 251 to the prior year’s completed DP 251 to ensure compliance.	1.(Yes) The DP 251 is timely. 2.(No) The DP 251 is not timely. 3.(No) The DP 251 is not in the individual’s file. 4.(N/A) Individual is not enrolled in a waiver.	- AE OA, Section 6 - Consolidated, CL and P/FDS Waivers - Bulletin 00-19-04, <i>Individual Eligibility for the Consolidated, P/FDS and</i>

#	Question	Guidance	Response Options	Source Documents
		• Remediation is only <u>required</u> for DP 251s NOT completed at the time of the QA&I review. If the DP 251 is completed but not timely, remediation is not needed. COMMENT NEEDED – If not timely, document how late the DP 251 was in comments.		<i>Community Living Waivers</i>
63a.	AE completes the LOC reevaluation form (DP 251).	• The AE completes the LOC reevaluation form (DP 251) ensuring both signatures and both dates are obtained and legible. • The AE submits documentation as appropriate.	If YES, when: • The AE chooses the appropriate time frame from the drop down.	• The AE calculates the number of days between the notification date to the AE and the remediation action date.
63b.	AE completes the LOC reevaluation form (DP 251); eligibility criteria was not met.	• The AE corrects or completes the LOC reevaluation form (DP 251) ensuring both signatures and both dates are obtained and legible. • If the determination is that the individual DOES NOT meet eligibility criteria, the AE must initiate disenrollment procedures per ODP policies and procedures, which includes notification to the individual of hearing and appeal rights. • The AE updates eligibility screen to reflect disenrollment. • The AE submits documentation as appropriate.	If YES, when: • The AE chooses the appropriate time frame from the drop down.	• The AE calculates the number of days between the notification date to the AE and the remediation action date.
63c.	Other remediation action.	• The AE submits documentation of “other” remediation actions taken to comply with the requirements. • The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: • The AE chooses the appropriate time frame from the drop down.	• The AE calculates the number of days between the notification date to the AE and the remediation action date.
63d.	Remediation by exception.	• Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to an individual’s death, moving out of state, inactive record status or transferring to another AE. • The AE enters the reason for the exception in the comment field.		

#	Question	Guidance	Response Options	Source Documents
63e.	Remediation outstanding.	- Remediation did not occur within 30 days of notification to the AE of review findings. - ODP enters the reason for the "REMEDIATION OUTSTANDING" in the comment field.		
64.	The medical evaluation includes a recommendation for an ICF/ID or ICF/ORC LOC.	- The reviewer determines if the medical evaluation includes a recommendation for ICF/ID or ICD/ORC LOC. - The medical evaluation may be the MA 51 or an examination that is completed by a licensed physician, physician's assistant, or nurse practitioner. - A medical evaluation is not needed for individuals who received a reevaluation after July 1, 2017.	1.(Yes) The LOC recommendation is indicated on the medical evaluation. 2.(No) The LOC recommendation is not indicated on the medical evaluation. 3.(No) The medical evaluation is not in the individual's file. 4.(N/A) The reevaluation was completed using the SIS™ or the individual is not enrolled in a waiver.	- AE OA, Section 6 - Consolidated, CL and P/FDS Waivers - Bulletin 00-19-04, <i>Individual Eligibility for the Consolidated, P/FDS and Community Living Waivers</i>
64a.	AE obtains required documentation.	- The AE obtains a completed medical evaluation which includes the ICF/ID or ICF/ORC LOC recommendation. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
64b.	AE obtains required documentation; eligibility criteria was not met.	- The AE must obtain a completed medical evaluation. - If the determination is that the individual DOES NOT meet eligibility criteria, the AE must initiate disenrollment procedures per ODP policies and procedures, which includes notification to the individual of hearing and appeal rights. - The AE updates eligibility screen to reflect disenrollment. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
64c.	Other remediation action.	- The AE submits documentation of "other" remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.

#	Question	Guidance	Response Options	Source Documents
64d.	Remediation by exception.	- Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to an individual's death, moving out of state, inactive record status or transferring to another AE. - The AE enters the reason for the exception in the comment field.		
64e.	Remediation outstanding.	- Remediation did not occur within 30 days of notification to the AE of review findings. - ODP enters the reason for the "REMEDIATION OUTSTANDING" in the comment field.		
65.	The medical evaluation occurs within the 365-day period prior to the QDDP signature on the DP 251.	- The reviewer determines if the medical evaluation is timely. "Timely" is defined as the medical evaluation must occur within the 365-day period prior to the QDDP signature on the DP 251. - The medical evaluation may be the MA 51 or an examination that is completed by a licensed physician, physician's assistant, or nurse practitioner. - A medical evaluation is not needed for individuals who received a reevaluation after July 1, 2017.	1.(Yes) The medical evaluation is dated within 365 days prior to the QDDP signature. 2.(No) The medical evaluation is not dated within 365 days prior to the QDDP signature. 3.(No) The medical evaluation is not in the individual's file. 4.(N/A) The reevaluation was completed using the SIS™ or the individual is not enrolled in a waiver.	- AE OA, Section 6 - Consolidated, CL and P/FDS Waivers - Bulletin 00-19-04, <i>Individual Eligibility for the Consolidated, P/FDS and Community Living Waivers</i>
65a.	AE obtains required documentation.	- The AE obtains a completed medical evaluation and the QDDP completes a LOC determination. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
65b.	AE obtains required documentation; eligibility criteria was not met.	- The AE must obtain a completed medical evaluation. - If the determination is that the individual DOES NOT meet eligibility criteria, the AE must initiate disenrollment procedures per ODP policies and procedures, which includes notification to the individual of hearing and appeal rights. - The AE updates eligibility screen to reflect disenrollment. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.

#	Question	Guidance	Response Options	Source Documents
65c.	Other remediation action.	- The AE submits documentation of “other” remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
65d.	Remediation by exception.	- Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to an individual’s death, moving out of state, inactive record status or transferring to another AE. - The AE enters the reason for the exception in the comment field.		
65e.	Remediation outstanding.	- Remediation did not occur within 30 days of notification to the AE of review findings. - ODP enters the reason for the “REMEDIATION OUTSTANDING” in the comment field.		
66.	The AE used the Waiver reevaluation tool to complete the reevaluation process.	- The reviewer determines if the Waiver reevaluation tool using SIS™ scores was completed for the reevaluation. - If the SIS™ does not show 3 deficits, the QDDP should follow the initial LOC process to complete reevaluation.	1.(Yes) The Waiver reevaluation tool was used. 2.(No) The Waiver reevaluation tool was not used. 3.(N/A) The QDDP had to complete the initial LOC process for reevaluation or the individual is not enrolled in a waiver.	- Bulletin 00-19-04, <i>Individual Eligibility for the Consolidated, P/FDS and Community Living Waivers</i> - Waiver Renewal Implementation: Bi-weekly Webinars for AEs – Individual Eligibility for Medicaid Waivers Bulletin
66a.	AE completes the Waiver reevaluation tool.	- The AE completes the Waiver reevaluation tool. - QDDP completes a level of care determination. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the

#	Question	Guidance	Response Options	Source Documents
				remediation action date.
66b.	AE completes the Waiver reevaluation tool; eligibility criteria was not met.	- The AE completes the Waiver reevaluation tool. - If the determination is that the individual DOES NOT meet eligibility criteria, the AE must initiate disenrollment procedures per ODP policies and procedures, which includes notification to the individual of hearing and appeal rights. - The AE updates eligibility screen to reflect disenrollment. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
66c.	Other remediation action.	- The AE submits documentation of “other” remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
66d.	Remediation by exception.	- Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to an individual’s death, moving out of state, inactive record status or transferring to another AE. - The AE enters the reason for the exception in the comment field.		
66e.	Remediation outstanding.	- Remediation did not occur within 30 days of notification to the AE of review findings. - ODP enters the reason for the “REMEDIATION OUTSTANDING” in the comment field.		
67.	The annual reevaluation date is entered into HCSIS.	- The reviewer determines if AE or delegated entity entered the most current annual reevaluation date (DP 251) into HCSIS. - PATH: HCSIS > Individual > Eligibility > Eligibility Documentation	1.(Yes) The most current annual reevaluation date is entered into HCSIS in the correct location. 2.(No) There is no annual reevaluation date in HCSIS. 3.(No) The annual reevaluation date in HCSIS is incorrect (old). 4.(N/A) Individual is not enrolled in a waiver.	- Bulletin 00-19-04, <i>Individual Eligibility for the Consolidated, P/FDS and Community Living Waivers</i> - Waiver Renewal Implementation: Bi-

#	Question	Guidance	Response Options	Source Documents
				weekly Webinars for AEs – Individual Eligibility for Medicaid Waivers Bulletin
67a.	AE enters the reevaluation date into HCSIS.	- The AE enters the most current annual reevaluation date (DP 251) into HCSIS in the correct location. - PATH: HCSIS > Individual > Eligibility > Eligibility Documentation. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
67b.	Other remediation action.	- The AE submits documentation of “other” remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
67c.	Remediation by exception.	- Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to an individual’s death, moving out of state, inactive record status or transferring to another AE. - The AE enters the reason for the exception in the comment field.		
67d.	Remediation outstanding.	- Remediation did not occur within 30 days of notification to the AE of review findings. - ODP enters the reason for the “REMEDIATION OUTSTANDING” in the comment field.		
68.	The AE offers choice of Supports Coordination Organizations (SCOs) to the individual/family upon initial enrollment to TSM that includes documenting the offering of choice.	- The reviewer determines if the AE’s documentation demonstrates the offer and written notation of choice of all willing and qualified SCOs upon initial enrollment to TSM. - The reviewer determines if the documentation includes, but is not limited to: - Sharing the most current SCO directory via MyODP.	1.(Yes) The AE has documentation for offering choice at initial enrollment to TSM, including notes in writing of the offering.	Bulletin 00-22-01, <i>Targeted Support Management for Individuals Served by the Office of</i>

#	Question	Guidance	Response Options	Source Documents
	SC Services Only	Utilizing the external Services and Supports Directory (SSD) via the Home and Community Services and Information System (HCSIS)	2.(No) The AE did not have any written documentation that shows offering choice of SCOs at initial enrollment to TSM. 3.(N/A) The individual was not newly enrolled within the review period or individual is enrolled in waiver or base.	<i>Developmental Programs</i>
68a.	AE provides the individual with information as required.	- The AE ensures choice of SCOs upon initial enrollment to TSM is documented. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
68b.	Other remediation action	- The AE submits documentation of “other” remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
68c.	Remediation by exception.	- Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to an individual’s death, moving out of state, inactive record status or transferring to another AE. - The AE enters the reason for the exception in the comment field.		
68d.	Remediation outstanding.	- Remediation did not occur within 30 days of notification to the AE of review findings. - ODP enters the reason for the “REMEDIATION OUTSTANDING” in the comment field.		

Questions related to individuals who are newly enrolled

The questions in the newly enrolled section are to be answered for individuals that were newly enrolled in waiver with the AE. For self-assessments, the AEs must select newly enrolled individuals as part of their review. For full reviews, ODP will use the “Newly Enrolled” Review Spreadsheet which includes the individuals that were newly enrolled with the AE.

Newly Enrolled Questions

#	Question	Guidance	Response Options	Source Documents
69.	*The AE provides notification of Due process rights at waiver enrollment.	The reviewer determines if notification of Due process rights was provided. Acceptable documentation MUST include an indication that a copy of the DP 458 was distributed to the individual/family/surrogate.	1.(Yes) There is evidence that notification was provided. 2.(No) There is no evidence that it was provided.	- Consolidated, CL, and P/FDS Waivers - Bulletin 00-08-05, <i>Due Process and Fair Hearing Procedures for Individuals with Intellectual Disability</i>
69a.	AE provides written notice of Due process rights.	- The AE provides the written notice (DP 458) of Due process rights. - Acceptable documentation MUST include an indication that a copy of the DP 458 was distributed to the individual/family/surrogate. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
69b.	Other remediation action.	- The AE submits documentation of “other” remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
69c.	Remediation by exception.	- Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to an individual’s death, moving out of state, inactive record status or transferring to another AE. - The AE enters the reason for the exception in the comment field.		

#	Question	Guidance	Response Options	Source Documents
69d.	Remediation outstanding.	- Remediation did not occur within 30 days of notification to the AE of review findings. - ODP enters the reason for the “REMEDIATION OUTSTANDING” in the comment field.		
70.	The AE completed the initial level of care (LOC) evaluation and determination prior to entry into the waiver.	- The reviewer determines if the date of the DP 250/DP 251 (AE signature and date) is prior to the date on the PA162 to ensure determination of eligibility was prior to waiver enrollment. - Individuals entering the waiver directly from a state center or private ICF/ID can substitute the required documents with a Utilization Review (UR) form.	1.(Yes) The date on the DP 250/DP 251 is on or before the date on the PA 162. 2.(No) The date on the DP 250/DP 251 is AFTER the date on the PA 162.	- AE OA, Section 6.2 - Consolidated, CL, and P/FDS Waivers - Bulletin 00-19-04, <i>Individual Eligibility for the Consolidated, P/FDS and Community Living Waivers</i>
70a.	AE completes LOC determination.	- The AE completes LOC determination. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
70b.	AE notifies any/all waiver Providers to void incorrect billing.	- The AE notifies any/all waiver Providers of discrepancy with dates and ensures that any billing that occurs due to this error is voided. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
70c.	Other remediation action.	- The AE submits documentation of “other” remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.

#	Question	Guidance	Response Options	Source Documents
70d.	Remediation by exception.	- Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to an individual's death, moving out of state, inactive record status or transferring to another AE. - The AE enters the reason for the exception in the comment field.		
70e.	Remediation outstanding.	- Remediation did not occur within 30 days of notification to the AE of review findings. - ODP enters the reason for the "REMEDIATION OUTSTANDING" in the comment field.		
71.	Certification of Need for ICF/ID or ICF/ORC LOC DP 250 completed (signed and dated).	- The reviewer determines if the DP 250 is signed and dated by the QDDP and the County MH/ID Program AE. - ODP will accept DP 251 if the individual has had a DP 250 completed through TSM eligibility. - Individuals entering the waiver directly from a state center or private ICF/ID can substitute the required documents with a Utilization Review (UR) form.	1.(Yes) Both signatures and both dates are completed on the DP 250 or DP 251. 2.(No) The QDDP or County MH/ID Program/AE signature is missing, the QDDP or County MH/ID Program/AE date is missing or the DP 250/DP 251 is not available.	- AE OA, Section 6.2 - Consolidated, CL, and P/FDS Waivers - Bulletin 00-19-04, <i>Individual Eligibility for the Consolidated, P/FDS and Community Living Waivers</i>
71a.	AE corrects the LOC form.	- The AE corrects the LOC form ensuring both signatures and both dates are obtained and legible. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
71b.	AE completes the LOC form; eligibility criteria was met.	- The AE completes the LOC form. - If the determination is that the individual meets eligibility criteria, the LOC form is considered COMPLETE only if both signatures and both dates are completed and legible. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.

#	Question	Guidance	Response Options	Source Documents
71c.	AE completes the LOC form; eligibility criteria was not met.	- The AE completes the LOC form. - If the determination is that the individual DOES NOT meet eligibility criteria, the AE must initiate disenrollment procedures per ODP policies and procedures, which includes notification to the individual of hearing and appeal rights. - The AE updates eligibility screen to reflect disenrollment - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
71d.	Other remediation action.	- The AE submits documentation of “other” remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
71e.	Remediation by exception.	- Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to an individual’s death, moving out of state, inactive record status or transferring to another AE. - The AE enters the reason for the exception in the comment field.		
71f.	Remediation outstanding.	- Remediation did not occur within 30 days of notification to the AE of review findings. - ODP enters the reason for the “REMEDIATION OUTSTANDING” in the comment field.		
72.	The AE ensures that the program diagnosis corresponds with the correct criteria of LOC.	- The reviewer determines if the Program Diagnosis on the medical evaluation (or MA 51), Program Diagnosis in HCSIS (PATH: Individual > Demographics > Diagnosis), LOC in HCSIS (PATH: Individual > Eligibility Diagnosis > Level of Care) and the LOC indicated on the DP 250 or DP 251 (if DP was previously completed) (ICF/ID or ICF/ORC) all matches. Only one LOC determination is acceptable. They should be: - For individuals with an ID diagnosis (including children under age nine (9)), the HCSIS Diagnosis should be F70 to F79 under “Description”. LOC should be ICF/ID.	(Yes) The Diagnosis, Program Diagnosis in HCSIS, LOC in HCSIS and the DP 250 or DP 251 LOC match. (No) The Diagnosis, Program Diagnosis in HCSIS, LOC in HCSIS and the DP 250 or DP 251 LOC don’t match. (No) No LOC is circled/indicated on the DP 250 or DP 251 LOC, both LOCs are circled/indicated on the DP 250 or DP 251, or the DP 250 or DP 251 is not available.	- AE OA, Section 6.2 - Consolidated, CL, and P/FDS Waivers - Bulletin 00-19-04, <i>Individual Eligibility for the Consolidated, P/FDS and Community Living Waivers</i>

#	Question	Guidance	Response Options	Source Documents
		- o For individuals with Autism, the HCSIS Diagnosis should be F84.0 Autistic Disorder under "Description". LOC should be ICF/ORC. - o For children under four (4) who do not have an ID diagnosis, the HCSIS Diagnosis should be F88 Global Developmental Delay under "Description". LOC should be ICF/ORC. - o For children under age nine (9) and children with complex medical conditions who do not have an ID or autism diagnosis, the HCSIS Diagnosis should be F89 Unspecified disorder of psychological development under "Description". LOC should be ICF/ORC.	4. (N/A) The individual is enrolling from TSM and a SIS™ was completed.	
72a.	AE obtains required documentation.	• The AE obtains corrected medical evaluation or MA 51. • The AE updates HCSIS to the correct Program Diagnosis, if needed. • The AE submits documentation as appropriate.	If YES, when: • The AE chooses the appropriate time frame from the drop down.	• The AE calculates the number of days between the notification date to the AE and the remediation action date.
72b.	AE corrects the Program Diagnosis in HCSIS.	• The AE updates HCSIS to correct Program Diagnosis. • The AE submits documentation as appropriate.	If YES, when: • The AE chooses the appropriate time frame from the drop down.	• The AE calculates the number of days between the notification date to the AE and the remediation action date.
72c.	AE corrects the LOC determination on DP 250 or completes a DP 251 that specifies correct diagnosis and Program Diagnosis.	• The AE corrects the DP 250 to accurate LOC or completes a DP 251 that specifies correct diagnosis and Program Diagnosis in HCSIS. • The AE submits documentation as appropriate.	If YES, when: • The AE chooses the appropriate time frame from the drop down.	• The AE calculates the number of days between the notification date to the AE and the remediation action date.
72d.	Other remediation action.	• The AE submits documentation of "other" remediation actions taken to comply with the requirements.	If YES, when: • The AE chooses the appropriate time frame from the drop down.	• The AE calculates the number of days between the

#	Question	Guidance	Response Options	Source Documents
		The AE enters the REMEDIATION ACTION taken in the comment field.		notification date to the AE and the remediation action date.
72e.	Remediation by exception.	- Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to an individual's death, moving out of state, inactive record status or transferring to another AE. - The AE enters the reason for the exception in the comment field.		
72f.	Remediation outstanding.	- Remediation did not occur within 30 days of notification to the AE of review findings. - ODP enters the reason for the "REMEDIATION OUTSTANDING" in the comment field.		
73.	*The medical evaluation includes a recommendation for an ICF/ID or ICF/ORC LOC.	- The reviewer determines if the medical evaluation states the individual is recommended for an ICF/ID or ICF/ORC LOC. - The medical evaluation may be the MA 51 or another evaluation form that records the results of an examination that is completed by a licensed physician, physician's assistant, or nurse practitioner.	(Yes) The LOC recommendation is indicated on the medical evaluation. (No) The LOC recommendation is not indicated on the medical evaluation. (No) The medical evaluation is not in the individual's file. (N/A) The individual is enrolling from TSM and a SIS™ was completed.	- AE OA, Section 6 - Consolidated, CL, and P/FDS Waivers - Bulletin 00-19-04, <i>Individual Eligibility for the Consolidated, P/FDS and Community Living Waivers</i>, Attachment 1A
73a.	AE obtains required documentation.	- The AE obtains a completed medical evaluation which includes the ICF/ID or ICF/ORC LOC recommendation. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
73b.	AE obtains required documentation; eligibility criteria was not met.	- The AE must obtain a completed medical evaluation. - If the determination is that the individual DOES NOT meet eligibility criteria, the AE must initiate disenrollment procedures	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the

#	Question	Guidance	Response Options	Source Documents
		per ODP policies and procedures, which includes notification to the individual of hearing and appeal rights. • The AE updates the eligibility screen to reflect disenrollment. • The AE submits documentation as appropriate.		notification date to the AE and the remediation action date.
73c.	Other remediation action.	• The AE submits documentation of “other” remediation actions taken to comply with the requirements. • The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: • The AE chooses the appropriate time frame from the drop down.	• The AE calculates the number of days between the notification date to the AE and the remediation action date.
73d.	Remediation by exception.	• Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to an individual’s death, moving out of state, inactive record status or transferring to another AE. • The AE enters the reason for the exception in the comment field.		
73e.	Remediation outstanding.	• Remediation did not occur within 30 days of notification to the AE of review findings. • ODP enters the reason for the “REMEDIATION OUTSTANDING” in the comment field.		
74.	*The medical evaluation occurs within the 365-day period prior to the Qualified Developmental Disabilities Professional signature on the LOC DP 250 or DP 251 Form.	• The reviewer determines if the medical evaluation is dated within 365 days PRIOR to the date of the QDDP signature on the LOC DP 250 or DP 251 Form. • Individuals entering the waiver directly from a state center or private ICF/ID can substitute the required documents with a Utilization Review (UR) form. • The medical evaluation may be the MA 51 or another evaluation form that records the results of an examination that is completed by a licensed physician, physician’s assistant, or nurse practitioner.	1. (Yes) The medical evaluation is within 365 days prior to the QDDP signature. 2. (No) The medical evaluation is not within the 365 days prior to the QDDP signature. 3. (N/A) The evaluation was completed using the SIS™.	• Bulletin 00-19-04, <i>Individual Eligibility for the Consolidated, P/FDS and Community Living Waivers</i>
74a.	AE obtains required documentation.	• The AE obtains completed medical evaluation and the QDDP completes a LOC determination. • The AE submits documentation as appropriate.	If YES, when: • The AE chooses the appropriate time frame from the drop down.	• The AE calculates the number of days between the notification date to the AE and the

#	Question	Guidance	Response Options	Source Documents
				remediation action date.
74b.	AE obtains required documentation; eligibility criteria was not met.	- The AE must obtain a completed medical evaluation. - If the determination is that the individual DOES NOT meet eligibility criteria, the AE must initiate disenrollment procedures per ODP policies and procedures, which includes notification to the individual of hearing and appeal rights. - The AE updates the eligibility screen to reflect disenrollment. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
74c.	Other remediation action.	- The AE submits documentation of “other” remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
74d.	Remediation by exception.	- Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to an individual’s death, moving out of state, inactive record status or transferring to another AE. - The AE enters the reason for the exception in the comment field.		
74e.	Remediation outstanding.	- Remediation did not occur within 30 days of notification to the AE of review findings. - ODP enters the reason for the “REMEDIATION OUTSTANDING” in the comment field.		
75.	*The psychological evaluation meets ODP standards.	- Individuals entering the waiver directly from a state center or private ICF/ID can substitute the required documents with a Utilization Review (UR) form. - The reviewer determines if the psychological evaluation meets ODP standards. - ODP standards are: - The results of standardized general intelligence test. - A statement by a certifying practitioner that certifies the individual has a diagnosis of intellectual disability/significantly sub-average intellectual functioning.	1. (Yes) The psychological evaluation meets ODP standards. 2. (No) The psychological evaluation does not meet ODP standards. 3. (N/A) The individual is enrolling from TSM and a SIS™ was completed.	Bulletin 00-19-04, <i>Individual Eligibility for the Consolidated, P/FDS and Community Living Waivers</i>

#	Question	Guidance	Response Options	Source Documents
		COMMENT NEEDED – If “No,” record specific details of reason for noncompliance.		
75a.	AE obtains required documentation.	- The AE obtains a completed psychological evaluation which includes the results of a standardized general intelligence test and a statement that certifies the individual has a diagnosis of intellectual disability/significantly sub-average intellectual functioning. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
75b.	AE obtains required documentation; eligibility criteria was not met.	- The AE obtains a completed psychological evaluation. - If the determination is that the individual DOES NOT meet eligibility criteria, the AE must initiate disenrollment procedures per ODP policies and procedures, which includes notification to the individual of hearing and appeal rights. - The AE updates the eligibility screen to reflect disenrollment. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
75c.	Other remediation action.	- The AE submits documentation of “other” remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
75d.	Remediation by exception.	- Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to an individual’s death, moving out of state, inactive record status or transferring to another AE. - The AE enters the reason for the exception in the comment field.		
75e.	Remediation outstanding.	- Remediation did not occur within 30 days of notification to the AE of review findings. - ODP enters the reason for the “REMEDIATION OUTSTANDING” in the comment field.		

#	Question	Guidance	Response Options	Source Documents
76.	*A QDDP certifies that the individual has impairments in adaptive behavior based on the results of a standardized assessment of adaptive functioning.	- The reviewer determines if a QDDP certified that the individual has impairments in adaptive behavior based on the results of a standardized assessment of adaptive functioning. - Individuals entering the waiver directly from a state center or private ICF/ID can substitute the required documents with a Utilization Review (UR) form. - Impairments are either: - Significant limitation in meeting the standards of maturation, learning, personal independence, or social responsibility of his or her age and cultural group. - Substantial functional limitation in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency.	(Yes) There is documentation of the QDDP certification. (No) There is not documentation of the QDDP certification in the file. (N/A) The individual is enrolling from TSM and a SIS™ was completed.	Bulletin 00-19-04, <i>Individual Eligibility for the Consolidated, P/FDS and Community Living Waivers</i>
76a.	AE obtains required documentation.	- The AE obtains a completed standardized adaptive assessment that indicates impairments in adaptive behavior. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
76b.	AE obtains required documentation; eligibility criteria was not met.	- The AE must obtain a standardized adaptive assessment. - If the determination is that the individual DOES NOT meet eligibility criteria, the AE must initiate disenrollment procedures per ODP policies and procedures, which includes notification to the individual of hearing and appeal rights. - The AE updates the eligibility screen to reflect disenrollment. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
76c.	Other remediation action.	- The AE submits documentation of “other” remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.

#	Question	Guidance	Response Options	Source Documents
76d.	Remediation by exception.	- Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to an individual's death, moving out of state, inactive record status or transferring to another AE. - The AE enters the reason for the exception in the comment field.		
76e.	Remediation outstanding.	- Remediation did not occur within 30 days of notification to the AE of review findings. - ODP enters the reason for the "REMEDIATION OUTSTANDING" in the comment field.		
77.	*A record contains evidence that the disability occurred during the developmental period which is prior to the individual's 22nd birthday.	- The reviewer determines if the record contains documentation that the individual disability occurred during the developmental period which is from birth up to the individual's 22nd birthday. - The results of both the Standardized Adaptive Assessment and the Psychological testing may include a statement providing this documentation. - Individuals entering the waiver directly from a state center or private ICF/ID can substitute the required documents with a Utilization Review (UR) form. - The reviewer utilizes any records to substantiate that these conditions occurred during the developmental period.	(Yes) The record contains documentation of manifestation during birth to 22nd birthday. (No) The record does not contain the documentation. (N/A) The individual is enrolling from TSM and a SISTM was completed.	Bulletin 00-19-04, <i>Individual Eligibility for the Consolidated, P/FDS and Community Living Waivers</i>
77a.	AE obtains required documentation.	- The AE obtains the evidence substantiating manifestation of disability during the developmental period. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
77b.	AE obtains required documentation; eligibility criteria was not met.	- The AE obtains a Standardized Adaptive Assessment. - If the determination is that the individual DOES NOT meet eligibility criteria, the AE must initiate disenrollment procedures per ODP policies and procedures, which includes notification to the individual of hearing and appeal rights. - The AE updates the eligibility screen to reflect disenrollment. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.

#	Question	Guidance	Response Options	Source Documents
77c.	Other remediation action.	- The AE submits documentation of “other” remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
77d.	Remediation by exception.	- Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to an individual's death, moving out of state, inactive record status or transferring to another AE. - The AE enters the reason for the exception in the comment field.		
77e.	Remediation outstanding.	- Remediation did not occur within 30 days of notification to the AE of review findings. - ODP enters the reason for the “REMEDIATION OUTSTANDING” in the comment field.		
78.	The AE maintains documentation of financial eligibility for waiver services.	- The reviewer determines if the AE maintains documentation of an individual's financial eligibility for waiver services (eligible or ineligible). - Documentation can include: - PA 162 - CIS documentation - Any document that shows the CAO confirmed financial eligibility.	1. (Yes) The AE has documentation of financial eligibility. 2. (No) The AE does not have documentation of financial eligibility.	- AE OA, Sections 3.31 & 6.10 - Consolidated, CL and P/FDS Waivers - Bulletin 00-19-04, <i>Individual Eligibility for the Consolidated, P/FDS and Community Living Waivers</i>
78a.	AE obtains required documentation.	- The AE obtains a financial eligibility documentation which includes financial eligibility. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.

#	Question	Guidance	Response Options	Source Documents
78b.	AE obtains required documentation; eligibility criteria was not met.	- The AE obtains financial eligibility documentation. - If the determination is that the individual DOES NOT meet eligibility criteria, the AE must initiate disenrollment procedures per ODP policies and procedures, which includes notification to the individual of hearing and appeal rights. - The AE updates the eligibility screen to reflect disenrollment. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
78c.	Other remediation action.	- The AE submits documentation of “other” remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
78d.	Remediation by exception.	- Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to an individual’s death, moving out of state, inactive record status or transferring to another AE. - The AE enters the reason for the exception in the comment field.		
78e.	Remediation outstanding.	- Remediation did not occur within 30 days of notification to the AE of review findings. - ODP enters the reason for the “REMEDIATION OUTSTANDING” in the comment field.		
79.	Waiver services are initiated within forty-five (45) calendar days.	- The reviewer determines if all waiver services excluding Supports Coordination were initiated within forty-five (45) calendar days after the effective date of the ID/A Waiver Participant’s enrollment in an ID/A Waiver. - The waiver enrollment date is found at PATH: HCSIS > Individual > Eligibility > Eligibility determination > Waiver/program enrollment. - The reviewer uses the waiver enrollment date and the date on the PA 162 to calculate if the services were initiated within 45 days. - The reviewer accepts any documentation (which may include billing, SC notes, spreadsheets, etc.) that the AE has to show that	(Yes) The documentation produced by the AE confirms that service(s) started within 45 days of waiver enrollment or the AE has a written request for an extension. (No) The documentation does not confirm timely start of service(s).	- AE OA, Section 6.16 - Consolidated, CL, and P/FDS Waivers

#	Question	Guidance	Response Options	Source Documents
		they implemented their protocol and ensured timely service initiation. The documentation will be specific to the AE and may vary. COMMENT NEEDED – If “No,” identify the number of calendar days past 45 calendar days the service(s) started.		
79a.	Waiver services are initiated.	- The AE provides documentation that service(s) are initiated. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
79b.	Disenrollment procedures have been initiated as per ODP policies and procedures, and HCSIS amended as appropriate.	- If the individual is determined not to need waiver services (other than supports coordination) the AE must document that the individual is disenrolled from the waiver. - If the determination is that the individual does not need waiver services, the AE must initiate disenrollment procedures per ODP policies and procedures, which includes notification to the individual of hearing and appeal rights. - The AE updates the eligibility screen to reflect disenrollment. - The AE submits documentation as appropriate.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
79c.	Other remediation action.	- The AE submits documentation of “other” remediation actions taken to comply with the requirements. - The AE enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AE chooses the appropriate time frame from the drop down.	The AE calculates the number of days between the notification date to the AE and the remediation action date.
79d.	Remediation by exception.	- Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to an individual’s death, moving out of state, inactive record status or transferring to another AE. - The AE enters the reason for the exception in the comment field.		

#	Question	Guidance	Response Options	Source Documents
79e.	Remediation outstanding.	• Remediation did not occur within 30 days of notification to the AE of review findings. • ODP enters the reason for the “REMEDIATION OUTSTANDING” in the comment field.		