

Pennsylvania Office of Developmental Programs

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

Overview of the QA&I Process

The mission of the Office of Developmental Programs (ODP) is to support Pennsylvanians with developmental disabilities to achieve greater independence, choice, and opportunity in their lives.

ODP's vision is to continuously improve an effective system of accessible services and supports that are flexible, innovative, and person-centered.

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

General Instructions

1. *In preparation for completing the QA&I Tool, 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-PWQAIPProcess@pa.gov.*
3. *If an unreported incident is discovered during the QA&I Process, the incident must be immediately reported in the Enterprise Incident Management (EIM) system according to Incident Management procedures. The AE, SCO and Provider shall ensure the health and welfare of individuals at all times. If any entity determines there is an imminent threat to the health and welfare of the individual, immediate steps should be taken to ensure the health and welfare of the individual and the appropriate regional ODP office should be contacted. Based on circumstances, the entity shall proceed according to the policy established in [ODP Bulletin #00-21-02](#) (effective 7/1/21), Incident Management and as determined appropriate by the regional ODP office.*

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, 2025, 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 retain and 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.*
11. *Questions related to participant-directed services under the Agency with Choice (AWC) Financial Management Services model are included in this tool.*

Demographic Information

Question	Guidance
Provider Name. Non-Scored	Enter/Select the organization's name used in the Home and Community Services Information System (HCSIS).
Master Provider Index (MPI) Number. Non-Scored	Enter the nine-digit Master Provider Index (MPI) number. This number is in HCSIS and is the first nine digits of the PROMISE™ ID.
Indicate the ODP Waiver(s) and/or programs the Provider is approved to provide services. Non-Scored	- Select all applicable ODP Waiver(s) and/or program(s) the Provider organization is approved to provide services. - Adult Autism Waiver (AAW) - Agency with Choice Financial Management Services (AWC FMS) - Any ID/A Waiver (Consolidated Waiver, Person/Family Directed Support (P/FDS) Waiver, Community Living Waiver) - Base Funded Services
Assigned Administrative Entity (AE)/AAW Provider region and Provider organization's Assigned AE. Non-Scored	- The Assigned AE is the AE with the most individuals authorized with the Provider of ID/A services by ODP is designated as the Assigned AE to complete QA&I activities. For Providers with no current authorizations, the AE that reviewed the Provider's most recent Provider Qualification (PQ) application. - Select the appropriate region for the Assigned AE from the drop-down list. - For AAW Providers, select the region where the Provider's main office is located. - After the region is selected, a second drop-down list will appear. - For ID/A Providers, select the Assigned AE from the second drop down list. - For AAW Providers, select AAW.
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.
Please reference the list of services and select all services for which the Provider organization is eligible to provide. Non-Scored	The reviewer selects all the services the Provider organization is eligible to provide.

Data and Policy

#	Question	Guidance	Response Options	Source Documents
1.	**The Provider uses person-centered performance data in developing the Quality Management Plan (QMP) and its Action Plan.	• This question is about assessing the Provider’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 Provider about their practice (is agency leadership engaged in the process and how; is input gathered from agency staff and 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 Provider to develop the QMP and its Action Plan. • The reviewer discusses with Provider the data results and how priorities for quality improvement projects were identified, how target objectives were determined and what performance measures were chosen for tracking performance over time. - o 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 - o 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	• Select the response option that best represents the Provider’s use of performance data to develop the QMP and its Action Plan. 1. (Yes) The Provider 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 Provider used person-centered performance data to develop the QMP and its Action Plan. 3. (No) The Provider does not have a QMP and its Action Plan or did not use person-centered performance data to develop it. 4. (N/A) The Provider is new (defined as a Provider determined to be qualified/enrolled in the previous fiscal year) or the Provider did not work with any individuals at any time during the entire review period.	• 55 Pa Code Chapter 6100.45 • 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
		compliant however, the Provider should be encouraged to strive to achieve the best practice/high quality standard.		
1a.	Provider develops a QMP and its Action Plan using person-centered performance data.	The Provider 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 Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
1b.	Provider revises QMP and its Action Plan using person-centered performance data.	The Provider revises and submits a QMP and its Action Plan demonstrating the use of person-centered performance data in generating it.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
2.	**The Provider 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 Provider'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 Provider uses data to assess progress toward achieving person-centered goals and target objectives in the QMP and its Action Plan by <i>ensuring all three criteria listed below have been met:</i> 1. Requesting to see data Provider collects on a routine basis (monthly data collection is desired best practice). 2. Asking Provider 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.	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 Provider: 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 Provider uses person-centered data to determine if goals and objectives	55 Pa Code Chapter 6100.45 - 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

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		(Quarterly analysis and reporting are the desired best practice.) 3. Asking how Provider uses routine data and analysis to track performance over time, including whether changes to the Action Plan are warranted and why. Response option #1, is considered the best practice/high quality standard. Response option #2 is compliant however, the Provider should be encouraged to strive to achieve the best practice/high quality standard. To achieve option #1, the Provider 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.	are on track in the QMP and its Action Plan, at least every 3 years. 3. (No) The Provider 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. 4. (N/A) The Provider is new (defined as a Provider determined to be qualified/enrolled in the previous fiscal year) or the Provider did not work with any individuals at any time during the entire review period.	
2a.	Provider develops a QMP and its Action Plan using person-centered performance data.	The Provider 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 Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
2b.	Provider updates QMP and its Action Plan using person-centered performance data.	The Provider 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 Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
2c.	Provider uses data to assess progress towards achieving person-centered goals and target objectives.	The Provider 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 Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the

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				notification date to the Provider and the remediation action date.
3.	The Provider 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 a Provider 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 Provider's baseline. - The reviewer then determines if the Provider'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 Provider has 4 people employed in competitive integrated employment and their target objective 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 Provider should be encouraged to develop target objectives that include all necessary components. Without an effectively written target objective, the Provider will be unable to determine if they are making progress or have met the outcome/goal that they wanted to achieve.	(Yes) The Provider has developed effective target objectives that include all necessary components to increase the likelihood of being successful. (No) The Provider's QM plan does not include target objectives OR target objectives do not include all necessary components to increase the likelihood of being successful. (N/A) The Provider is new (defined as a Provider determined to be qualified/enrolled in the previous fiscal year) or the Provider did not work with any individuals at any time during the entire review period.	- Exploratory - ODP Quality Management Certification Handbook

#	Question	Guidance	Response Options	Source Documents
4.				
5.	The Therapy Provider renders the service in a home and community location.	- This question is only applicable to Providers who render the following services: - ID/A: Physical Therapy, Occupational Therapy, Speech Therapy, and Mobility Therapy - AAW: Speech Therapy - The reviewer determines if documentation is present which shows the service was not provided in a Provider office, clinic, rehabilitation, facility, hospital, or nursing facility.	(Yes) The Therapy Provider rendered the service in a home and community location only. (No) The Therapy Provider did not render the service in a home and community location. (N/A) The Provider did not render the applicable service(s) during the review period.	- HCBS Settings Rule - Consolidated, P/FDS, CL, and Adult Autism Waivers - Bulletin 00-20-02, <i>Individual Support Plans (ISPs)</i> (ID/A Waivers)
5a.	Provider stops rendering therapy services in ineligible home and community location(s).	- The Provider stops rendering therapy services in the ineligible home and community location. - The Provider submits documentation as appropriate.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the

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				notification date to the Provider and the remediation action date.
5b.	Provider develops/modifies a policy.	- The Provider develops/modifies and submits a policy documenting home and community locations in which Therapy services will be rendered. - The policy could include supervision, internal agency monitoring, fiscal review, etc. - The Provider trains staff on the developed/modified policy and submits verification of training.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
5c.	Other remediation action.	- The Provider submits documentation of “other” remediation actions taken to comply with the requirements. - The Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
6.	The Provider issued written notice to all required parties within the required time frames when transitioning an individual to another service Provider.	- The reviewer determines if the Provider transitioned any individuals to a new Provider during the review period by reviewing the Service Authorization Notice or Provider Service Details Report. - If the Provider did transition an individual(s) to a new provider during the review period, the reviewer determines if that occurred because the Provider was no longer able or willing to provide a service to the individual(s) for a reason identified in § 6100.303 (relating to involuntary transfer or change of provider). - If the Provider was no longer able or willing to provide a service to the individual(s) for a reason identified in § 6100.303, the reviewer determines if the Provider issued a written notice in accordance with § 6100.304 (relating to written notice): - At least 45 days prior to the date of the proposed change of provider or transfer; AND	(Yes) The Provider issued a written notice for an acceptable reason under § 6100.303 and it includes all listed criteria. (No) The Provider did not issue written notice to all required parties, or the written notice did not include any of the listed criteria, or the individual was transferred against the individual’s wishes for an unallowable reason. (N/A) The Provider did not initiate discharge or did not transition any individuals to a new Provider during the review period.	55 Pa. Code Chapters 6100.301, 6100.303 and 6100.304

#	Question	Guidance	Response Options	Source Documents
		○ To the required parties: ▪ The individual. ▪ Persons designated by the individual. ▪ The individual plan team members. ▪ The Administrative Entity. ▪ The support coordinator, base-funding support coordinator or targeted support manager. ▪ The Department. AND ○ The written notice included the following: ▪ The individual's name and master client index number. ▪ The current provider's name, address, and master provider index number. ▪ The service that the provider is unable or unwilling to provide. ▪ The location where the services is currently provided. ▪ The reason the provider is no longer able or willing to provide the service as specified in § 6100.303. ▪ A description of the efforts made to address or resolve the issue that has led to the provider becoming unable or unwilling to provide the service. ▪ Suggested time frames for transitioning the delivery of the service to the new provider. COMMENT NEEDED — If “No,” identify which criteria was missing and not met.		
6a.	Provider issues written notice to all required parties that includes all criteria.	• The Provider issues written notice to all required parties that includes all criteria in accordance with 55 Pa Code Chapter 6100 regulations. • The Provider submits documentation of written notice(s) issued.	If YES, when: • The Provider chooses the appropriate time frame from the drop down.	• The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
6b.	Other remediation action.	• The Provider submits documentation of “other” remediation actions taken to comply with the requirements. • The Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: • The Provider chooses the appropriate time frame from the drop down.	• The Provider calculates the number of days between the

#	Question	Guidance	Response Options	Source Documents
				notification date to the Provider and the remediation action date.
7.	The Provider continued to provide the authorized service(s) during the transition period to ensure continuity of service.	- The reviewer determines if the Provider transitioned any individuals to a new Provider during the review period by reviewing the Service Authorization Notice or Provider Service Details Report. - The reviewer determines if the documentation including, but not limited to, service notes and progress notes, reflects continuity of service during the transition period until a new Provider is approved and the new service is in place, unless otherwise directed by the Department or the designated managing entity.	(Yes) The documentation reflected continuity of service during the transition period. (No) The documentation did not reflect continuity of service during the transition period. (N/A) The Provider did not transition any individuals to a new Provider during the review period or the Provider did not work with any individuals in ODP ID/A or AAW waivers during the review period.	55 Pa Code Chapter 6100.305
7a.	Provider develops/modifies a policy.	- The Provider develops/modifies and submits a policy that ensures continuity of service for authorized services remains for the individual(s) during the transition period. - The policy could include supervision, internal agency monitoring, fiscal review, etc. - The Provider trains staff on the developed/modified policy and submits verification of training.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
7b.	Provider trains staff on the existing policy.	The Provider trains staff on the existing policy and submits verification of training.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
7c.	Other remediation action.	The Provider submits documentation of “other” remediation actions taken to comply with the requirements.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days

#	Question	Guidance	Response Options	Source Documents
		The Provider enters the REMEDIATION ACTION taken in the comment field.		between the notification date to the Provider and the remediation action date.
8.	The Provider shall have a written policy regarding facilitating and making accommodations to assist an individual to visit with whom the individual chooses.	This question is only applicable to Providers who render the following services: - ID/A: Community Participation Support, Companion, In-Home and Community Support, Respite, Shift Nursing, and Supported Living. - AAW: Day Habilitation, Respite, Specialized Skill Development: Community Support - The reviewer will determine if the Provider has a written policy regarding facilitating and making accommodations to assist an individual to visit with whom the individual chooses. - For Providers that render the prevocational component of Community Participation Support, the policy shall be no more restrictive than similar community workplaces or industries where Community Participation Support services are not rendered.	(Yes) The Provider has a written policy. (No) The Provider does not have a written policy. (N/A) The Provider did not render the applicable service(s) during the review period.	55 Pa Code Chapter 6100.186 - HCBS Settings Rule
8a.	Provider develops a policy.	- The Provider develops and submits a policy that ensures that facilitation and accommodations occur when assisting all individuals to visit with whom the individual chooses. - The policy could include supervision, internal agency monitoring, etc. - The Provider trains staff on the developed policy and submits verification of training.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
8b.	Provider modifies the policy.	- The Provider modifies and submits the policy to include all requirements. - The Provider trains staff on the modified policy and submits verification of training.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.

#	Question	Guidance	Response Options	Source Documents
8c.	Other remediation action.	- The Provider submits documentation of “other” remediation actions taken to comply with the requirements. - The Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
9.	The Provider shall have written procedures to receive, document, manage, and respond to complaints regarding the delivery of a service.	- The reviewer will determine if the Provider has written procedures to receive, document, manage, and respond to oral or written complaints from any source, including an anonymous source, regarding the delivery of a service. - The procedures must contain information about how individuals and persons designated by the individual, are informed of the right to file a complaint and the procedure for filing a complaint upon initial entry into the Provider’s program and annually thereafter.	1.(Yes) The Provider has written procedures that includes all requirements. 2.(No) The Provider’s written procedures did not include one or more of the listed requirements or the Provider does not have written procedures as required.	55 Pa Code Chapter 6100.51
9a.	Provider develops written procedures.	- The Provider develops and submits procedures that ensures complaints regarding service delivery meets all requirements. - The policy could include supervision, internal agency monitoring, fiscal review, etc. - The Provider trains staff on the developed procedures and submits verification of training.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
9b.	Provider modifies the written procedures.	- The Provider modifies and submits the procedures to include all requirements. - The Provider trains staff on the modified procedures and submits verification of training.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.

#	Question	Guidance	Response Options	Source Documents
9c.	Other remediation action.	- The Provider submits documentation of “other” remediation actions taken to comply with the requirements. - The Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
10.	*The Provider’s staff completed annual training core courses as required in the training year.	This question is <u>NOT</u> applicable to AAW only Providers. All AAW Providers are evaluated during AAW Provider Qualifications. This question is <u>NOT</u> applicable to Providers that are not providing services to any individuals. - For self-assessment, the Provider will complete the “Training Tracker” tab of the self-assessment spreadsheet as described in the “How to use Spreadsheet” tab. - For full reviews, the AE will use the <i>Staff Training Record</i> and complete the “Training Tracker” tab of the full review spreadsheet as described in the “How to use Spreadsheet” tab. - The reviewer will review 25% of DSPs and DSP Supervisors (ID/A providers) who have been working with the Provider for at least one complete training year, with a minimum of five staff and a maximum of 25 staff. If there are less than five staff, all staff records must be reviewed. - The reviewer will review 25% of SSPs (AWC Providers) who have been working with the Provider for at least one complete training year, with a minimum of five staff and a maximum of 25 staff. If there are less than five staff, all staff records must be reviewed. - Staff that are no longer employed with the Provider are excluded from the review. - The reviewer determines if the identified staff completed each required annual training core courses based on Provider training records including, but not limited to a description of the course, sign-in sheets, transcripts or certificates of completion from the training.	(Yes) All staff reviewed completed all required annual training core courses in the training year. (No) One or more staff reviewed did not complete all of the required annual training core courses in the training year. (N/A) The Provider is only enrolled in the AAW, or the Provider is not serving any individuals or there are no employees who have been working with the Provider for at least one complete training year.	55 Pa Code Chapter 6100.143 - ODP Announcement 21-034, ODP Regulation Update: Orientation and Annual Training Question and Answer Document and Annual Training Clarifications. - ODP Announcement 25-030: Reminder of 6100 Annual Training Requirements

#	Question	Guidance	Response Options	Source Documents
		○ A training year is defined by the Provider and is a 12-month time frame. ○ Providers can choose to use the same training year to cover all staff or different training years for each staff. ○ The reviewer should review records from the most recently completed 12-month training year. ● 55 Pa. Code Chapter 6100.143 core courses are: ○ The application of person-centered practices, community integration, individual choice and assisting individuals to develop and maintain relationships. ○ The prevention, detection and reporting of abuse, suspected abuse and alleged abuse in accordance with the Older Adults Protective Services Act (35 P.S. §§ 10225.101—10225.5102), the Child Protective Services Law (23 Pa.C.S. §§ 6301—6386), the Adult Protective Services Act (35 P.S. §§ 10210.101—10210.704) and applicable protective services regulations. ○ Individual rights. ○ Recognizing and reporting incidents. ○ The safe and appropriate use of behavior supports if the person works directly with an individual. ▪ *This training does not apply to SSPs. ○ Implementation of the individual plan if the person provides an HCBS or base-funding service. ● The final response is based off the information entered into training tracker and will auto-populate into the “Questions” tab of the QA&I Provider spreadsheet. ● For each core course, the percentage, number of staff reviewed and number of staff where training courses can be verified must be entered into QuestionPro. For full reviews: ● When the overall percentage falls below 86.0%, the issue must be referred to the regional ODP office for review of further actions to be taken. ● The AE <u>must</u> document the date they referred the issue to the Regional Coordinator on the spreadsheet and in QuestionPro.		

#	Question	Guidance	Response Options	Source Documents
		• ODP will review referred issues with the AE to determine the seriousness, continued or repeated nature, and combination of issues identified to determine appropriate actions through DCAP or sanctions, which may include adjusting of claims.		
10a.	Provider ensures Provider staff complete required training.	• The Provider submits documentation that demonstrates the Provider staff completed all required annual training as appropriate.	If YES, when: • The Provider chooses the appropriate time frame from the drop down.	• The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
10b.	Other remediation action.	• The Provider submits documentation of “other” remediation actions taken to comply with the requirements. • The Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: • The Provider chooses the appropriate time frame from the drop down.	• The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
10c.	Remediation by exception.	• Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to Provider staff no longer being employed at the Provider agency.		
11.	New Provider staff completed orientation training core courses as required prior to working alone with individuals, and within 30 days after hire or starting to provide a service to an individual.	• This question is <u>NOT</u> applicable to AAW only Providers. ○ All AAW Providers are evaluated during AAW Provider Qualifications. • For self-assessments, the Provider will complete the “Training Tracker” tab of the self-assessment spreadsheet as described in the “How to Use Spreadsheet” tab. • For full reviews, the AE will use the <i>Staff Training Record</i> and complete the “Training Tracker” tab of the full review spreadsheet as described in the “How to Use Spreadsheet” tab.	1. (Yes) All new staff reviewed completed the required orientation training courses as required prior to working alone with individuals, and within 30 calendar days after hire or within 30 calendar days after starting to provide a service to an individual. 2. (No) One or more new staff reviewed did not complete all of the required orientation training courses as required prior to working alone with individuals,	• 55 Pa Code 6100.142 • ODP Announcement 21-034, ODP Regulation Update: Orientation and Annual Training Question and Answer Document and Annual Training Clarifications

#	Question	Guidance	Response Options	Source Documents
		• The reviewer will review 25% of new DSPs, with a minimum of five DSPs and a maximum of 25 DSPs. If there are less than five staff, all staff records must be reviewed. • The reviewer will review 25% of new SSPs, with a minimum of five SSPs and a maximum of 25 SSPs. If there are less than five staff, all staff records must be reviewed. • Staff that are no longer employed with the Provider are excluded from the review. • Staff that are within their first 30 calendar days of hire are excluded from the review. • The reviewer determines the dates the new staff selected for review completed orientation training courses as required based on a review of Provider staff training records including, but not limited to: a description of the course, sign-in sheets, transcripts, certificates of completion from the training, staff training logs, staff schedules, staff timesheets or staff personnel files. • 55 Pa. Code Chapter 6100.142 orientation courses are: ○ The application of person-centered practices, community integration, individual choice and assisting individuals to develop and maintain relationships. ○ The prevention, detection and reporting of abuse, suspected abuse and alleged abuse in accordance with the Older Adults Protective Services Act (35 P.S. §§ 10225.101—10225.5102), the Child Protective Services Law (23 Pa.C.S. §§ 6301—6386), the Adult Protective Services Act (35 P.S. §§ 10210.101—10210.704) and applicable protective services regulations. ○ Individual rights. ○ Recognizing and reporting incidents. ○ Job-related knowledge and skills. • The final response is based off the information entered into orientation tracker and will auto-populate into the “Questions” tab of the QA&I Provider spreadsheet. • For each core course, the percentage, number of new staff reviewed and number of new staff where orientation training course can be verified must be entered into QuestionPro. For full reviews:	and within 30 calendar days after hire or within 30 calendar days after starting to provide a service to an individual. 3. (N/A) The Provider is only enrolled in the AAW or there were no new staff hired or all newly hired staff are within their 30 days of hire.	

#	Question	Guidance	Response Options	Source Documents
		- When the overall percentage falls below 86.0%, the issue must be referred to the regional ODP office for review of further actions to be taken. - The AE must document the date they referred the issue to the Regional Coordinator on the spreadsheet and in QuestionPro. - ODP will review referred issues with the AE to determine the seriousness, continued or repeated nature, and combination of issues identified to determine appropriate actions through DCAP or sanctions, which may include adjusting of claims.		
11a.	Provider ensures Provider staff complete required training.	The Provider submits documentation that demonstrates the Provider staff completed all required orientation training as appropriate.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
11b.	Other remediation action.	- The Provider submits documentation of "other" remediation actions taken to comply with the requirements. - The Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
11c.	Remediation by exception.	Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to Provider staff no longer being employed at the Provider agency.		
12.	Provider staff completed the required number of training hours in the training year.	- This question is NOT applicable to AAW only Providers. - All AAW Providers are evaluated during AAW Provider Qualifications. - This question is only applicable to ID/A Providers. - This question is NOT applicable to ID/A Providers that render Agency with Choice ONLY, Providers that are not providing	1. (Yes) All staff reviewed completed the required number of annual training hours in the training year. 2. (No) One or more staff reviewed did not complete the required number of annual training hours in the training year.	55 Pa Code Chapter 6100.143 - ODP Announcement 21-034, ODP Regulation Update: Orientation and

#	Question	Guidance	Response Options	Source Documents
		services to any individuals, SSPs, or staff that ONLY provide transportation. • The DSPs and DSP Supervisors who were identified for the annual training question will be used for answering this question. • The reviewer determines if the staff completed the required 24 hours of annual training in the training year based on Provider training records including, but not limited to: a description of the course, sign-in sheets, transcripts or certificates of completion from the training. ○ A training year is defined by the Provider and is a 12-month time frame. ○ Providers can choose to use the same training year to cover all staff or different training years for each staff. ○ The reviewer should review records from the most recently completed 12-month training year. On the QA&I Spreadsheet, the reviewer must complete the Additional Training Hours tracker for each staff person identified. • Staff's last name from the Training Tracker will auto-populate in the Additional Training Hours tracker. • Reviewer must enter the course name on first row and the number of hours on the second row for each additional training staff completed. • The final response based off the information entered into the "Additional Training Hours" tab and added to "Training Tracker" tab will auto-populate into the "Questions" tab of the spreadsheet. • The percentage, number of staff reviewed and number of staff where training course can be verified must be entered into QuestionPro. For full reviews: • When the overall percentage falls below 86.0%, the issue must be referred to the regional ODP office for review of further actions to be taken. • The AE must document the date they referred the issue to the Regional Coordinator on the spreadsheet and in QuestionPro. • ODP will review referred issues with the AE to determine the seriousness, continued or repeated nature, and combination of	3. (N/A) The Provider only has staff that only provide transportation, is only enrolled in the AAW, is an AWC only Provider, or the Provider is not serving any individuals.	Annual Training Question and Answer Document and Annual Training Clarifications

#	Question	Guidance	Response Options	Source Documents
		issues identified to determine appropriate actions through DCAP or sanctions, which may include adjusting of claims.		
12a.	Provider develops/modifies a policy.	- The Provider develops/modifies and submits a policy that ensures that staff complete required training during training year. - The Provider trains staff that did not meet the requirement on the developed/modified policy and submits verification of training.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
12b.	Other remediation action.	- The Provider submits documentation of “other” remediation actions taken to comply with the requirements. - The Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
12c.	Remediation by exception.	Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to Provider staff no longer being employed at the Provider agency.		
13.	The Provider has a policy on sexual health, personal relationships, and sexuality consistent with the guidelines.	This question is NOT applicable to Transportation only Providers. - The reviewer determines if the Provider has a policy that addresses sexual health, personal relationships, and sexuality consistent with the guidelines. - The policy should support the concept of Everyday Lives and be consistent with the considerations identified in ODP Bulletin 00-18-01.	1. (Yes) The Provider has a policy that addresses sexual health, personal relationships, and sexuality consistent with the guidelines. 2. (No) The Provider’s policy is inconsistent with the guidelines identified in ODP Bulletin 00-18-01 or the Provider does not have a policy. 3. (N/A) The Provider is a Transportation only Provider.	55 Pa Code Chapters 6100.182 and 6100.183 - Bulletin 00-18-01, <i>Guidelines Concerning Sexual Health, Personal Relationships, and Sexuality</i> - Bulletin 00-18-01 <i>Attachment 1, Sexual Health, Personal</i>

#	Question	Guidance	Response Options	Source Documents
				<i>Relationships and Sexuality Guidelines</i>
13a.	Provider develops a policy.	- The Provider develops and submits a policy that addresses sexual health, personal relationships, and sexuality consistent with ODP Bulletin 00-18-01. - The Provider trains staff on the developed policy and submits verification of training.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
13b.	Provider modifies the policy.	- The Provider modifies and submits the policy to include all guidelines identified in ODP Bulletin 00-18-01. - The Provider trains staff on the modified policy and submits verification of training.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
13c.	Other remediation action.	- The Provider submits documentation of “other” remediation actions taken to comply with the requirements. - The Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
14.	The Community Participation Support (CPS) or Day Habilitation Provider has a QMP and corresponding Action Plan that includes all required components.	This question is only applicable to Providers of CPS (ID/A) and Day Habilitation (AAW) where more than 10% of the individuals’ receiving services spent less than 25% of their time in a community setting on average from 7/1/24-12/31/24 and/or 1/1/25-6/30/25. - For self-assessments, applicable Providers will determine if they’re required to include the applicable services in the QMP and Action Plan by reviewing their CPS/Day	1. (Yes) The Provider has a QMP and Action Plan that includes all requirements. 2. (No) The Provider does not have a QMP and/or Action Plan that includes all requirements. 3. (N/A) The Provider did not render the applicable service(s) OR is not required to	Consolidated, P/FDS, CL, and Adult Autism Waivers ODP Announcement 24-067, Updated Guidance for the Community

#	Question	Guidance	Response Options	Source Documents
		Habilitation data collection tool (e.g. <i>QM Data Collection Tool for CPS Community and Day Habilitation</i>) for the designated timeframes. - For full reviews, the reviewer will determine if the Provider is required to include the applicable services in the QMP and Action Plan by reviewing the CPS and Day Habilitation data provided by ODP. - If required, the reviewer will determine if the Provider has a QMP and corresponding Action Plan that include the following requirements: - Action steps for increasing time in the community for individuals who want to increase the amount of time they spend in the community including timeframes for achieving each action step. - Barriers to supporting individuals with engaging in community activities, including action steps to address the barriers & timeframes for achieving each action step. - The methods used by the Provider to offer options to receive services in integrated community settings in-line with each individual's preferences, choices, & interests for community activities & the frequency such options will be offered. - Successful community experiences, such as building relationships, employment opportunities and natural supports for individuals served.	include the applicable services in the QMP and Action Plan.	Participation Support (CPS) Service in the Intellectual Disability/Autism (ID/A) Waivers and Day Habilitation in the Adult Autism Waiver (AAW)
14a.	Provider develops/modifies a QMP and corresponding Action Plan.	The Provider develops/modifies and submits a QMP and corresponding Action Plan that demonstrates all requirements are included.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
14b.	Other remediation action.	- The Provider submits documentation of "other" remediation actions taken to comply with the requirements. - The Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the

#	Question	Guidance	Response Options	Source Documents
				Provider and the remediation action date.
15.	The Provider has a policy that addresses providing support to individuals with medication administration needs. Non-Scored	• This question is only applicable to Providers who render the following services in private homes: ○ ID/A: Unlicensed Respite, In-Home and Community Support and Companion ○ AAW: Respite – In-Home, Respite – Unlicensed Out-of-Home and Community Support • The reviewer determines if the Provider has a policy that addresses providing support to individuals with medication administration. • At a minimum, the policy should address the following: ○ How staff will support individuals that need assistance with medication administration. ○ The assessment of need for assistance with medication. ○ Staff training and completion of the medication administration course requirements. COMMENT NEEDED – Indicate whether or not the Provider administers medication during service provision.	1. (Yes) The Provider has a policy that addresses providing supports to individuals with medication administration. 2. (No) The Provider does not have a policy, or the provider has a policy and one or more of the identified requirements were not met. 3. (N/A) The Provider did not render the applicable service(s) during the review period.	• Exploratory • 55 Pa Code Chapter 6100.462
16.	The Provider has an Incident Management (IM) Representative that is a Certified Investigator (CI).	• This question is <u>NOT</u> applicable to AAW only Providers. ○ All AAW Providers are evaluated during AAW Provider Qualifications. • The reviewer will determine that the Provider has designated a person who is fulfilling the role of the agency's IM Representative through verification of evidence provided, included 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 IM Representative. • The reviewer will determine if the IM Representative has a current CI certificate. • The reviewer will compare the date the IM Representative assumed their role as the IM Representative with the current date the IM Representative obtained their certificate.	1. (Yes) There is evidence that the Provider has an IM Representative that is a CI, or the IM Representative assumed their role less than 12 months ago. 2. (No) There is no evidence that the Provider has an IM Representative. 3. (No) The IM Representative did not have a CI certificate within the required timeframe. 4. (N/A) The Provider is an AAW only Provider.	• Bulletin 00-21-02, <i>Incident Management</i>

#	Question	Guidance	Response Options	Source Documents
		IM Representatives have 12 months from the date of assuming their role as IM Representative to complete and pass the ODP CI training.		
16a.	Provider designates a person to fulfill the role of the agency's IM Representative.	- The Provider submits evidence that identifies the agency's IM Representative. - The Provider ensures the designated IM Representative obtains CI certificate within 12 months.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
16b.	Provider ensures the agency's IM Representative obtains CI certificate.	- The Provider enrolls the designated IM representative in an upcoming CI course. - The Provider submits documentation of enrollment and when completed CI certificate as appropriate.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
16c.	Other remediation action.	- The Provider submits documentation of "other" remediation actions taken to comply with the requirements. - The Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
17.	The Incident Management (IM) Representative ensures point person(s) maintains compliance with initiation of investigation activities.	- The Reviewer will determine if Point Person ensures investigation assignment to the CI within 24 hours of discovery date/time of the incident. - The Reviewer will need to limit the review to closed incidents requiring investigations from the Incident and Complaint Custom Report for the review period. PATH: EIM>Reports>Incident and Complaint Custom Report	1. (Yes) The IM Representative ensured the Point Person(s) maintained compliance with initiation of investigation activities. 2. (No) The IM Representative did not ensure the Point Person(s) maintained compliance with initiation of investigation activities.	- Bulletin 00-21-02, Incident Management - Administrative Review Process Manual, 2023 – Version 3.1

#	Question	Guidance	Response Options	Source Documents
		- o Program Office: Select the applicable program office - o View Incidents or Complaints: Incident - o Subject Areas: Incident Details-Final and "Investigation Details" - o Occurrence Dates: 7/1/2024-6/30/2025 - o Type: Select All - o Status: Closed - o Primary Category: Select All - o Secondary Category: Select All Search Providers: Enter the name of the entity being reviewed	3. (N/A) There were no investigations during the review period.	
17a.	Provider develops/modifies a policy.	• The Provider develops/modifies and submits a policy compliance with initiation of investigation activities. • The Provider trains staff on the developed/modified policy and submits verification of training.	If YES, when: • The Provider chooses the appropriate time frame from the drop down.	• The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
17b.	Other remediation action.	• The Provider submits documentation of "other" remediation actions taken to comply with the requirements. • The Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: • The Provider chooses the appropriate time frame from the drop down.	• The Provider calculates the number of days between the notification date to the Provider and the remediation action date.

#	Question	Guidance	Response Options	Source Documents
18.	The Incident Management (IM) Representative maintains a list of active Certified Investigators including recertification dates.	- The Reviewer will review the IM Representative's existing tracking mechanism to ensure all Department Certified Investigators (CI) certifications are current. A Department Certified Investigator (CI) certification is valid for three (3) years. - If a reviewer identifies the expiration of a certificate, the reviewer shall confirm that no investigation assignments were made until the investigator attained certification. - Utilizing the Incident and Complaint Custom Report from Q17, the Reviewer will review the names of all CIs assigned to incidents during the review period. The names contained within the tracking tool should match the names reflected in the Incident and Complaint Custom Report.	1.(Yes) There is evidence that the IM Representative maintains a list of active CIs (including certificates and recertification dates); and no investigation assignments were made to those whose certificate was expired or there were no investigations during the review period. 2. (No) There is no evidence that the IM Representative maintains a list of active CIs (including certificates, recertification dates); or the IM Representative maintains a list of CIs, but assignments were made to investigator(s) whose certificate was expired.	- Bulletin 00-21-02, <i>Incident Management</i> - ODP Certified Investigator Peer Review (CIPR) Manual, 2023 Version 4.0 - Certified Investigator's Manual 2024 6100.402., Incident investigation.
18a.	The IM Representative ensures enrollment for certification	- The IM Representative ensures the enrollment for the investigator to obtain recertification in the next available CI Course. - The IM Representative will notify appropriate ODP Staff of enrollment	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
18b.	The Provider develops/modifies a policy.	- The Provider develops/modifies and submits a policy that supports maintaining a tracking mechanism for certified investigators and recertification. - The Provider submits documentation as appropriate.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
18c.	Other remediation	The Provider submits documentation of "other" remediation actions taken to comply with the requirements.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days

#	Question	Guidance	Response Options	Source Documents
		The Provider enters the REMEDIATION ACTION taken in the comment field.		between the notification date to the Provider and the remediation action date.
19.	The Incident Management (IM) Representative must ensure Certified Investigator Peer Reviews (CIPRs) are conducted on a quarterly basis.	- The reviewer will determine if the IM Rep ensures CIPRs are conducted on a quarterly 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	(Yes) The IM Representative ensured CIPRs were conducted on a quarterly basis. (No) There is no evidence that the IM Representative ensured ensures Certified Investigator CIPRs are conducted on a quarterly basis. (N/A) No investigations were conducted during the review period.	- ODP Certified Investigator Peer Review (CIPR) Manual, 2023 Version 4.0 - Bulletin 00-21-02, <i>Incident Management</i>
19a.	The IM Representative ensures CIPRs are completed	- The IM Representative completes or ensures completion of CIPRs per the standardized process outlined in the ODP CIPR Manual. - The Provider submits documentation as appropriate.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
19b.	Other remediation action.	- The Provider submits documentation of “other” remediation actions taken to comply with the requirements. - The Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
20.	The Provider maintains a signed written contract or agreement of any delegated or purchased function related to incident management.	- The reviewer will determine if the Provider delegated or purchased any incident management functions. - Incident management functions include: - Incident Management Training - Investigations conducted by a Department CI - Administrative Review of Investigations - Certified Investigator Peer Review (CIPR) Process	(Yes) There is written documentation for all delegated or purchased incident management functions. (No) There is not written documentation for one or more delegated or purchased incident management functions.	Bulletin 00-21-02, <i>Incident Management</i>

#	Question	Guidance	Response Options	Source Documents
		○ Quality Management and Trend Analysis ○ Data Entry ○ IM Representative Functions • The reviewer will verify the existence of contracts or agreements (and any amendments to contracts or agreements) related to delegated or purchased incident management functions. *Record name of agency completing the function for any IM function that is delegated or purchased.	3. (N/A) The Provider does not delegate or purchase any incident management functions.	
20a.	Provider obtains required documentation.	• The Provider obtains and submits written documentation of delegated or purchased function related to incident management.	If YES, when: • The Provider chooses the appropriate time frame from the drop down.	• The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
20b.	Other remediation action.	• The Provider submits documentation of “other” remediation actions taken to comply with the requirements. • The Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: • The Provider chooses the appropriate time frame from the drop down.	• The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
21.	The Provider completes monitoring of delegated or purchased incident management (IM) function(s).	• The reviewer will determine if the Provider 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 written policies and procedures, departmental decisions, state and federal laws and regulations that are related to the function purchased/delegated. ○ The frequency for monitoring by the Provider (at least quarterly).	1. (Yes) The Provider completes monitoring of delegated or purchased IM function(s) and has written documentation of all the listed requirements. 2. (No) The Provider did not complete monitoring of delegated or purchased IM function(s) and/or did not have written documentation of one or more the listed requirements.	• Bulletin 00-21-02, <i>Incident Management</i>

#	Question	Guidance	Response Options	Source Documents
		○ The staff position/titles and names responsible for the monitoring.	3. (N/A) The Provider 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.	
21a.	Provider completes monitoring of delegated or purchased incident management function(s).	• The Provider completes monitoring of delegated or purchased incident management function(s) and all requirements were met. • The Provider submits documentation as appropriate.	If YES, when: • The Provider chooses the appropriate time frame from the drop down.	• The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
21b.	Provider completes required documentation.	• The Provider completes documentation of completed monitoring of delegated or purchased incident management function(s) that meets all requirements. • The Provider submits documentation as appropriate.	If YES, when: • The Provider chooses the appropriate time frame from the drop down.	• The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
21c.	Other remediation action.	• The Provider submits documentation of “other” remediation actions taken to comply with the requirements. • The Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: • The Provider chooses the appropriate time frame from the drop down.	• The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
22.	The Provider follows up on actions taken to address concerns identified through the monitoring process of incident	• The reviewer will determine if the Provider provides evidence of follow up actions taken to address concerns identified through the monitoring process of delegated functions. • The Provider’s monitoring follow up should be readily available in a written format and should include at a minimum:	1. (Yes) The Provider follows up actions taken to address concerns identified through the monitoring process of delegated functions.	• Bulletin 00-21-02, <i>Incident Management</i>

#	Question	Guidance	Response Options	Source Documents
	management delegated functions.	○ 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 Provider and entity such as meeting minutes, or letter).	2. (No) The Provider did not follow up on actions taken to address concerns identified through the monitoring process of delegated functions and/or the Provider did not have documentation to validate the follow up. 3. (N/A) The Provider does not delegate or purchase or did not identify concerns through monitoring activities of delegated functions.	
22a.	The Provider follows up on concerns identified through the monitoring process	• The Provider completes actions on identified concerns that were identified through the monitoring process • The Provider submits documentation as appropriate	If YES, when: • The Provider chooses the appropriate time frame from the drop down.	• The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
22b.	Other remediation action.	• The Provider submits documentation of “other” remediation actions taken to comply with the requirements. • The Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: • The Provider chooses the appropriate time frame from the drop down.	• The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
23.	The Provider has a written policy that supports the release of the incident report information upon request.	• The reviewer determines if the Provider 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.	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.	• 55 Pa. Code Chapter 6100.401 • Bulletin 00-21-02, <i>Incident Management</i>

#	Question	Guidance	Response Options	Source Documents
		- An incident report does not include the investigation file. In order to satisfy these requirements, the Provider 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 - All notification information to include date and person or entity notified - The findings, to include: - Additional Information - Investigation findings and determination (when applicable) - The actions taken, to include: - Corrective Actions planned or implemented - Medical Intervention Information		
23a.	Provider develops/modifies a policy.	- The Provider develops/modifies and submits a policy that supports the release of incident report. - The Provider trains staff on the developed/modified policy and submits verification of training.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
23b.	Other remediation action.	- The Provider submits documentation of “other” remediation actions taken to comply with the requirements. - The Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
24.	The Provider has a policy to monitor EIM restraint and medication error reports in order	The reviewer will determine if the Provider has a written policy related to the review of EIM restraint and medication error	1. (Yes) The evidence indicates that a policy exists, and all the listed requirements were met.	Bulletin 00-21-02, <i>Incident Management</i>

#	Question	Guidance	Response Options	Source Documents
	to ensure proper procedures are followed and detect abuse and neglect.	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 monthly basis. This process is 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 monthly 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. - o Collaboration and communication with the individual's team to revise ISP, behavior support plan, and risk mitigation plan.	2. (No) There is no evidence that a policy exists, or all the listed requirements were not met.	
24a.	Provider develops/modifies a policy.	• The Provider 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 Provider trains staff on the developed/modified policy and submits verification of training.	If YES, when: • The Provider chooses the appropriate time frame from the drop down.	• The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
24b.	Other remediation action.	• The Provider submits documentation of "other" remediation actions taken to comply with the requirements. • The Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: • The Provider chooses the appropriate time frame from the drop down.	• The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
25.	The Provider completes monthly individual incident data monitoring.	• The reviewer will determine if the Provider monitored incident data to take action(s) to mitigate risk, prevent recurring incidents, and implement corrective action as appropriate.	1. (Yes) The evidence indicates that individual incident data monitoring was completed, and all the listed requirements were met.	• 55 Pa. Code Chapters 6100.403-6100.405

#	Question	Guidance	Response Options	Source Documents
		- Documentation of this monthly activity must include at a minimum: - Evaluation of the circumstances and frequency of restraints - Evaluation of the circumstances and frequency of medication errors - Evaluation of the effectiveness of incident corrective actions for all incident categories - Identification and implementation of preventative measures to reduce: - The number of incidents - The severity of the risks associated with the incident - The likelihood of an incident recurring Actions taken by the Provider to address ineffective corrective actions - Documentation of: - The need to revise the ISP with the ISP team to include new and/or revised information, risk mitigation plans, or a change in services or supports - The need to consult with a County ID Program/AE/BSASP Risk Manager for assistance related to monthly data monitoring - The actions and outcomes of any activities that occurred related to the monthly data monitoring Review Period is 7/1/2024-6/30/2025	2. (No) There is no evidence individual incident data monitoring was completed or all the listed requirements were not met. 3. (N/A) There were no incidents to monitor for the review period.	Bulletin 00-21-02, <i>Incident Management</i>
25a.	Provider completes individual incident data monitoring.	- The Provider completes individual incident data monitoring. - The Provider submits documentation as appropriate.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
25b.	Provider develops/modifies a policy.	- The Provider develops/modifies and submits a policy that ensures the Provider completes and documents individual incident data monitoring. - The Provider trains staff on the developed/modified policy and submits verification of training.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to

#	Question	Guidance	Response Options	Source Documents
				the Provider and the remediation action date.
25c.	Provider trains staff on the existing policy.	The Provider trains staff on the existing policy and submits verification of training.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
25d.	Other remediation action.	- The Provider submits documentation of “other” remediation actions taken to comply with the requirements. - The Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
26.	The Provider conducts and documents a trend analysis of all incident categories at least every 3 months.	- The reviewer will determine if the Provider conducted a trend analysis by reviewing the most recent analysis of the incidents the Provider entered. - The trend analysis will include the development, the methodology used, data source, implementation plan, and documentation of both individual and agency-wide risk mitigation activities based on the results of the analysis. - The three-month analysis shall include, but is not limited to (as applicable): - Adherence to timeframes in accordance with policy as it relates to reporting, investigation, and finalization of incidents as stated in 55 Pa. Code §§6100.401-\$6100.404 - Evaluation of effectiveness of corrective actions for all incident categories - Evaluation of the effectiveness of education to the individual, staff, and others based on the circumstances of an incident	(Yes) The documentation indicates that a trend analysis was completed, and all the listed requirements are met. (No) There is no documentation that a trend analysis was completed, or all listed requirements were not met. (N/A) There were no incidents entered by the Provider during the review period.	55 Pa Code Chapter 6100.405 - Bulletin 00-21-02, <i>Incident Management</i>

#	Question	Guidance	Response Options	Source Documents
		- o A review and trend analysis of comments from the County ID Program/AE and ODP initial management review and disapproval reasons from the final management review - o Any measures that have been implemented or will be implemented to reduce: - The number of incidents - The severity of the risks associated with the incident - The likelihood of an incident recurring - o Documentation of the actions and outcomes of any activities that occurred related to trend analysis COMMENT NEEDED – If “Yes,” provide details on how the Provider is completing their trend analysis. Review Period is 7/1/2024-6/30/2025		
26a.	Provider conducts and documents a trend analysis of all incident categories.	• The Provider conducts and documents a trend analysis of all incident categories. • The Provider submits documentation as appropriate.	If YES, when: • The Provider chooses the appropriate time frame from the drop down.	• The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
26b.	Provider develops/modifies a policy.	• The Provider develops/modifies and submits a policy that ensures the Provider conducts and documents a trend analysis of all incident categories at least every 3 months. • The Provider trains staff on the developed/modified policy and submits verification of training.	If YES, when: • The Provider chooses the appropriate time frame from the drop down.	• The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
26c.	Provider trains staff on the existing policy.	• The Provider trains staff on the existing policy and submits verification of training.	If YES, when: • The Provider chooses the appropriate time frame from the drop down.	• The Provider calculates the number of days between the notification date to

#	Question	Guidance	Response Options	Source Documents
				the Provider and the remediation action date.
26d.	Other remediation action.	- The Provider submits documentation of “other” remediation actions taken to comply with the requirements. - The Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.

Record Review

#	Question	Guidance	Response Options	Source Documents
27.	The Provider has an individual record sample. Non-Scored	Providers will answer this question as part of the self-assessment. Assigned AEs/ODP will answer this question as part of the full review. - Providers who are currently working with individual(s) in the ID/A and or AAW waiver(s) are expected to select a sample of individuals to review as part of their self-evaluation of performance. - Providers will select their own individual sample which will include 1% with a minimum of 5 and a maximum of 10 individuals. - If an entity serves less than 5 individuals, 100% of individuals must be a part of the review. - The individuals selected must meet the following criteria: - A cross-section of individuals served - Waiver and non-waiver funding/program types - Locations - Counties	(Yes) The Provider is currently working with individual(s). (No) The Provider is not currently working with individual(s).	QA&I Process Document

#	Question	Guidance	Response Options	Source Documents
		- o Types of services - o For ID/A Providers as applicable: At least 1 individual resides in a licensed 5310, 6400 or 6500 or the individual resides in an unlicensed 6400 or 6500 setting • If an individual receives multiple services from a Provider, the Provider's review must encompass all services the individual receives.		
28.	Indicate the total number of individuals that were included in the sample selected. Non-Scored	• Providers will answer this question as part of the self-assessment. • Assigned AEs will answer this question as part of the full review. - o Providers/Assigned AEs will select the total number of individual records reviewed (1 to 10) from the list. • ODP will answer this question as part of the full review and will select N/A.	1. Select a number from 1 to 10. 2. (N/A) The review is being completed by ODP.	
29.	**Staff are trained on the individual's communication profile and/or formal communication system.	• The reviewer determines if the individual has significant communication needs, and a corresponding communication profile and/or formal communication system based on a review of the individual's ISP. • An individual with significant communication needs is someone who cannot effectively communicate basic wants and needs such as "I want that" or "I am in pain." • A communication profile is a term used to describe how the individual communicates and how communication partners communicate effectively with the individual through strategies and systems utilized, across environments. This may be included in the communication section of the ISP. • A communication system includes all strategies and aids used to effectively communicate. • If the individual has a communication profile and/or formal communication system identified in the ISP, the Provider will give a list of all Provider staff who worked and rendered authorized supports and services to the individual during the review period. • The reviewer will review 25% of Provider staff working with the individual, with a minimum of five Provider staff and a maximum of 25 Provider staff. If there are less than five Provider staff	The appropriate response will be determined by the information entered into the Communication Tracker. 1. (Yes) The individual has significant communication needs, and all staff completed training on the individual's communication profile and/or formal communication system. 2. ((No) The individual has significant communication needs, and one or more staff reviewed did not complete training on the individual's communication profile and/or formal communication system. 3. (N/A) The individual does not have significant communication needs.	• Bulletin 00-08-18, <i>Communication Supports & Services</i>

#	Question	Guidance	Response Options	Source Documents
		working with the individual, all Provider staff records must be reviewed. • Staff that are no longer employed with the Provider are excluded from the review. • The reviewer determines if the Provider staff completed training on the individual's communication profile and/or formal communication system based on Provider training records including, but not limited to: a description of the course/training/meeting, sign-in sheets, transcripts or certificates of completion from the training. On the QA&I Spreadsheet, the reviewer must complete the Communication Tracker as described in the "How to Use Spreadsheet" tab.		
29a.	Provider ensures Provider staff complete required training.	• The Provider submits documentation that demonstrates the Provider staff completed training on the individual's current communication profile and/or formal communication system.	If YES, when: • The Provider chooses the appropriate time frame from the drop down.	• The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
29b.	Other remediation action.	• The Provider submits documentation of "other" remediation actions taken to comply with the requirements. • The Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: • The Provider chooses the appropriate time frame from the drop down.	• The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
29c.	Remediation by exception.	• Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to Provider staff no longer being employed at the Provider agency.		

#	Question	Guidance	Response Options	Source Documents
30.	The Provider maintains a signed statement acknowledging that the individual has received information on individual rights.	• This question is only applicable to the following: ○ Unlicensed direct service Providers ○ Older Adult Daily Living Centers licensed under 6 Pa. Code Chapter 11 that render Community Participation Support services. • The reviewer determines if the Provider has a signed statement on file that acknowledges the individual has received information on individual rights. • The statement must document that the provider informed and explained individual rights outlined in 6100.182. For unlicensed Residential Habilitation and Life Sharing service locations the statement must also document that the provider informed and explained individual rights outlined in 6100.183. • The statement must be signed by the individual or the legal guardian. • The statement must be written in a language understood by the individual. • If the individual does not understand written language and does not have a court-appointed legal guardian, the provider must document how individual rights were communicated in a means of communication understood by the individual.	1. (Yes) The Provider maintained a signed statement acknowledging that the individual received information on individual rights and the applicable criteria was met. 2. (No) The Provider maintained a signed statement acknowledging that the individual received information on individual rights, but the applicable criteria was not met. 3. (N/A) The Provider did not render the applicable service(s) to the individual during the review period.	• 55 Pa Code Chapters 6100.50 and 6100.185
30a.	Provider obtains required documentation.	• The Provider obtains a signed statement acknowledging that the individual has received information on individual rights. • The Provider submits documentation as appropriate.	If YES, when: • The Provider chooses the appropriate time frame from the drop down.	• The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
30b.	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 Provider. • The Provider enters the reason for the exception in the comment field.		

#	Question	Guidance	Response Options	Source Documents
31.	The individual has a current signed Department-approved room and board residency agreement on file.	• This question is only applicable to individuals receiving the following services from the Provider: ○ ID/A: Residential Habilitation and Life Sharing ○ AAW: Residential Habilitation (Community Home and Life Sharing) • The reviewer determines if the ISP indicates that the applicable services are received from the Provider. • The reviewer will look at the department-approved room and board residency agreement (DP 1077 or DP 1077 LS) for the current year to verify that a document is on file and signed by the appropriate person. • The Department-approved room and board residency agreement (DP 1077 or DP 1077 LS) can be signed by the following people: ○ The individual ○ The individual's court-appointed legal guardian if an individual is adjudicated incompetent to handle finances; or ○ The designated person if the individual is 18 years of age or older and has a designated person for the individual's benefits. ▪ Reviewers should look at the ISP to determine if the individual has a court-appointed legal guardian or designated person identified.	1.(Yes) A current Department-approved room and board residency agreement between the Residential Habilitation or Life Sharing Provider and the individual exists and is signed by the individual or a person authorized to sign on the individual's behalf as described. 2.(No) A current Department-approved room and board residency agreement between the Residential Habilitation or Life Sharing Provider and the individual does not exist or is not signed by the individual or a person authorized to sign on the individual's behalf as described. 3.(N/A) The individual did not receive the applicable service(s) from the Provider during the review period.	• 55 Pa Code Chapter 6100.687 • ODP Announcement 22-123, New Room and Board Residency Agreement
31a.	Provider obtains required documentation.	• The Provider obtains a Department-approved room and board residency agreement which is signed by the individual or another appropriate person and is placed on file. • The Provider submits documentation as appropriate.	If YES, when: • The Provider chooses the appropriate time frame from the drop down.	• The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
31b.	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 Provider. • The Provider enters the reason for the exception in the comment field.		

#	Question	Guidance	Response Options	Source Documents
32.	The Department-approved room and board residency agreement is completed at least annually.	• This question is only applicable to individuals receiving the following services from the Provider: ○ ID/A: Residential Habilitation and Life Sharing ○ AAW: Residential Habilitation (Community Home and Life Sharing) • The reviewer determines if the ISP indicates that the applicable services are received from the Provider. • The reviewer will look at the current Department-approved room and board residency agreement (DP 1077 or DP 1077 LS) by looking at the prior year's agreement and ensuring that the effective date on the current agreement is within 12 months from the effective date on the previous agreement to determine if it was completed annually (note the date of the signatures on the form).	1. (Yes) A Department-approved room and board residency agreement between the Residential Habilitation Provider or Life Sharing Provider/Host Family and the individual is completed at least annually. 2. (No) A Department-approved room and board residency agreement between the Residential Habilitation Provider or Life Sharing Provider/Host Family and the individual is not completed at least annually. 3. (N/A) The individual did not receive the applicable service(s) during the review period, or the individual has not received the applicable service(s) from the Provider for more than one year.	• 55 Pa Code Chapter 6100.687
32a.	Provider obtains required documentation.	• The Provider obtains a Department-approved room and board residency agreement which is signed by the individual or another appropriate person and is placed on file. • The Provider submits documentation as appropriate.	If YES, when: • The Provider chooses the appropriate time frame from the drop down.	• The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
32b.	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 Provider. • The Provider enters the reason for the exception in the comment field.		
33.	The amount documented on the individual's Room and Board Agreement meets the ODP Regulations and requirements.	• This question is only applicable to individuals receiving the following services from the Provider: ○ ID/A: Residential Habilitation and Life Sharing	1. (Yes) The amount documented on the individual's Room and Board Agreement meets the ODP Regulations and requirements.	• 55 Pa Code Chapter 6100.681-6100.694 • Bulletin 00-25-01, <i>Room and Board</i>

#	Question	Guidance	Response Options	Source Documents
		- o AAW: Residential Habilitation (Community Home and Life Sharing) • The reviewer determines if the ISP indicates that the applicable services are received from the Provider. • The reviewer will look at the department-approved room and board residency agreement (DP 1077 or DP1077 LS) for the current year to determine the total amount the individual agrees to pay for room and/or board. • The reviewer will look at the Provider's reported amount of the following: 1.) Actual Monthly Cost Per Individual and 2.) Individual's income. - o Examples of the reporting mechanism include, but are not limited to, the following: email, written documentation, and a printout of the ODP Room and Board Calculator. - o This information will then be entered into the QA&I Room and Board Tool by the reviewer. • The reviewer will compare the total amount the individual agrees to pay for room and/or board with the information in the QA&I Room and Board Tool to ensure the following: - o The amount of room and/or board is not over the maximum amount allowed (note: If the individual's available income is less than the SSI maximum rate plus Pennsylvania State Supplementary Payment (PA SSP), the Provider may only charge 72% of individual's available monthly income). - o The amount of room and/or board is not more than the provider's actual monthly cost per individual. - o The amount of room and/or board is zero if they have less than the personal needs allowance (\$30).	2 (No) The amount documented on the individual's Room and Board Agreement does not meet the ODP Regulations and requirements. 3 (N/A) The individual did not receive the applicable service(s) during the review period, or the individual has not received the applicable service(s) from the Provider for more than one year.	<i>Requirements for Individuals Enrolled with the Office of Developmental Programs</i>
33a.	Provider completes a new room and board residency agreement.	• The Provider recalculates the room and board amount and completes and signs the new room and board residency agreement with the individual in accordance with § 6100.687. • The Provider returns the overpaid room and board amount to the individual. • The Provider submits documentation as appropriate.	If YES, when: • The Provider chooses the appropriate time frame from the drop down.	• The Provider calculates the number of days between the notification date to the Provider and the remediation action date.

#	Question	Guidance	Response Options	Source Documents
33.b	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 Provider. - The Provider enters the reason for the exception in the comment field.		
34.	The individual is offered opportunities for, and provided support to, participate in integrated community activities consistent with the individual's preferences, choices, and interests.	This question is only applicable to individuals receiving the following services from the Provider: - ID/A: Community Participation Support, Day Habilitation Residential Habilitation and Life Sharing, Supported Living, In-Home and Community Support, and Companion - AAW: Day Habilitation, Residential Habilitation (Community Home and Life Sharing), and Community Support - The reviewer will determine if documentation (service notes, progress notes, activity schedules) indicate that the individual is offered opportunities and support to participate in integrated community activities consistent with the individual's preferences, choices, and interests.	(Yes) The Provider offers opportunities and support for integrated community activities consistent with the individual's preferences, choices, and interests. (No) The community activities offered were not consistent with the individual's preferences, choices, and interests. (No) There is no documentation which shows opportunities and support for integrated community activities are provided to the individual. (N/A) The individual did not receive the applicable service(s) from the Provider during the review period.	55 Pa Code Chapters 6100.182, 6100.143, and 6100.261 - Consolidated, P/FDS, CL, and Adult Autism Waivers
34a.	Provider offers the individual opportunities and support as required.	- The Provider ensures the individual is offered opportunities and support to participate in integrated community activities consistent with the individual's preferences, choices, and interests. - The Provider submits documentation as appropriate.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
34b.	Provider develops/modifies a policy.	- The Provider develops/modifies a policy to ensure staff have been trained on how to properly document integrated community activities based on an individual's ISP. - The Provider trains staff on the developed/modified policy and submits verification of training.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the

#	Question	Guidance	Response Options	Source Documents
				remediation action date.
34c.	Provider trains staff on the existing policy.	The Provider trains staff on the existing policy and submits verification of training.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
34d.	Other remediation action.	- The Provider submits documentation of “other” remediation actions taken to comply with the requirements. - The Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
34e.	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 Provider. - The Provider enters the reason for the exception in the comment field.		
35.	The Provider ensures the individual has the right to control his/her own schedule and activities and has the right to update those activities as desired.	This question is applicable to all direct services from the Provider EXCEPT the following: Art Therapy, ASL Interpreter, Benefits Counseling, Communication Specialist, Community Participation Support, Consultative Nutritional, Day Habilitation, Equine Assisted Therapy, Licensed Residential Habilitation, Life Sharing, Music Therapy, Nutritional Consultation, and Transportation - The reviewer determines if the Provider ensured that the individual was given opportunities to update their activities as desired by reviewing service notes, progress notes and the ISP for an indication of preferred activities and if those activities were	1. (Yes) The Provider ensured that the individual had opportunities to control their schedule and activities. 2. (No) The Provider did not ensure or allow the individual the opportunity to control their schedule and activities. 3. (N/A) The individual did not receive the applicable service(s) from the Provider during the review period.	- HCBS Settings Rule 55 Pa Code Chapters 6100.181 and 6100.182

#	Question	Guidance	Response Options	Source Documents
		attended by the individual, or if there is indication of ongoing progress to participate in a preferred activity.		
35a.	Provider develops/modifies a policy.	- The Provider develops/modifies and submits a policy to ensure individuals have the right to control their own schedule and activities and ensures they are provided opportunities to update those activities as desired. - The policy could include supervision, internal agency monitoring, fiscal review, etc. - The Provider trains staff on the developed/modified policy and submits verification of training.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
35b.	Provider trains staff on the existing policy.	The Provider trains staff on the existing policy and submits verification of training.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
35c.	Other remediation action.	- The Provider submits documentation of “other” remediation actions taken to comply with the requirements. - The Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
35d.	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 Provider. - The Provider enters the reason for the exception in the comment field.		

#	Question	Guidance	Response Options	Source Documents
36.	The progress notes indicate how progress will be addressed if there was a lack of progress on a desired outcome.	• The reviewer checks the progress notes for the review period. • The reviewer identifies any progress notes that indicate lack of progress on a desired outcome. • For outcomes where progress notes identify a lack of progress, the progress notes identify the action steps the provider will take to address the lack of progress. • Actions may include, but are not limited to, changing the way the service is being delivered, requesting a team meeting to discuss with the ISP team, retraining staff on delivery of service, etc. • The AE or ODP should have conversations with the Provider to discuss reasons why progress is not being achieved.	1. (Yes) The progress notes reviewed indicated how the lack of progress will be addressed. 2. (No) The progress notes reviewed do not indicate how the lack of progress will be addressed. 3. (N/A) The progress notes show progress in achieving an outcome.	• 55 Pa Code Chapter 6100.227 • Bulletin 00-22-03, • <i>Technical Guidance for Claim and Service Documentation</i> • Bulletin 00-20-04, <i>Participant-Directed Services: Agency with Choice Financial Management Services Model</i> (ID/A Waivers)
36a.	Provider develops/modifies a policy.	• The Provider develops/modifies and submits a policy that ensures Provider staff document an individual's progress related to achieving desired outcomes. ◦ The policy could include supervision, internal agency monitoring, fiscal review, etc. • The Provider trains staff on the developed/modified policy and submits verification of training.	If YES, when: • The Provider chooses the appropriate time frame from the drop down.	• The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
36b.	Provider trains staff on the existing policy.	• The Provider trains staff on the existing policy and submits verification of training.	If YES, when: • The Provider chooses the appropriate time frame from the drop down.	• The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
36c.	Other remediation action.	• The Provider submits documentation of "other" remediation actions taken to comply with the requirements. • The Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: • The Provider chooses the appropriate time frame from the drop down.	• The Provider calculates the number of days between the notification date to

#	Question	Guidance	Response Options	Source Documents
				the Provider and the remediation action date.
36d.	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 Provider. • The Provider enters the reason for the exception in the comment field.		
37.	The Provider delivered services in the type, scope, amount, frequency, and duration specified in the individual's ISP.	• The reviewer identifies the services, amount, frequency, and duration of service delivery by reviewing the ISP. • The reviewer determines if the progress notes for the review period show that the Provider delivered services as specified in accordance with the individual's ISP. If the Provider did not deliver the services as specified, the progress notes should reflect this as well. • Examples of acceptable justification can include (but not limited to): individual out of town, extended illness, hospitalization/rehabilitation. • ODP Announcement 21-083 clarifies when an event involving Provider staff constitutes alleged neglect and states the following, "The scope, duration and/or frequency of support needed as specified in the ISP was not provided such that the individual was at imminent risk of harm or there was an impact to the individual's health or safety".	1. (Yes) The progress notes for the review period reflected that services were provided as specified in accordance with the individual's ISP or there is justification as to why the service was not provided per the ISP. 2. (No) The progress notes did not reflect that services were provided as specified in accordance with the individual's ISP and the Provider did not document acceptable justification.	• 55 Pa Code Chapter 6100.226 and 6100.227 • ODP Announcement 21-083, Determining When an Event Constitutes Neglect for Purposes of Reporting Incidents Involving Provider Employees • Bulletin 00-22-03, <i>Technical Guidance for Claim and Service Documentation</i> • Bulletin 00-22-05, <i>Individual Support Plans (ISPs)</i> (ID/A Waivers)
37a.	Provider develops/modifies a policy.	• The Provider develops/modifies and submits a policy that ensures that the delivery of services is documented as specified in accordance with the individual's ISP. ◦ The policy could include supervision, internal agency monitoring, fiscal review, etc. • The Provider trains staff on the developed/modified policy and submits verification of training.	If YES, when: • The Provider chooses the appropriate time frame from the drop down.	• The Provider calculates the number of days between the notification date to the Provider and the remediation action date.

#	Question	Guidance	Response Options	Source Documents
37b.	Provider trains staff on the existing policy.	The Provider trains staff on the existing policy and submits verification of training.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
37c.	Other remediation action.	- The Provider submits documentation of “other” remediation actions taken to comply with the requirements. - The Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
37d.	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 Provider. - The Provider enters the reason for the exception in the comment field.		
38.	The Provider implemented the individual’s back-up/contingency plan as specified in the ISP.	- This question is applicable to all direct services from the Provider EXCEPT the following: - ID/A: Residential Services (Residential Habilitation, Life Sharing, and Supported Living) - AAW: Residential Habilitation (Community Home and Life Sharing) - The reviewer determines if an event occurred which required a back-up/contingency plan to be implemented by reviewing the service notes and progress notes during the review period.	1. (Yes) The Provider implemented the individual’s back-up/contingency plan as specified in the ISP. 2. (No) The Provider did not implement the individual’s back-up/contingency plan as specified in the ISP. 3. (N/A) The back-up/contingency plan was not required for the service(s) received from the Provider, or no events occurred which required the implementation of a back-up/contingency plan, or the individual received one of the excluded	- ODP Bulletin 00-22-05, <i>Incident Management</i> - Bulletin 00-20-02, <i>Individual Support Plans (ISPs)</i> (ID/A Waivers) - Adult Autism Waiver (AAW) - AAW Provider Manual (AAW)

#	Question	Guidance	Response Options	Source Documents
		If such an event occurred, the reviewer determines whether the back-up/contingency plan was implemented as specified in the ISP.	services identified from the Provider during the review period.	
38a.	Provider develops/modifies a policy.	- The Provider develops/modifies and submits a policy that ensures back-up/contingency plans for individuals are implemented as specified in the ISP. - The policy could include supervision, internal agency monitoring, fiscal review, etc. - The Provider trains staff on the developed/modified policy and submits verification of training.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
38b.	Provider trains staff on the existing policy.	The Provider trains staff on the existing policy and submits verification of training.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
38c.	Other remediation action.	- The Provider submits documentation of “other” remediation actions taken to comply with the requirements. - The Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
38d.	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 Provider. - The Provider enters the reason for the exception in the comment field.		

#	Question	Guidance	Response Options	Source Documents
39.	The Provider submitted an incident report of neglect into Enterprise Incident Management (EIM) if the individual's back-up/contingency plan was not implemented as specified in the ISP.	• This question is applicable to all direct services from the Provider EXCEPT the following: ○ ID/A: Residential Services (Residential Habilitation, Life Sharing, and Supported Living) ○ AAW: Residential Habilitation (Community Home & Life Sharing) • The reviewer determines if an event occurred which required a back-up/contingency plan to be implemented and it was not implemented as specified based on the review of service notes and progress notes. • The reviewer determines if the incident reports from the review period reflect that an incident report of neglect was submitted into EIM. • ODP Announcement 21-083 clarifies when an event involving Provider staff constitutes alleged neglect and states the following, "The scope, duration and/or frequency of support needed as specified in the ISP was not provided such that the individual was at imminent risk of harm or there was an impact to the individual's health or safety. When reviewing incident reports, the reviewer will look at all sections of the incident report including but not limited to the incident description section to determine if the incident was submitted due to failure to implement a back-up/contingency plan".	1. (Yes) The Provider submitted an incident report of neglect. 2. (No) The Provider did not submit an incident report of neglect. 3. (N/A) The back-up/contingency plan was not required for the service(s), or no events occurred which required the implementation of a back-up/contingency plan, or the individual received one of the excluded services identified from the Provider during the review period.	• 55 Pa Code Chapter 6100.401 • ODP Bulletin 00-21-02, <i>Incident Management</i> • ODP Announcement 21-083, Determining When an Event Constitutes Neglect for Purposes of Reporting Incidents Involving Provider Employees
39a.	Provider ensures that an incident of neglect was entered into EIM.	• The Provider enters in an incident report of neglect into EIM if a deviation in frequency or duration occurred when an individual is available to receive home and community-based services. • The Provider submits the incident number(s) confirming that the neglect incident(s) was filed in EIM within 24 hours of notification. • ODP or the AE will verify in EIM that the incident number(s) provided references the neglect incident(s) and will record the incident number(s) in the comment field.	If YES, when: • The Provider chooses the appropriate time frame from the drop down.	• The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
39b.	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 Provider.		

#	Question	Guidance	Response Options	Source Documents
		The Provider enters the reason for the exception in the comment field.		
40.	**The Provider implements communication supports and services as specified in the individual's ISP to ensure effective communication.	- The reviewer determines if the individual's ISP has an outcome or goal that focuses on communication during the review period. - The reviewer determines if progress notes reflect that the communication supports and services identified in the individual's ISP are being provided to the individual.	(Yes) The Provider implemented the communication supports and services that were specified in the individual's ISP outcome/goal. (No) There is no documentation which shows communication supports and services were implemented as specified in the individual's ISP. (N/A) The individual does not have an outcome or goal for communication or the Provider being reviewed is not responsible for that outcome/goal.	- Bulletin 00-08-18, <i>Communication Supports & Services</i> - Bulletin 00-14-04, <i>Accessibility of Intellectual Disability Services for Individuals Who Are Deaf</i> - Bulletin 00-22-03 Technical Guidance for Claim and Service Documentation
40a.	Provider implements communication supports and services as required.	- The Provider ensures the individual's communication supports and services are implemented as specified in the individual's ISP. - The Provider submits documentation as appropriate.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
40b.	Provider develops/modifies a policy.	- The Provider develops/modifies a policy to ensure staff have been trained on how to properly document communication supports and services based on an individual's ISP. - The Provider trains staff on the developed/modified policy and submits verification of training.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
40c.	Provider trains staff on the existing policy.	The Provider trains staff on the existing policy and submits verification of training.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days

#	Question	Guidance	Response Options	Source Documents
				between the notification date to the Provider and the remediation action date.
40d.	Other remediation action.	- The Provider submits documentation of “other” remediation actions taken to comply with the requirements. - The Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
40e.	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 Provider. - The Provider enters the reason for the exception in the comment field.		
41.	The Provider assists the individual in the identification of potential career options using a person-centered approach and based upon the interests and strengths of the individual.	This question is only applicable to individuals receiving the following services from the Provider: - ID/A: Supported Employment (Career Assessment) - AAW: Career Planning (Vocational Assessment) - The reviewer determines whether the individual received and has completed the Career Assessment component of Supported Employment or the Vocational Assessment component of Career Planning. - The reviewer determines through progress notes that the following activities were completed as part of the service: - Gathering and conducting a review of the participant’s interests, skills, and work or volunteer history. - Conducting situational assessments to assess the participant’s interest and aptitude in a particular type of job. - Conducting informational interviews.	1.(Yes) All activities of this service were completed, and the career assessment report contains all required components. 2.(No) All or some of the activities were not completed. 3.(No) The career assessment report did not include all required components. 4.(N/A) The individual did not receive the applicable service(s) from the Provider during the review period.	- Consolidated, P/FDS, Community Living, and Adult Autism Waivers - Everyday Lives Values in Action 2021, Recommendation #3, Increase Employment

#	Question	Guidance	Response Options	Source Documents
		- Identifying types of jobs in the community that match the participant's interests, strengths, and skills. - Developing a career assessment report (Note: for AAW, this report is called a Vocational Profile and must be completed on a form specified by ODP) - The reviewer determines that the career assessment report specifies recommendations regarding the participant's needs, interests, strengths, and characteristics of potential competitive integrated work environments as well as the training or skills development necessary to achieve the participant's career goals.		
41a.	Provider completes the activities as required.	The Provider ensures the activities required for Career Assessment (ID/A) or Vocational Assessment (AAW) service(s) have been completed for the individual.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
41b.	Provider develops/modifies a policy.	- The Provider develops/modifies a policy to ensure staff have been trained on how to properly document communication supports and services based on an individual's ISP. - The Provider trains staff on the developed/modified policy and submits verification of training.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
41c.	Provider trains staff on the existing policy.	The Provider trains staff on the existing policy and submits verification of training.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.

#	Question	Guidance	Response Options	Source Documents
41d.	Other remediation action.	- The Provider submits documentation of “other” remediation actions taken to comply with the requirements. - The Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
41e.	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 Provider. - The Provider enters the reason for the exception in the comment field.		
42.	The individual’s ISP includes a competitive integrated employment outcome/goal.	This question is only applicable to individuals receiving the following services: - ID/A: Small Group Employment and the prevocational component of Community Participation Support - AAW: Small Group Employment - The reviewer determines if the individual has a competitive integrated employment outcome/objective(s) in the ISP. - Individuals receiving Small Group Employment, or the prevocational component of CPS must have a competitive integrated employment outcome/objective(s) included in their ISP. - The ISP must include how and when the provision of the service is expected to lead to competitive integrated employment. - The Provider is to be marked “YES” if they provide evidence that they sent the information to the SC and the ISP was not updated accordingly.	(Yes) The individual’s ISP included a competitive integrated employment outcome/objective(s) and how and when the provision of the service is expected to lead to competitive integrated employment or if the Provider has evidence that they sent information to the SC and the ISP was not updated accordingly. (No) The individual’s ISP did not include a competitive integrated employment outcome/objective(s) and/or how and when the provision of the service is expected to lead to competitive integrated employment and the Provider does not have evidence that they sent information to the SC. (N/A) The individual did not receive the applicable service(s) from the Provider during the review period.	- Consolidated, P/FDS, Community Living, and Adult Autism Waivers - Bulletin, , 00-22-05 <i>Individual Support Plans (ISPs)/Attachment #1 ISP Manual (ID/A Waivers)</i>

#	Question	Guidance	Response Options	Source Documents
42a.	Provider develops an outcome/objective(s).	- The Provider develops a competitive integrated employment outcome/objective(s) with the individual's team which includes how and when the provision of the service is expected to lead to competitive integrated employment. - The developed outcome/objective(s) must be sent to the SC to update in the individual's ISP. - The Provider submits documentation as appropriate.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
42b.	Other remediation action.	- The Provider submits documentation of "other" remediation actions taken to comply with the requirements. - The Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
42c.	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 Provider. - The Provider enters the reason for the exception in the comment field.		
43.	The individual was supported to make progress towards the outcome/goal of competitive integrated employment.	This question is only applicable to individuals receiving the following services: - ID/A: Small Group Employment and the prevocational component of Community Participation of Support. - AAW: Small Group Employment. - The reviewer determines if the individual has a competitive integrated employment outcome specified in the ISP. - The reviewer determines if the Provider supports the individual towards the competitive integrated employment outcome(s) specified in the individual's ISP by reviewing progress notes, data, etc.	(Yes) The Provider ensures that the individual was supported towards competitive integrated employment as specified in the ISP. (No) The Provider did not ensure that the individual was supported towards competitive integrated employment as specified in the ISP. (N/A) The individual did not receive the applicable service(s) from the Provider during the review period.	- Consolidated, P/FDS, Community Living, and Adult Autism Waivers - Workforce Innovation and Opportunity Act (WIOA) 2018 Act 36 – Employment First Act - Everyday Lives Values into Action 2021

#	Question	Guidance	Response Options	Source Documents
43a.	Provider ensures the individual is supported as required.	- The Provider ensures the individual is supported towards competitive integrated employment outcomes. - The Provider submits documentation as appropriate.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
43b.	Provider develops/modifies a policy.	- The Provider develops/modifies and submits a policy to ensure individuals are supported towards the outcome of competitive integrated employment. - The policy could include supervision, internal agency monitoring, fiscal review, etc. - The Provider trains staff on the developed/modified policy and submits verification of training.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
43c.	Provider trains staff on the existing policy.	The Provider trains staff on the existing policy and submits verification of training.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
43d.	Other remediation action.	- The Provider submits documentation of “other” remediation actions taken to comply with the requirements. - The Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
43e.	Remediation by exception.	Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to an individual’s		

#	Question	Guidance	Response Options	Source Documents
		death, moving out of state, inactive record status or transferring to another Provider. The Provider enters the reason for the exception in the comment field.		
44.	The individual is supported in exploring competitive integrated employment opportunities.	This question is only applicable to individuals receiving the following services from the Provider: - ID/A: Supported Employment (Job Finding or Development) or Advanced Supported Employment (Discovery and Job Acquisition) - AAW: Career Planning (Job Finding) - The reviewer determines if the ISP indicates whether the individual is seeking employment or additional employment and receives the applicable service(s). - The reviewer determines if progress notes and data for the review period reflects how the Provider supports the individual with exploring competitive integrated employment opportunities through the applicable service(s) in accordance with the individual's ISP and career assessment report (if applicable).	(Yes) The Provider supported the individual with exploring competitive integrated employment opportunities through the applicable service(s), in accordance with the individual's ISP and career assessment report (if applicable). (No) The Provider did not support the individual with exploring competitive integrated employment opportunities through the applicable service(s), in accordance with the individual's ISP and career assessment report (if applicable). (N/A) The individual did not receive the applicable service(s) from the Provider during the review period or if the individual attained competitive employment and is not seeking another job.	- Consolidated, P/FDS, Community Living, and Adult Autism Waivers - Everyday Lives Values in Action 2021 - Executive Order 2016-03 – Employment First - Executive Order 2016-03 Recommendations 2018 Act 36 – Employment First Act - Bulletin 00-22-03, <i>Technical Guidance for Claim and Service Documentation</i> - Bulletin, 00-22-05, <i>Individual Support Plans (ISPs)/Attachment #1 ISP Manual (ID/A Waivers)</i> - AAW Provider Manual (AAW)
44a.	Provider ensures the individual is supported as required.	- The Provider ensures the individual is supported in exploring competitive integrated employment outcomes. - The Provider submits documentation as appropriate.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the

#	Question	Guidance	Response Options	Source Documents
				remediation action date.
44b.	Provider develops/modifies a policy.	- The Provider develops/modifies and submits a policy to ensure individuals are supported with exploring competitive integrated employment opportunities. - The policy could include supervision, internal agency monitoring, fiscal review, etc. - The Provider trains staff on the developed/modified policy and submits verification of training.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
44c.	Provider trains staff on the existing policy.	The Provider trains staff on the existing policy and submits verification of training.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
44d.	Other remediation action.	- The Provider submits documentation of “other” remediation actions taken to comply with the requirements. - The Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
44e.	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 Provider. - The Provider enters the reason for the exception in the comment field.		
45.	The Provider supports the individual in obtaining	This question is only applicable to individuals receiving the following services from the Provider:	1. (Yes) The Job Finding or Development activities resulted in the individual	Exploratory

#	Question	Guidance	Response Options	Source Documents
	competitive integrated employment. Non-Scored	○ ID/A: Supported Employment (Job Finding or Development) ○ AAW: Career Planning (Job Finding) • The reviewer determines if the ISP indicates the individual received the applicable service(s) from the Provider. • The reviewer determines if progress notes for the review period reflect that the Job Finding or Development activities resulted in the individual acquiring competitive integrated employment.	acquiring competitive integrated employment regardless of how long the individual has received Job Finding and Development. 2. (No) The Job Finding or Development activities did not result in the individual acquiring competitive integrated employment and the individual has received Job Finding and Development for 6 consecutive months or more. 3. (N/A) The individual has not obtained competitive integrated employment but has only received Job Finding and Development for less than 6 consecutive months or if the individual did not receive the applicable service(s) from the Provider during the review period.	• Consolidated, P/FDS, Community Living, and Adult Autism Waivers • Bulletin, 00-22-05, <i>Individual Support Plans (ISPs)/Attachment #1 ISP Manual (ID/A Waivers)</i> • Everyday Lives Values in Action 2021 • Executive Order 2016-03
46.	The Provider supports the individual in maintaining employment.	• This question is only applicable to individuals receiving the following services from the Provider: ○ ID/A: Supported Employment (Job Coaching and Support) or Advanced Supported Employment (Job Retention) ○ AAW: Supported Employment (Intensive Job Coaching and Extended Employment Supports) • The reviewer determines if the ISP indicates whether the individual is employed in a competitive-integrated job and received the applicable service(s) from the Provider. • The reviewer determines if progress notes for the review period reflects that the Provider supports the individual in maintaining employment in accordance with the individual's ISP.	1. (Yes) The Provider supported the individual in maintaining employment in accordance with the individual's ISP. 2. (No) The Provider did not support the individual in maintaining employment in accordance with the individual's ISP. 3. (N/A) The individual did not receive the applicable service(s) from the Provider during the review period.	• Consolidated, P/FDS, Community Living, and Adult Autism Waivers • Everyday Lives Values in Action 2021 • Executive Order 2016-03 – Employment First • Executive Order 2016-03 Recommendations • 2018 Act 36 – Employment First Act • Bulletin 00-22-03, <i>Technical Guidance for Claim and Service Documentation</i> • Bulletin, 00-22-05 <i>Individual Support</i>

#	Question	Guidance	Response Options	Source Documents
				<i>Plans (ISPs)/Attachment #1 ISP Manual (ID/A Waivers)</i>
46a.	Provider ensures the individual is supported as required.	• The Provider ensures the individual is supported in maintaining employment. • The Provider submits documentation as appropriate.	If YES, when: • The Provider chooses the appropriate time frame from the drop down.	• The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
46b.	Provider develops/modifies a policy.	• The Provider develops/modifies and submits a policy to ensure individuals are supported with maintaining employment. ◦ The policy could include supervision, internal agency monitoring, fiscal review, etc. • The Provider trains staff on the developed/modified policy and submits verification of training.	If YES, when: • The Provider chooses the appropriate time frame from the drop down.	• The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
46c.	Provider trains staff on the existing policy.	• The Provider trains staff on the existing policy and submits verification of training.	If YES, when: • The Provider chooses the appropriate time frame from the drop down.	• The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
46d.	Other remediation action.	• The Provider submits documentation of “other” remediation actions taken to comply with the requirements. • The Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: • The Provider chooses the appropriate time frame from the drop down.	• The Provider calculates the number of days between the notification date to the Provider and the

#	Question	Guidance	Response Options	Source Documents
				remediation action date.
46e.	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 Provider. - The Provider enters the reason for the exception in the comment field.		
47.	If an individual receiving Supported Employment requires Career Assessment activities in excess of 6 consecutive months, there is documentation of an explanation of the reason why the activities are needed for an extended period of time.	This question is only applicable to ID/A individuals receiving Supported Employment (Career Assessment) services from the Provider. - The reviewer determines if the ISP indicates whether the individual receives Supported Employment – Career Assessment from the Provider. - The reviewer determines if progress notes for the review period reflect Career Assessment activities in excess of 6 consecutive months. - The reviewer determines that when an individual receives Career Assessment activities in excess of 6 consecutive months, there is documentation that includes an explanation of why the activities are needed for an extended period of time. COMMENT NEEDED – If “Yes,” identify explanation of why Career assessment activities were needed for an extended period of time.	(Yes) The individual required Career Assessment activities in excess of 6 consecutive months and documentation was present to reflect an explanation of why the activities were needed for an extended period of time. (No) The individual required Career Assessment activities in excess of 6 consecutive months and documentation was not present that reflected an explanation of why the activities were needed for an extended period of time. (N/A) The individual did not receive Supported Employment - Career Assessment services in excess of 6 months from the Provider during the review period.	- Consolidated, P/FDS, and Community Living Waivers - ID/A Waiver Employment Services Q&A Document - Bulletin, 00-22-05, <i>Individual Support Plans (ISPs)/Attachment #1 ISP Manual</i>
47a.	Provider completes the documentation as required.	- The Provider completes the documentation as required - The Provider submits documentation as appropriate.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.

#	Question	Guidance	Response Options	Source Documents
47b.	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 Provider. - The Provider enters the reason for the exception in the comment field.		
48.	There is documentation of a fading plan or fading schedule for the individual's ongoing use as part of Supported Employment.	This question is only applicable to individuals receiving the following services from the Provider: ID/A: Supported Employment (Job Coaching and Support) AAW: Supported Employment (Intensive Job Coaching) - The reviewer determines if the ISP indicates whether the individual receives Supported Employment (ID/A – Job Coaching and Support; AAW – Intensive Job Coaching), from the Provider. - The reviewer determines if the provider has developed a fading plan or fading schedule for the individual's ongoing use of Supported Employment (ID/A – Job Coaching and Support; AAW – Intensive Job Coaching). - A fading plan or fading schedule is a strategy or action plan designed to reduce the individual's dependence on external supports provided by a job coach (ID/A) or staff (AAW). - The areas where a fading plan or fading schedule could be located include but are not limited to the following: individual's ISP, individual's record, and progress notes.	(Yes) The individual had a fading plan or fading schedule was present. (No) The individual did not have a fading plan or fading schedule present. (N/A) The individual did not receive the applicable service(s) from the Provider during the review period.	- Consolidated, P/FDS, Community Living, and Adult Autism Waivers - Everyday Lives Values in Action 2021 - ID/A Waiver Employment Service Definition Q&A Document (ID/A Waivers) - Bulletin, 00-22-05 <i>Individual Support Plans (ISPs)/Attachment #1 ISP Manual (ID/A Waivers)</i> - BSASP Administrative Notice BAW16-31, "Request for an Exception to Established Service Limits" (AAW)
48a.	Provider completes the fading plan or fading schedule as required.	- The Provider completes the fading plan or fading schedule as required - The Provider submits the fading plan or fading schedule as appropriate.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the

#	Question	Guidance	Response Options	Source Documents
				remediation action date.
48b.	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 Provider. - The Provider enters the reason for the exception in the comment field.		
49.	The Provider ensures the individual completes all health care appointments, screenings, and follow-up as prescribed.	This question is only applicable to ID/A individuals that receive the following unlicensed services from the Provider: Residential Habilitation, Life Sharing and/or Supported Living. - The reviewer will determine if the individual receives any unlicensed Residential Habilitation, Life Sharing or Supported Living services from the Provider by reviewing the most current ISP from the review period. - The reviewer will determine if the Provider's documentation which includes but not limited to service notes and progress notes reflect that the individual's health care appointments, screenings, and follow-up are completed as prescribed. - This review should include regular medical appointments, routine screenings such as mammograms, prostate, etc.; follow-ups as recommended by the treating practitioner as well as screenings for risk factors such as dysphagia screenings for those who demonstrate swallowing difficulties. - If appointments did not occur as scheduled, the reviewer determines if the Provider's documentation reflects cancellations were rescheduled as needed.	(Yes) The individual's required and recommended appointments occurred or if the appointments did not occur, the Provider has documentation that shows cancellations were rescheduled as needed. (No) The individual's required and recommended appointments did not occur and were not rescheduled. (N/A) The individual did not receive the applicable service(s) from the Provider during the review period or the individual is enrolled in AAW only.	55 Pa Code Chapters 6100.182, 6100.183, 6100.224
49a.	Provider schedules and completes any health care appointments, screenings and follow-ups.	- The Provider schedules and completes any health care appointments, screenings and follow-ups and submits documentation as appropriate. - For the health care appointments, screenings or follow-up that will take longer than 30 days, the Provider will submit documentation as appropriate regarding future scheduled dates.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.

#	Question	Guidance	Response Options	Source Documents
49b.	Provider develops/modifies a policy.	- The Provider develops/modifies and submits a policy and/or tracking system that ensures health care appointments, screening and follow-ups are scheduled as needed and completed accordingly. - The policy could include supervision, internal agency monitoring, etc. - The Provider trains staff on the developed/modified policy and submits verification of training.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
49c.	Provider trains staff on the existing policy.	The Provider trains staff on the existing policy and submits verification of training.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
49d.	Other remediation action.	- The Provider submits documentation of “other” remediation actions taken to comply with the requirements. - The Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
49e.	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 Provider. - The Provider enters the reason for the exception in the comment field.		
50.	The Provider has ensured that the individual is able to pursue their preferred wellness	This question is applicable to all direct services from the Provider <u>EXCEPT</u> Transportation.	1.(Yes) The Provider ensured the individual was able to engage in their preferred wellness activities as specified in the ISP or	55 Pa Code 6100.223 and 6100.224

#	Question	Guidance	Response Options	Source Documents
	activities as identified in the Individual Plan.	- The reviewer determines if the individual's preference for wellness activities as specified in the ISP have been able to be pursued by the individual by review of the Provider's documentation, including but not limited to service notes and progress notes. - The domains of wellness are: Emotional, physical, intellectual, spiritual, environmental, social, occupational, and financial. - If there are no preferred wellness activities specified, the Provider should continue to promote, educate, and explore wellness activities with the individual.	the Provider's documentation shows that the Provider continued to promote, educate, and explore wellness activities with the individual. 2. (No) The Provider did not ensure the individual was able to engage in preferred wellness activities as specified in the ISP or the Provider's documentation did not show that the Provider continued to promote, educate, and explore wellness activities with the individual. 3. (N/A) The individual only received the excluded service(s) from the Provider during the review period.	Everyday Lives Values in Action 2021
50a.	Provider ensures that the individual is able to pursue their preferred wellness activities.	The Provider submits documentation that ensures that the individual is able to pursue their preferred wellness activities.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
50b.	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 SCO. - The SCO enters the reason for the exception in the comment field.		
51.	If a restrictive intervention was used, the Provider followed the approved Behavior Support Component of the Individual Support Plan (ISP) for each instance to ensure that the	This question is applicable to all direct services from the Provider EXCEPT Licensed Residential Habilitation and Licensed Life Sharing. - A restrictive procedure is a practice that limits an individual's movement, activity or function; interferes with an individual's ability to acquire positive reinforcement; results in loss of objects or activities that an individual values; or requires an individual to	1. (Yes) The Provider used restrictive interventions which match those approved in the individual's Behavior Support Component of the ISP. 2. (No) The Provider used restrictive interventions which were not part of the	55 Pa Code Chapters 6100.344, 6100.345, 6100.346 and 6100.349 - Bulletin 00-21-01, <i>Guidance for Human Rights Teams and</i>

#	Question	Guidance	Response Options	Source Documents
	individual is free from coercion and restraint.	engage in behavior the individual would not engage in given freedom of choice. • The reviewer determines if the Provider used restrictive interventions on the individual in the sample at any point in the review period by reviewing progress notes, the Behavior Support Plan and the ISP. • The reviewer then determines if, in any instances where restrictive interventions were used, the Provider followed the approved Behavior Support Component of the ISP for each instance to ensure that the individual is free from coercion and restraint.	individual's approved Behavior Support Component of the ISP. 3. (N/A) The Provider did not use any restrictive interventions during the review period or is not directly responsible for implementing or managing the Behavior Support Component of the individual's ISP or if the individual received one of the excluded services identified from the Provider during the review period.	<i>Human Rights Committees</i> • Bulletin,00-22-05 <i>Individual Support Plans (ISPs)/Attachment #1 ISP Manual (ID/A Waivers)</i>
51a.	Provider ensures that an incident is filed in EIM for the individual as required.	• The Provider ensures an incident in EIM for the individual as required. • The Provider submits the incident number(s) confirming that the incident(s) have been filed in EIM. • ODP or the AE will verify in EIM that the incident number(s) provided references the incident(s) and will record all incident number(s) in the comment field. • The Provider will follow-up with the individual's Human Rights Team regarding the unapproved restrictive intervention as appropriate.	If YES, when: • The Provider chooses the appropriate time frame from the drop down.	• The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
51b.	Provider ensures there is follow-up with the individual's Human Rights Team (HRT) regarding the unapproved restrictive intervention.	• The Provider ensures that the Behavior Support Component of the individual's ISP was reviewed by the Human Rights Team, and updated, if necessary, based on the unapproved restrictive intervention. • The Provider submits documentation as appropriate.	If YES, when: • The Provider chooses the appropriate time frame from the drop down.	• The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
51c.	Provider ensures Provider staff complete required training.	• The Provider submits documentation that demonstrates the Provider staff completed training from the Behavior Support Professional on the individual's Behavioral Support Component of the Individual Plan as appropriate.	If YES, when: • The Provider chooses the appropriate time frame from the drop down.	• The Provider calculates the number of days between the notification date to the Provider and the

#	Question	Guidance	Response Options	Source Documents
				remediation action date.
51d.	Other remediation action.	- The Provider submits documentation of “other” remediation actions taken to comply with the requirements. - The Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
51e.	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 Provider. - The Provider enters the reason for the exception in the comment field.		
52.	The Provider ensures all reportable incidents are documented in the Enterprise Incident Management (EIM) system as required.	- The reviewer determines if there were reportable incidents based on a review of progress notes and other available documentation. - The reviewer will determine if each reportable incident was documented in EIM.	1. (Yes) The Provider ensured reporting of all incidents for the individual, meaning incidents were recorded in EIM and there is no evidence/documentation of an unreported incident. 2. (No) The Provider did not ensure reporting of all incidents for the individual, meaning there is evidence/documentation of unreported incident occurring during the review period. 3. (N/A) There is no evidence/documentation to indicate that any incidents occurred during the review period that were required to be reported.	55 Pa. Code Chapter 6100.401 - Bulletin 00-21-02, <i>Incident Management</i>
52a.	Provider ensures that an unreported incident is filed in EIM.	The Provider submits the incident number(s) confirming that the unreported incident(s) have been filed in EIM within 24 hours of notification.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the

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		• ODP or the AE will verify in EIM that the incident number(s) provided references that the unreported incident(s) and will record all incident number(s) in the comment field.		notification date to the Provider and the remediation action date.
52b.	Provider ensures Provider staff complete required training.	• The Provider submits documentation that demonstrates the Provider staff completed training on ODP's Incident Management bulletin and the Provider's annual training on incident management as appropriate.	If YES, when: • The Provider chooses the appropriate time frame from the drop down.	• The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
52c.	Other remediation action.	• The Provider submits documentation of "other" remediation actions taken to comply with the requirements. • The Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: • The Provider chooses the appropriate time frame from the drop down.	• The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
52d.	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 Provider. • The Provider enters the reason for the exception in the comment field.		
53.	The Provider educates individuals based on the circumstances of incidents for which the Provider is required to file in EIM.	• The reviewer will determine if the Provider offered and provided education to individuals about the circumstances of incidents that the Provider reported. • Given the individualized nature of incidents, the reviewer will need to read the incident report to determine if the Provider educated the individual based on the circumstances of the incident (see the Verification of Incident Classification screen in the Final Section of the incident report). Has the individual been	1. (Yes) There is evidence that the individual was offered and educated about the circumstances of all incidents reported in the EIM system by the Provider. 2. (No) There is no evidence that the individual was educated about the circumstances of incidents reported in the EIM system by the Provider.	• 55 Pa. Code Chapter 6100.405 • Bulletin 00-21-02, <i>Incident Management</i>

#	Question	Guidance	Response Options	Source Documents
		notified of the findings and actions taken as a result of the incident as well as the investigation determination, if applicable? Review progress notes and incident report in order to determine what appropriate education may be based on the circumstances of the situation. The reviewer will need to consider the communication abilities of the individual, the nature of the incident and other factors to determine if the Provider completed this activity appropriately. • Education must include: ◦ Informing the individual that an incident occurred, a description of the incident, actions taken (including status of target), investigation determination and corrective action(s). • Evidence includes but is not limited to: documentation in progress notes, the ISP, EIM/or sign-in sheets, transcripts or certificates of completion from any training or educational opportunities. • The Provider must offer education and individuals have the right to refuse the offer. Documentation of educational opportunities should reflect that they were presented in a manner in which the individual can understand. Refusals and attempts to educate should be documented in the record. COMMENT NEEDED – If “No,” provide details of what incidents did not have education provided.	3. (N/A) The individual did not have any incidents for which the Provider is required to file in EIM during the review period.	
53a.	The Provider educates the individual on the circumstance of the incident(s).	• The Provider offers and provides education to the individual(s) about the circumstances of incidents. • The Provider submits documentation as appropriate.	If YES, when: • The Provider chooses the appropriate time frame from the drop down.	• The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
53b.	Other remediation action.	• The Provider submits documentation of “other” remediation actions taken to comply with the requirements. • The Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: • The Provider chooses the appropriate time frame from the drop down.	• The Provider calculates the number of days between the notification date to the Provider and the

#	Question	Guidance	Response Options	Source Documents
				remediation action date.
53c.	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 Provider. - The Provider enters the reason for the exception in the comment field.		
54.	The individual has the right to have a key, access card, keypad code or other entry mechanism to lock and unlock the entrance door of their home.	This question is only applicable to ID/A individuals receiving Licensed Community Residential Rehabilitation. - The reviewer will interview the individual to determine if the individual has the right to have a key, access card, keypad code or other entry mechanism to lock and unlock the entrance door of their home. - Locking may be provided by a key, access card, keypad code or other entry mechanism accessible to the individual to permit the individual to lock and unlock the door. - The reviewer will ask the individual to show them their key or other entry mechanism and that they can lock and unlock the entrance door of their home.	(Yes) The individual has a key or other entry mechanism to lock and unlock the entrance door of their home and can demonstrate how to use it. (No) The individual does have a key or other entry mechanism to lock and unlock the entrance door of their home but cannot demonstrate how to use it. (No) The individual would like a key or other entry mechanism but was not given one by the Provider. (N/A) The individual does not want a key or other entry mechanism to lock and unlock the entrance door of their home, or the individual did not receive the applicable service(s) from the Provider during the review period, or the individual is enrolled in AAW.	55 Pa Code Chapter 6100.183 - HCBS Settings Rule
54a.	Provider assists the individual on learning how to use a key or other entry mechanism.	- The Provider assists the individual on learning how to use a key or other entry mechanism to lock and unlock the entrance door. - The Provider submits documentation as appropriate. This option can only be selected when the response option 2. (No) was selected.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
54b.	Provider gives the individual a key or other entry mechanism.	The Provider must give the individual a key or other entry mechanism to lock and unlock the entrance door.	If YES, when:	The Provider calculates the

#	Question	Guidance	Response Options	Source Documents
		- The Provider assists the individual on learning how to use a key or other entry mechanism to lock and unlock the entrance door. - The Provider submits documentation as appropriate. This option can only be selected when the response option 3. (No) was selected.	The Provider chooses the appropriate time frame from the drop down.	number of days between the notification date to the Provider and the remediation action date.
54c.	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 Provider. - The Provider enters the reason for the exception in the comment field.		
55.	The individual has the right to lock their bedroom door.	This question is only applicable to ID/A individuals receiving Licensed Community Residential Rehabilitation. - The reviewer will observe the individual's bedroom door to make ensure there is a lock. - The reviewer must observe the individual locking and unlocking their bedroom door. - Locking may be provided by a key, access card, keypad code or other entry mechanism accessible to the individual to permit the individual to lock and unlock their bedroom door.	1.(Yes) The individual has a lock on their bedroom door and can demonstrate that they can lock and unlock the bedroom door. 2.(No) The individual has a lock on their bedroom door but cannot demonstrate how to lock and unlock the bedroom door. 3.(No) The individual's bedroom does not have a lock and the individual wants a lock on their bedroom door. 4.(N/A) The individual does not want a lock on their bedroom door, or the individual did not receive the applicable service(s) from the Provider during the review period, or the individual is enrolled in AAW.	55 Pa Code Chapter 6100.183 - HCBS Settings Rule
55a.	Provider assists the individual on learning how to unlock and lock their bedroom door.	- The Provider assists the individual on learning how to lock and unlock their bedroom door. - The Provider submits documentation as appropriate. This option can only be selected when the response option 2. (No) was selected.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the

#	Question	Guidance	Response Options	Source Documents
				remediation action date.
55b.	Provider installs a lock on the individual's bedroom door.	• The Provider must install a lock on the individual's bedroom door. • The Provider assists the individual on learning how to lock and unlock their bedroom door. • The Provider submits documentation as appropriate. • This option can only be selected when the response option 3. (No) was selected.	If YES, when: • The Provider chooses the appropriate time frame from the drop down.	• The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
55c.	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 Provider. • The Provider enters the reason for the exception in the comment field.		
56.	The individual has privacy in their home when audio and/or visual monitoring systems are used in their home.	• This question is only applicable to ID/A individuals receiving Licensed Community Residential Rehabilitation. • The reviewer needs to determine if audio and/or visual monitoring systems are used in the individual's home by reviewing the individual's ISP. • If audio and/or visual monitoring systems are used, the reviewer needs to interview the individual to determine the following: ○ Does the individual know that the system(s) are on and operating? ○ Does the individual know how to control the system(s)? ○ Does the individual know they have a right to privacy in their home by turning off the system? • Privacy of person includes, but is not limited to: ○ The ability to be nude or partially nude without being seen by others. ○ Engaging in independent self-care activities such as bathing or toileting without being seen by others. ○ Receiving assistance with self-care activities in an area inaccessible to others from the fewest possible number of staff persons and preventing staff not providing assistance	1. (Yes) The individual has privacy in their home when audio and/or visual monitoring systems are used in their home. 2. (No) The individual does not have privacy in their home when audio and/or visual monitoring systems are used in their home. 3. (N/A) The individual did not receive the applicable service(s) from the Provider during the review period, or the individual is enrolled in AAW.	• 55 Pa Code Chapter 6100.182 • HCBS Settings Rule

#	Question	Guidance	Response Options	Source Documents
		with such care from accessing the area while assistance is being provided by other staff. Engaging in sexual activities without being seen by others.		
56a.	Provider ensures that a rights violation is filed in EIM for the individual.	- The Provider enters an incident in EIM for the individual as a rights violation. - The Provider submits the incident number(s) confirming that the right violation incident(s) have been filed in EIM. - ODP or the AE will verify in EIM that the incident number(s) provided references the rights violation incident(s) and will record all incident number(s) in the comment field.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to the Provider and the remediation action date.
56b.	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 Provider. - The Provider enters the reason for the exception in the comment field.		
57.	The individual chose how to decorate their bedroom and the common areas of their home such as the living room or kitchen.	This question is only applicable to ID/A individuals receiving Licensed Community Residential Rehabilitation. - The reviewer will interview the individual to determine if the individual was given the right to decorate their bedroom and common areas of their home. - The reviewer should view the individual's bedroom and common areas of their home to make sure its individualized, related to the individual's interests, personal values, etc.	(Yes) The individual chose how to decorate their bedroom and the common areas of their home such as the living room or kitchen. (No) The individual did not choose how to decorate their bedroom and the common areas of their home such as the living room or kitchen. (N/A) The individual did not receive the applicable service(s) from the Provider during the review period, or the individual is enrolled in AAW.	55 Pa Code Chapter 6100.183 - HCBS Settings Rule
57a.	Provider discusses with the individual choice related to decorating their bedroom and common areas.	- The Provider discusses with the individual choice related to decorating their bedroom and common areas. - The Provider submits documentation which reflects that this discussion occurred.	If YES, when: The Provider chooses the appropriate time frame from the drop down.	The Provider calculates the number of days between the notification date to

#	Question	Guidance	Response Options	Source Documents
				the Provider and the remediation action date.
57b.	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 Provider. - The Provider enters the reason for the exception in the comment field.		

Agency with Choice (AWC) QA&I Questions

The questions in the section below are to be answered for any ID/A Provider that also renders AWC services. There are separate sections for the data and policy, record review and Managing Employer (ME) individual interview questions.

If there are any questions or clarification needed related to the AWC QA&I questions, please email the appropriate Regional Participant Directed Services (PDS) Lead and the AWC FMS mailbox at RA-PWAWCMONITORING@pa.gov.

AWC Provider Data and Policy

#	Question	Guidance	Response Options	Source Documents
58.	The AWC Provider demonstrates application of the core value of individual choice & control as a pillar to ODP's mission, vision, and values.	- The reviewer will talk with the AWC Provider and review documentation to determine how the AWC Provider applies individual choice and control. - The reviewer should listen for or prompt the AWC to explain their role in supporting individuals' rights to: - Make choices and accept risks - Refuse to participate in activities and services - Control the individual's own schedule and activities - Choose where, when and how to receive needed services - Voice concerns about the services the individual receives	(Yes) The AWC Provider has a policy and can demonstrate all of the elements in the guidance. (No) The AWC Provider does not have a policy and/or doesn't demonstrate all of the elements in the guidance.	Bulletin 00-20-04, <i>Participant Directed Services: Agency with Choice Financial Management Services Model</i>

#	Question	Guidance	Response Options	Source Documents
		- o Participate in the development and implementation of the Individual Support Plan • If the AWC Provider has a policy related to this requirement, the reviewer will review the policy for content related to the above. COMMENT NEEDED – If “No,” identify the area(s) where the AWC was unable to demonstrate the application of individual choice and control.		
58a.	Other remediation action.	• The AWC Provider submits documentation of “other” remediation actions taken to comply with the requirements. • The AWC Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: • The AWC Provider chooses the appropriate time frame from the drop down.	• The AWC Provider calculates the number of days between the notification date to the AWC Provider and the remediation action date.
59.	The AWC Provider has a process or procedure that ensure service utilization reports are provided to the Managing Employer (ME) within seven (7) days of the last day of the pay period.	• The reviewer will examine the AWC Provider’s process or procedure to ensure it demonstrates steps/actions taken to provide utilization reports to the ME within the required timeframe.	1. (Yes) The AWC Provider has a process or procedure that ensures that utilization reports were provided to the ME within seven (7) days of the last day of the pay period. 2. (No) The AWC Provider does not have a process or procedure that ensures utilization reports were provided to the ME within seven (7) days of the last day or the pay period.	• Bulletin 00-20-04, <i>Participant Directed Services: Agency with Choice Financial Management Services Model</i>
59a.	The AWC Provider develops a process or procedure.	• The AWC Provider develops a process or procedure that reflects steps/actions to provide utilization reports to the ME with the required timeframe. • The AWC provider trains staff on developed process or procedures and submits documentation to comply with the requirement	If YES, when: The AWC Provider chooses the appropriate time frame from the drop down.	• The AWC Provider calculates the number of days between the notification date to the AWC Provider and the remediation action date.

#	Question	Guidance	Response Options	Source Documents
60.	Does the AWC have a process/policy for determining if an SSP is a relative of the participant?	The reviewer will determine if AWC Provider has a process that determines the relationship of the SSPs to the participant that aligns with the Waiver definition as defined in the waiver: which is A relative is any of the following by blood, marriage or adoption who have not been assigned as legal guardian for the participant: a spouse, a parent of an adult, a stepparent of an adult child, grandparent, brother, sister, aunt, uncle, niece, nephew, adult child or stepchild of a participant or adult grandchild of a participant.	(Yes) If the AWC has a process/policy for determining if a SSP meets the definition of a relative as defined by the waiver. (No) If the AWC does not have a policy/process for determining if the SSP meet the definition of a relative as defined by the waiver.	Bulletin 00-20-04, <i>Participant Directed Services: Agency with Choice Financial Management Services Model</i>
60a.	Other remediation action.	- The AWC Provider submits documentation of “other” remediation actions taken to comply with the requirements. - The AWC Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AWC Provider chooses the appropriate time frame from the drop down.	The AWC Provider calculates the number of days between the notification date to the AWC Provider and the remediation action date.
61.	The AWC Provider provides MEs with information about the AWC Provider’s roles and responsibilities.	- The reviewer will look at the type of information describing the AWC Provider’s roles and responsibilities and documentation of the methods by which the AWC Provider shares this information with the MEs. - The reviewer will ask the AWC Provider to explain its process for providing MEs with information about the AWC’s roles and responsibilities. - The reviewer will examine the AWC Provider’s policy and procedures for providing information about the AWC Provider’s roles and responsibilities and review a copy of the information provided to MEs. The policy, procedures, and information provided must include, at a minimum, the list of responsibilities in Attachment 1 of Bulletin 00-20-04.	(Yes) The documentation reviewed demonstrates that information is provided to the ME about the AWC Provider’s roles and responsibilities in alignment with all eight (8) requirements in Attachment 1 of Bulletin 00-20-04. (No) Any of the following were found: the AWC Provider is unaware of this requirement or the AWC Provider does not provide MEs with any information or the AWC Provider’s information does not include all of the requirements in Attachment 1 of Bulletin 00-20-04.	Bulletin 00-20-04, <i>Participant Directed Services: Agency with Choice Financial Management Services Model</i>
61a.	Other remediation action.	- The AWC Provider submits documentation of “other” remediation actions taken to comply with the requirements. - The AWC Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AWC Provider chooses the appropriate time frame from the drop down.	The AWC Provider calculates the number of days between the notification date to

#	Question	Guidance	Response Options	Source Documents
				the AWC Provider and the remediation action date.
62.	The AWC Provider has and implements policies to ensure MEs report incidents to the AWC.	- The reviewer will look at the AWC Provider's policy for incident reporting by MEs and documentation that demonstrates the AWC received incident reports from the MEs. - The reviewer will ask the AWC Provider to describe its process for how it incorporates ensuring that MEs report incidents to the AWC. - The reviewer will examine the Provider's overall incident management policy (or the AWC-specific policy, if one exists) to determine whether there is a process for MEs to report incidents to the AWC.	(Yes) The AWC Provider has a policy for ME reporting of incidents and the documentation provided indicates that the ME is reporting incidents to the AWC. (No) Any of the following were found: the AWC Provider is unaware of this requirement or the AWC Provider does not have a policy about ME reporting incidents to the AWC or the AWC Provider is not conducting discovery of the MEs incident reporting practices, or the ME is not reporting incidents to the AWC Provider.	Bulletin 00-20-04, <i>Participant Directed Services: Agency with Choice Financial Management Services Model</i>
62a.	Other remediation action.	- The AWC Provider submits documentation of "other" remediation actions taken to comply with the requirements. - The AWC Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AWC Provider chooses the appropriate time frame from the drop down.	The AWC Provider calculates the number of days between the notification date to the AWC Provider and the remediation action date.
63.	The AWC Provider has and implements a process for analyzing customer satisfaction responses.	- The reviewer will examine the AWC Provider's policy and procedures to analyzing satisfaction responses. - The reviewer will look at the AWC Provider's process for gathering and analyzing customer satisfaction data and reports or other documents demonstrating the analysis results. - The reviewer will ask the AWC Provider to explain its process for analyzing survey results and review the survey and customer responses conducted in the most recent calendar year.	(Yes) The AWC Provider has a policy and process for administering a customer satisfaction survey and analyzing the collected responses. (No) Any of the following were found: the AWC Provider is unaware of this requirement or the AWC Provider did not issue a customer satisfaction survey in the most recent calendar year or the AWC Provider did not analyze the customer satisfaction responses.	Bulletin 00-20-04, <i>Participant Directed Services: Agency with Choice Financial Management Services Model</i>

#	Question	Guidance	Response Options	Source Documents
63a.	Other remediation action.	- The AWC Provider submits documentation of “other” remediation actions taken to comply with the requirements. - The AWC Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AWC Provider chooses the appropriate time frame from the drop down.	The AWC Provider calculates the number of days between the notification date to the AWC Provider and the remediation action date.
64.	The AWC Provider utilizes customer satisfaction findings to improve AWC services.	- The reviewer will look at the AWC Provider’s customer satisfaction findings reports and documentation that demonstrates the AWC Provider took action to improve services based on the findings (i.e., changed policies or protocols, new forms or procedures, etc.). - The reviewer will ask the AWC Provider to explain its process for AWC improvement based on survey results in the most recent calendar year. - The reviewer will request to see examples of how the AWC Provider improved its processes based on the satisfaction survey released in the previous calendar year.	1. (Yes) The AWC Provider has a process for using customer satisfaction survey results to make organizational improvement and that the analysis of responses from a survey in the most recent calendar year were used to implement improvement projects. 2. (No) Any of the following were found: the AWC Provider is unaware of this requirement or the AWC Provider did not issue a customer satisfaction survey in the most recent calendar year or the AWC Provider did not improve any of its practices based on survey results.	Bulletin 00-20-04, <i>Participant Directed Services: Agency with Choice Financial Management Services Model</i>
64a.	Other remediation action.	- The AWC Provider submits documentation of “other” remediation actions taken to comply with the requirements. - The AWC Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AWC Provider chooses the appropriate time frame from the drop down.	The AWC Provider calculates the number of days between the notification date to the AWC Provider and the remediation action date.
65.	The AWC Provider takes action to fulfill unmet responsibilities of the ME.	The reviewer will talk with the AWC Provider and look at documentation demonstrating action taken when the AWC Provider was required to fulfill the unmet responsibilities of the ME.	1. (Yes) The AWC Provider has a policy to take action and, as indicated, took action to fulfill unmet responsibilities of the ME. 2. (No) Any of the following were found: the AWC Provider is unaware of this requirement or the AWC Provider’s policy	Bulletin 00-20-04, <i>Participant Directed Services: Agency with Choice Financial</i>

#	Question	Guidance	Response Options	Source Documents
		- The reviewer will review the ME Agreement to ensure the provider's policy addresses those responsibilities outlined within the ME agreement - The reviewer will ask the AWC Provider to explain its process/policy to fulfill unmet ME responsibilities. - The reviewer will examine the AWC Provider's policy and procedures for fulfilling unmet needs. The policy and procedures must address, at a minimum, all of the ME responsibilities indicated in Bulletin 00-20-04.	and procedures did not include all of the ME responsibilities in Bulletin 00-20-04 that the AWC Provider should conduct to fulfill unmet need or the AWC Provider did not conduct ME activities to fulfill unmet need, as indicated. 3. (N/A) There were no instances of unfilled responsibilities in the review period.	<i>Management Services Model</i>
65a.	Other remediation action.	- The AWC Provider submits documentation of "other" remediation actions taken to comply with the requirements. - The AWC Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AWC Provider chooses the appropriate time frame from the drop down.	The AWC Provider calculates the number of days between the notification date to the AWC Provider and the remediation action date.
66.	The AWC ensures that they do not limit the MEs ability to schedule an SSP to work up to 40 hours per week.	- The reviewer will ask the AWC Provider to verify that there is no blanket prohibition on working more than 30 hours per pay period. - The reviewer will look at timesheets and documentation demonstrating that SSPs are able to work up to 40 hours when needed and/or allowed within the waiver budget of the participant. - The reviewer will ask if the AWC Provider has denied any requests within the previous calendar year. If one or more requests were denied, the AWC Provider must be able to explain the basis for the denial, which cannot include denial based on AWC restrictions.	(Yes) The AWC Provider's practices allow MEs to schedule SSPs up to 40 hours per week, as needed, an/or as permitted within the waiver participant's budget limits. (No) Any of the following were found: the AWC Provider is unaware of this requirement or the AWC Provider prohibits working more up to 40 hours per week or any requests to schedule up to 40 hours were denied based on AWC policy.	Bulletin 00-20-04, <i>Participant Directed Services: Agency with Choice Financial Management Services Model</i>
66a.	Other remediation action.	- The AWC Provider submits documentation of "other" remediation actions taken to comply with the requirements. - The AWC Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AWC Provider chooses the appropriate time frame from the drop down.	The AWC Provider calculates the number of days between the notification date to

#	Question	Guidance	Response Options	Source Documents
				the AWC Provider and the remediation action date.

AWC Provider Record Review

#	Question	Guidance	Response Options	Source Documents
67.	The AWC Provider produces service utilization reports and provides them to the Managing Employers (MEs) within seven calendar days of the last day of each payroll period.	- The reviewer will look at the utilization reports produced by the AWC Provider along with emails that demonstrate the reports were provided to Managing Employers (MEs) within the required time frame. - Utilization reports and correspondence produced during the previous two calendar months will be reviewed for seven participants in the sample or the total number of participants in the sample, whichever is less.	(Yes) The AWC Provider has documentation present which shows distribution occurred every time for the review period. (No) Any of the following were found: the AWC Provider is not aware of this requirement or the AWC Provider did not provide utilization reports for one or more participants or the AWC Provider did not provide utilization reports for one or more participants within the required time frame.	Bulletin 00-20-04, <i>Participant Directed Services: Agency with Choice Financial Management Services Model</i>
67a.	Other remediation action.	- The AWC Provider submits documentation of “other” remediation actions taken to comply with the requirements. - The AWC Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AWC Provider chooses the appropriate time frame from the drop down.	The AWC Provider calculates the number of days between the notification date to the AWC Provider and the remediation action date.
67b.	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 Provider. - The Provider enters the reason for the exception in the comment field.		

#	Question	Guidance	Response Options	Source Documents
68.	The AWC Provider provides Managing Employer skills training.	- The reviewer will look at training materials and training logs that demonstrate the AWC delivered skills training to MEs. - The reviewer will ask the AWC to explain its process for providing MEs skills training. - The reviewer will examine the AWC's policy and procedures for providing ME skills training. The policy and procedures must include, at a minimum, the process for notifying MEs of available trainings the list of responsibilities in Attachment 2 of Bulletin 00-20-04. - The reviewer will request a list of all ME skills trainings offered within the previous calendar year and the mechanism used to document training delivery.	1. (Yes) The documentation reviewed demonstrates that the AWC Provider offers all 26 training options listed in Attachment 2 of Bulletin 00-20-04. 2. (No) Any of the following were found: the AWC Provider is unaware of this requirement or the AWC Provider did not provide ME skills training or the AWC Provider's policy and procedures did not include all of required training topics in Attachment 2 of Bulletin 00-20-04 or the AWC Provider did not offer training on all of the requirements in Attachment 2 of Bulletin 00-20-04.	Bulletin 00-20-04, <i>Participant Directed Services: Agency with Choice Financial Management Services Model</i>
68a.	Other remediation action.	- The AWC Provider submits documentation of "other" remediation actions taken to comply with the requirements. - The AWC Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AWC Provider chooses the appropriate time frame from the drop down.	The AWC Provider calculates the number of days between the notification date to the AWC Provider and the remediation action date.
68b.	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 Provider. - The Provider enters the reason for the exception in the comment field.		
69.	The AWC Provider ensures that SSPs receive training on medication assistance.	- The reviewer will look at training materials and training logs that demonstrate the AWC delivered medication assistance training to MEs. - The reviewer will ask the AWC to explain its process for ensuring that SSPs receive training on medication assistance,	1. (Yes) The AWC Provider has a policy to assure that SSPs receive training on medication assistance and that the information provided indicates that SSPs are receiving the required medication assistance training.	Bulletin 00-20-04, <i>Participant Directed Services: Agency with Choice Financial Management Services Model</i>

#	Question	Guidance	Response Options	Source Documents
		The reviewer will examine the AWC's policy and procedures to ensure that training occurs. The procedures must include a process to identify which SSPs provide medication assistance, unless all SSPs are required to be trained per AWC policy.	2. (No) Any of the following were found: the AWC Provider is unaware of this requirement or the AWC Provider does not allow SSPs to provide medication assistance or the AWC Provider has not developed or implemented a training plan.	
69a.	Other remediation action.	- The AWC Provider submits documentation of "other" remediation actions taken to comply with the requirements. - The AWC Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AWC Provider chooses the appropriate time frame from the drop down.	The AWC Provider calculates the number of days between the notification date to the AWC Provider and the remediation action date.
69b.	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 Provider. - The Provider enters the reason for the exception in the comment field.		
70.	The AWC Provider has and implements a written policy on restrictive procedures and a means to monitor and ensure appropriate use of restrictive procedures by MEs and SSPs.	- The reviewer will look at the AWC Provider's policy and other documentation that demonstrates the AWC Provider's monitoring of restrictive procedures used by MEs and SSPs. - If the AWC Provider supports individuals who require restrictive procedures, the reviewer will review the records of 5 participants for whom restrictive procedures are applied or the total number of participants who require restrictive procedures, whichever is less. - For each individual reviewed, the AWC Provider will be asked to demonstrate how it ensures that the procedures were correctly applied.	1. (Yes) The AWC Provider has and implements its policy on restrictive interventions and monitors the appropriate use of restrictive interventions used by MEs and SSPs. 2. (No) Any of the following were found: the AWC Provider is unaware of this requirement or the AWC Provider does not monitor restrictive procedure use, i.e. is unable to identify individuals for whom restrictive procedures are applied or the AWC Provider does not ensure that restrictive procedures were applied properly for one or more individuals based on the sample provided.	Bulletin 00-20-04, <i>Participant Directed Services: Agency with Choice Financial Management Services Model</i>

#	Question	Guidance	Response Options	Source Documents
70a.	Other remediation action.	- The AWC Provider submits documentation of “other” remediation actions taken to comply with the requirements. - The AWC Provider enters the REMEDIATION ACTION taken in the comment field.	If YES, when: The AWC Provider chooses the appropriate time frame from the drop down.	The AWC Provider calculates the number of days between the notification date to the AWC Provider and the remediation action date.
70b.	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 Provider. - The Provider enters the reason for the exception in the comment field.		

AWC Managing Employer Interview Questions

The questions below are interview questions that will be asked of the Managing Employers (MEs). The ME is the individual or surrogate that directs the provision of waiver services provided by the Support Service Professionals (SSPs).

Completion Tips and Successful Interview Strategies

- All questions should be answered by the individual (if they are their own ME) or by the person who serves as the ME that receives AWC Financial Management Services (FMS).*
- The ME interview can occur in person at a location determined by the ME, by phone, or by video.*
- Interviews should focus on the ME’s overall experience **in the past 12 months**.*
- Interviews should be conversational and as relaxed as possible – questions do not need to be scripted. There are no right or wrong answers.*
- It is acceptable for there to be a person designated to answer questions on behalf of the ME. This proxy respondent should be listed in the appropriate space of the first section of the interview tool. The ME may designate the proxy respondent at the start of the interview. The interviewer may make assumptions about the identification of the proxy respondent if the individual is not able to communicate and there is an obvious trusted person to provide support during the interview.*
- The ME’s response should be prioritized over that of a proxy, guardian, family member, team member, etc. If someone other than the ME answers the question, use the comment boxes in this tool to indicate who answered the question.*

7. *The individual may choose to cancel or reschedule the interview because their preferred communication method is not available, and they do not wish to identify a proxy respondent.*
8. *The majority of the questions include a scale of response options from Always to Never. Interviewers should use the following guidance when selecting the appropriate response option:*
 - a. *Select ‘**Always**’ when the circumstance occurs at all times or occasions. There is no variability, and it is 100% of the time.*
 - b. *Select ‘**Almost Every Time**’ when the circumstance occurs nearly every time, but no less than 80% of the time*
 - c. *Select ‘**Sometimes**’ when the circumstance occurs occasionally or from time to time. There is a moderate degree of variability and can occur anywhere from 20% to 80% of the time.*
 - d. *Select ‘**Almost Never**’ when the circumstance hardly ever occurs. There is a high degree of variability and occurs less than 20% of the time.*
 - e. *Select ‘**Never**’ when the circumstance does not occur at all.*
9. *Answers using the response option “If N/A is selected a comment must be entered. The comment section should be used minimally and only to record:*
 - a. *The reason or background information when the answer given is ‘almost never’ or ‘never’, ‘or ‘N/A’.*
 - b. *Deviations in who responds to the question if not the ME, or the designated proxy respondent.*
10. *It is best practice that all answers should be recorded during the interview and then entered and submitted via QuestionPro within seven (7) days of the interview. The same QuestionPro link can be used for each interview.*

Name of Managing Employer	Date	Name of Interviewer	Name of Person Entering Interview
Name of AWC	Name of Participant (if not the ME)		Participant MCI #
Location of the interview*	Who was present at the interview?		The following individual was identified as the proxy respondent (The proxy selected cannot be the SSP.):
☐ Home** ☐ Work	☐ Managing Employer – Individual ☐ Managing Employer – Other, list: 		Full Name:

☐ School ☐ Phone ☐ Video (e.g., FaceTime, Zoom) ☐ Other place, describe: _____ Provider site/address (if applicable): _____ _____ _____ <i>(*Note: This question can be completed prior to the interview based on the scheduled location of the interview.)</i> <i>(**Note: Check 'home' if the interview is held where the person lives.)</i>	☐ Family, list: _____ ☐ Staff, list: _____ ☐ Other, list: _____ 	Relation to the Individual/Role for the Individual: _____ <i>(Note: Use the Comment box when there are any deviations in the person who answers the question if not the ME or the identified proxy respondent.)</i>
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Managing Employer Interview Questions, Guidance and Responses

#	Question	Who is asked the question?	Guidance to assist the interviewer with question purpose and interpretation in order to obtain the information in lieu of simply asking the question	Response and Comment
71.	I know how to contact my Agency with Choice (AWC).	Managing Employer	The intent of this question is to determine that the ME knows how to contact the AWC.	Pick the one answer that most closely represents the given response: ☐ Yes ☐ No ☐ N/A _____ Comment:
72.	If I have a question, I am pleased with the response time of my AWC.	Managing Employer	The intent of the question is to determine that the ME is satisfied with the AWC's responsiveness when the ME has a question.	Pick the one answer that most closely represents the given response: ☐ Always ☐ Almost all the time ☐ Sometimes

#	Question	Who is asked the question?	Guidance to assist the interviewer with question purpose and interpretation in order to obtain the information in lieu of simply asking the question	Response and Comment
				☐ Almost never ☐ Never ☐ N/A _____ Comment:
73.	When I've had a complaint, the AWC resolved the issue to my satisfaction.	Managing Employer	The intent of the question is to determine that the AWC satisfactorily resolves issues or complaints presented by the ME.	Pick the one answer that most closely represents the given response: ☐ Always ☐ Almost all the time ☐ Sometimes ☐ Almost never ☐ Never ☐ N/A _____ Comment:
74.	My AWC offers training opportunities (beyond required training) that are useful to me as a ME.	Managing Employer	The intent of the question is to determine to what degree the AWC offers additional training opportunities that assist the ME in self-directing services. These are training opportunities that are beyond the foundational training expectations to serve as a ME. Examples of training, include but are not limited to, medication administration, incident management, service note completion, and other trainings related to the participants diagnosis.	Pick the one answer that most closely represents the given response: ☐ Always ☐ Almost all the time ☐ Sometimes ☐ Almost never ☐ Never ☐ N/A _____ Comment:
75.	My AWC will work with me at times that best suit my schedule.	Managing Employer	The intent of this question is to determine that the AWC is flexible in supporting the ME at times that are most convenient for the ME.	Pick the one answer that most closely represents the given response: ☐ Always ☐ Almost all the time ☐ Sometimes ☐ Almost never ☐ Never ☐ N/A _____

#	Question	Who is asked the question?	Guidance to assist the interviewer with question purpose and interpretation in order to obtain the information in lieu of simply asking the question	Response and Comment
				Comment:
76.	I get support from my AWC to find support service professionals (SSP) when requested.	Managing Employer	The intent of this question is to determine to the degree to which the AWC provides support to the ME in locating SSPs to serve as self-directed employees for the ME.	Pick the one answer that most closely represents the given response: ☐ Always ☐ Almost all the time ☐ Sometimes ☐ Almost never ☐ Never ☐ N/A _____ Comment:
77.	New Support Service Professionals (SSP) are able to start work quickly after they are hired.	Managing Employer	The intent of this question is to determine that the AWC onboards SSPs within a reasonable timeframe through the efficient completion of administrative activities.	Pick the one answer that most closely represents the given response: ☐ Always ☐ Almost all the time ☐ Sometimes ☐ Almost never ☐ Never ☐ N/A _____ Comment:
78.	I get support from my AWC to develop SSPs' schedules.	Managing Employer	The intent of this question is to determine if the ME is satisfied with how the AWC provides support to develop work schedules for SSPs.	Pick the one answer that most closely represents the given response: ☐ Always ☐ Almost all the time ☐ Sometimes ☐ Almost never ☐ Never ☐ N/A _____ Comment:

#	Question	Who is asked the question?	Guidance to assist the interviewer with question purpose and interpretation in order to obtain the information in lieu of simply asking the question	Response and Comment
79.	My AWC supports me when I need to dismiss an SSP from employment.	Managing Employer	The intent of the question is to determine that the AWC provides support to the ME when it is necessary for a SSP to be terminated from employment.	Pick the one answer that most closely represents the given response: ☐ Always ☐ Almost all the time ☐ Sometimes ☐ Almost never ☐ Never ☐ N/A _____ Comment:
80.	Overall, I am satisfied with my AWC.	Managing Employer	The intent of the question is to determine the degree of the ME's satisfaction with the overall performance of the AWC.	Pick the one answer that most closely represents the given response: ☐ Always ☐ Almost all the time ☐ Sometimes ☐ Almost never ☐ Never ☐ N/A _____ Comment: