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OFFICE OF DEVELOPMENTAL PROGRAMS

NEW PROVIDER SELF-ASSESSMENT & GUIDELINES

**Self-Assessment Instructions**

1. **Overview of New Provider Self-Assessment**

This tool consists of 22 questions addressing performance standards divided broadly into 11 Oversight Areas. The accompanying guidelines include “performance standards” which are policy statements taken from the waivers, regulations, the Provider Agreement, and policies and procedures that this qualification process will use to measure performance.

**II. Tool Users**

The tool is intended for use by new Intellectual Disabilities/Autism (ID/A) waiver provider applicants excluding Supports Coordination Organizations (SCO), and applicants applying for services through Adult Autism Waiver (AAW):

New Provider Applicants: New provider applicants need to complete and submit this tool, with required policies and procedures to their assigned Administrative Entity (AE). The AE will verify whether the provider is in compliance with qualification requirements.

**Note:** Once a new provider applicant becomes qualified, the provider applicant will be included in the Quality Assessment and Improvement (QA&I) process and will complete the full QA&I tool during the next monitoring cycle based on the last digit of their MPI. For more information about the QA&I process, please visit MyODP Training & Resource Center [www.myodp.org](http://www.myodp.org).

1. **Tool Completion Instructions**

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

1. All questions applicable to the provider applicant must be answered and all required documentation outlined in the New Provider Self-Assessment and Guidelines must be developed and align with ODP requirements before the tool can be submitted. All documentation should be sent to the AE electronically.
2. There are three question formats in this tool:
   1. Yes/No: These questions are to be answered by selecting 'Yes' or 'No' based on the guidelines provided. Not applicable or ‘N/A’ can only be chosen where indicated. If there is a circumstance where ‘N/A’ applies but is not an option, please choose ‘No’ and explain the reason in the Section Comments box at the end of the section.
   2. Data entry: These questions require users to enter text information. These questions only appear in Section I: Introductory Questions.
   3. Section Comments boxes: Section II in the tool has a comment box at the end of the section. This comment box can be used to provide clarifications, explanations and relevant details related to the questions in that section. For example, as explained above, if there is a circumstance where N/A applies but it is not an option, the reason can be explained in the Section Comments box at the end of the section. If adding a comment, please reference the question number[s] before adding the comment.
3. It is **imperative** that the guidelines are used while completing this tool, as there are detailed instructions to follow.
4. **Tool Sections**

There are 3 sections in this tool:

1. Introductory Questions: These questions relate to basic organizational information related to the responding provider.
2. Policy/Procedure Questions: These questions relate to written policies, procedures and other documentation that ODP requires the provider to maintain.
3. Attestations: This section is designed to ensure that the new provider applicant has reviewed important documents and registered for ListServs and websites that will help the provider navigate the system and obtain needed resources.
4. **General instructions**
5. In preparation for completing this tool, providers and AEs should review the corresponding guidelines and source documents that are posted on MyODP Training & Resource Center [www.myodp.org](http://www.myodp.org).
6. In case of questions, issues or concerns related to the questions on this tool, please contact your AE and copy the ODP Provider Qualification Mailbox at [ra-odpproviderqualif@pa.gov](mailto:ra-odpproviderqualif@pa.gov) .

1. **Submission Instructions**

It is important for new provider applicants to know that this tool must be completed in its entirety, submitted to their assigned AE with all supporting documentation and have it approved by the assigned AE **before** the provider applicant is qualified.

Documents that must be submitted along with the tool are in **bold font** within the New Provider Self-Assessment Guidelines. As stated previously, the ODP New Provider Self-Assessment and all documentation must be submitted to the AE electronically. Failure to do so will prevent qualification.

All questions, including attestations, are based upon ODP policies, regulations, and communications, and must be answered in the affirmative for the approval process to move forward. If a question is answered ‘N/A’, an explanation must be included in the comments box. Again, please contact your AE and copy [ra-odpproviderqualif@pa.gov](mailto:ra-odpproviderqualif@pa.gov) with questions or concerns.

| **Section I: Introductory Questions** | | | |
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|  | **Questions** | **Source Document(s)/ODP Guidelines** | **Implementation Guidelines/Suggested Remediation** |
| **Overview**: The following questions are introductory questions to your organization. | | | |
| **1)** | ***Question:*** What is the provider applicant’s legal IRS name (the name used in the enrollment process) and Federal Employer Identification Number (FEIN)?   * Provider Name (Legal IRS name):   **Enter Provider Name Here**   * FEIN (Federal Employer Identification Number):   **Enter FEIN Number Here** |  | * Please enter your organization’s legal IRS name along with your FEIN. Ensure and double check that you have entered the correct information. If you are an individual practitioner, you may use your SSN. |

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| **2)** | ***Question:*** Please choose services from the list of waiver services below that the organization intends to be qualified to provide. (Italicized services are vendor services.)  Advanced Supported Employment  Art Therapy  A*ssistive Technology*  Behavioral Support  Benefits Counseling  Child Residential Habilitation Services, Licensed  Communication Specialist  Community Participation Support  Community Home Residential Habilitation Services, Licensed  Community Home Residential Habilitation Services for the Mentally Ill, Licensed  Companion  Consultative Nutritional Services  *Education Support Services*  Equine Assisted Therapy  Family/Caregiving Training and Support  *Home Accessibility Adaptations*  Homemaker/Chore Services  Housing Transition and Tenancy Sustaining Services  In-Home and Community Supports  Lifesharing, Licensed  Lifesharing, Unlicensed  Music Therapy  Occupational Therapy  Orientation, Vision and Mobility Therapy  Physical Therapy  Public Transportation  ☐ Remote Support  Residential Habilitation Services, Unlicensed  Respite  Shift Nursing  Small Group Employment  *Specialized Supplies*  Speech and Language Therapy  Supported Employment, Career Assessment, Job Finding/Job Development, Job Support  Supported Living  Supports Broker Services  *Transportation Mile*  *Transportation Trip*  *Vehicle Accessibility Adaptations* | * [ODP ISP Manual](https://www.myodp.org/mod/data/view.php?d=18&perpage=100&search=waiver&sort=415&order=DESC&advanced=0&filter=1&advanced=1&f_420=&f_415_d=15&f_415_m=12&f_415_y=2022&f_417=&f_423=&f_421=isp+manual&f_418=) * [Appendix C: Participant Services](https://www.dhs.pa.gov/Services/Disabilities-Aging/Documents/Developmental%20Programs/Consolidated%20Waiver%20June%202022.PDF) | * Please select), review and confirm all services provided. * Reviewers will review service descriptions to ensure descriptions provided meet current approved service definitions. * Reviewers will cross reference this list with the specialties listed on the PQ form (DP 1059) and the PQ Documentation Record. * Submit a brief description of how services will be provided for each service listed. |

| **Section II: Policy and Procedure Questions** | | | |
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|  | **Questions** | **Source Document(s)/ODP Guidelines** | **Implementation Guidelines/Suggested Remediation** |
| **Overview: When responding to these questions, providers must retain all related documentation, including policy & procedure documentation, training curriculum, training records, etc.** | | | |
| **For recommended remediation actions:**  **Short Term: Immediate action taken to correct specific non-compliance**  **Long Term: Actions taken to correct the non-compliance systemically** | | | |
| **3)** | *Oversight area:* Organizational structure  *Compliance Standard:* There is a written organizational structure outlining key administrative functions.  ***Question****:* Is a clearly defined organizational structure available?  Yes  No | *Source Document(s)*:   * [Waiver Assurance on Administrative Authority (Appendix A)](https://www.dhs.pa.gov/Services/Disabilities-Aging/Documents/Developmental%20Programs/Consolidated%20Waiver%20June%202022.PDF) * [§ 6000.941. Administrative structure](http://www.pacode.com/secure/data/055/chapter6000/s6000.941.html) * [§ 6000.953. Incident management representative](http://www.pacode.com/secure/data/055/chapter6000/s6000.953.html) | * Reviewers examine relevant documentation and job descriptions to ensure an organizational structure is defined and includes all of the following functions: * Waiver compliance * Incident/Risk Management * Quality Management * Provider Qualification compliance * HCSIS and PROMISe Enrollment compliance * SSD Maintenance * Claims Management and Fiscal Reconciliation * This does not necessarily have to be a chart, but relevant documentation to explain how the organization is structured administratively. * Compliance is determined if an organizational structure exists that includes all of the above functions. * If the provider will only render vendor services, the following functions must be present: * Provider Qualification compliance * HCSIS and PROMISe Enrollment compliance * SSD Maintenance * Claims Management and Fiscal Reconciliation * **Submit a copy of organizational structure and/or job descriptions that identify the above functions.**   *Remediation:*   * Provider will develop an organizational structure that outlines key administrative functions. |
| **4)** | *Oversight area:* Regulatory and Policy Requirements  *Compliance Standard:* A provider shall have a QM plan in accordance 55 Pa. Code Chapter 6100 Regulations.  ***Question****:* Has the applicant complete the ODP Quality Management Certification pre-requisite modules (101, 102, and 103)?  Yes  No | *Source Document(s):*   * [55 Pa. Code Chapter 6100 Section 6100.45](https://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/055/chapter6100/s6100.45.html&d=) * [The Pennsylvania Bulletin, 42 Pa.B. 7350, Office of Developmental Programs Priorities for Provider QM Plan Development published 12/1/12](http://www.pabulletin.com/secure/data/vol42/42-48/2331.html) * [MyODP: Quality Management](https://www.myodp.org/course/index.php?categoryid=214) * [Quality Management Training Modules (2021)](https://www.myodp.org/course/view.php?id=1795) | * Reviewers will review the three certificate of achievement 101, 102 and 103 for ODP Quality Management Certification pre-requisite modules. * The applicant does not need to become QM certified at this time. Once qualified the provider will be required to develop a QM plan. * **Submit a copy of the pre-requisite module certificates.**   *Remediation:*   * The provider applicant will complete the pre-requisite modules and submit certification to the AE. |
| **5)** | *Oversight area:* Mission and Vision  *Compliance Standard:* There is a mission/vision statement that supports ODP’s mission, vision, values and quality framework.  ***Question****:* Does the mission/vision statement of the organization reflect the Department’s policy on intellectual disability principles and values?  Yes  No | *Source Document(s):*   * [Quality Management Strategy of the ODP Bulletin 00-17-01](https://s3-us-west-2.amazonaws.com/palms-awss3-repository/MyODP_Content/Course+Content/QM/c_262046.pdf)   **Note:** Please reference Everyday Lives: Values in Action for more information.   * [MyODP: Everyday Lives](https://www.myodp.org/mod/page/view.php?id=7775) | * Reviewers will review the organization's mission and vision to ensure that they reflect the Department’s policy on intellectual disability principles and values. * **Submit the mission and vision of the organization.**   *Remediation:*   * Provider applicant will revise their mission/vision statement to reflect the Department’s policy on intellectual disability principles and values. |
| **6)** | *Oversight area:* Staffing  *Compliance Standard:* Staff are trained and qualified to provide supports to individuals as required in the ISPs.  ***Question:*** Does the provider applicant have policies and/or procedures to ensure that staff qualification requirements are met?  Yes  No | *Source Document(s):*   * [55 Pa. Code Chapter 6100 Sections 6100.83.](https://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/055/chapter6100/s6100.83.html&d=) | * Reviewers will review policies and procedures to ensure all listed staff qualification requirements are met. There should be a mechanism in place to ensure that staff qualification requirements remain in compliance throughout the year. * The following requirements will be met:  1. Orientation / Staff Training 2. Background Checks (criminal history, child abuse, FBI) 3. All staff are 18 years old or older 4. Driver information, as needed 5. Specialized qualification documentation (training, licenses, certificates depending on service).  * **Submit policies/procedures regarding staff qualification requirements.**   *Remediation:*   * Provider applicant will develop a policy/procedure for staff qualifications including orientation/staff training, background checks, and requirement for staff to be 18 or older. |
| **7)** | *Oversight area:* Staffing  *Compliance Standard:* The provider ensures that staff are not on any exclusion lists.  ***Question:***Does the provider have a policy/procedure for checking and assuring that staff or anyone they contract with is not listed on any of the following lists:   * List of Excluded Individuals and Entities (LEIE) * System for Award Management (SAM) and * DHS’s Medicheck list   and is it implemented?  Yes  No | *Source document(s):*   * [DHS Bulletin and Provider Screening](https://paaccess.pcgus.com/documents/DPW%20Bulletin%20and%20Provider%20Screening.pdf) * [ODP Announcement 031-13 – Migration of the Excluded Parties List System to the System for Award Management](https://s3-us-west-2.amazonaws.com/palms-awss3-repository/Communications/ID/2013/Migration_of_Excluded_Parties_List_System_to_System_for_Award_Management_Ann_031-13.pdf) | * Reviewers will review the provider’s policy/procedure for checking exclusion lists (LEIE, SAM and DHS’s Medicheck). All three exclusion lists must be included. * The policy must include a process for screening their employees and contractors (individuals and entities) to determine if they have been excluded from participation in Medicare, Medicaid or any other federal health care program, process for documenting screening efforts and process to conduct self-audits to ensure compliance. Screening should occur prior to hire and on an ongoing monthly basis after hire. * **Submit policies/procedures for checking staff on LEIE, SAM and Medicheck.**   *Remediation:*   * Provider applicant will develop/modify a policy/procedure for checking whether staff or anyone they contract with is listed on LEIE, SAM and DPW’s Medicheck list. * If the provider applicant has no process in place, they will immediately check the lists to ensure that no staff or contractors are excluded and will continue to check monthly thereafter. If staff or contractors are found to be on one or more of the lists, the provider will terminate contracts with the staff/contractor and void all claims associated with the staff/contractor. |
| **8)** | *Oversight area:* Regulatory and Policy Requirements  *Compliance Standard:* The provider maintains a policy consistent with 55 PA Code Chapter 6100 relating to restrictive procedures.  ***Question:***Does the provider applicant have a policy that addressesrestrictive procedures as described in 55 PA Code Chapter 6100?  Yes  No | *Source Document(s):*   * [55 Pa. Code § 6100 section 6100.342](http://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/055/chapter6100/s6100.342.html&d=) | * Reviewers will review the provider applicant’s policy that addresses restrictive procedures, including the use of emergency procedures that will be used in advance of the requirements outlined in 6100.349. * The policy should include the following:  1. Define the prohibition or use of specific types of restrictive procedures. 2. Describe the circumstances in which a restrictive procedure may be used. 3. The staff person who may authorize the use of a restrictive procedure. 4. A mechanism to monitor and control the use of restrictive procedures.  * **Submit Restrictive Procedures Policy.**   *Remediation:*   * Provider applicant will develop/modify a policy to address restrictive procedures |
| **9)** | *Oversight area:* Regulatory and policy requirements  *Compliance Standard:* The provider has a written policy for recordkeeping in compliance with 55 Pa. Code Chapter 6100 regulations.  ***Question:*** Does the provider applicant have a recordkeeping policy in accordance with 55 Pa. Code Chapter 6100 regulations?  Yes  No | *Source Document(s):*   * [55 Pa. Code Chapter 6100 section 6100.54](http://www.pacode.com/secure/data/055/chapter51/chap51toc.html#51.15.) | * Reviewers will review policy and procedures regarding recordkeeping to ensure all of the requirements are met. * Policy should include the following standards:   (a) The provider shall keep individual records confidential and in a secure location.  (b) The provider may not make individual records accessible to anyone other than the Department, the designated managing entity and the support coordinator, targeted support manager or base-funding support coordinator without the written consent of the individual or persons designated by the individual.  (c) Records, documents, information and financial books as required under this chapter shall be kept by the provider in accordance with the following:  (1) For at least 4 years from the Commonwealth’s fiscal year-end or 4 years from the provider’s fiscal year-end, whichever is later.  (2) Until any audit or litigation is resolved.  (3) In accordance with applicable Federal and State statutes and regulations.  (d) If a program is completely or partially terminated, the records relating to the terminated program shall be kept for at least 5 years from the date of termination.   * **Submit Recordkeeping Policy.**   *Remediation:*   * Provider applicant will develop/modify a policy for recordkeeping. |
| **10)** | *Oversight area:* Contingency planning  *Compliance Standard:* Providers must have Business Continuity and Emergency Response Plans to maintain continuity of operations during disasters or other emergencies and to mitigate risks to individuals.  ***Question:*** Does the provider applicant have written Business Continuity and Emergency Response plans that address continuing service provision, ensuring an individual’s safety and protection, communications, and contingency operational procedures?  ☐ Yes  ☐ No | *Source Document(s):*   * <https://www.ready.gov/planning> | * Reviewers will review the agency’s Business Continuity and Emergency Response Plans. * The plans should both be written and take an “all-hazards” approach. * An Emergency Response Plan focuses on the safety and protection of life, assets, and the environment. * A Business Continuity Plan focuses on continuing the operations of the business until it can return back to normal. * The Business Continuity Plan and the Emergency Response Plan may be integrated into a single unified plan, or two separate plans used in conjunction with each other. * The Business Continuity Plan should, at a minimum, address plans for continuing service provision to an individual so they can experience a reasonably similar level of independence, and continuation of necessary administrative functions, during disasters or other emergencies. * The Emergency Response Plan should, at a minimum, address ensuring an individual’s safety and protection; communications with individuals, families, and other stakeholders; and contingency operational procedures deemed necessary to meet the intent of the Oversight Area. * The plans should include parameters for regular updates, such as annually. * **Submit Business Continuity and Emergency Response Plan.**   *Remediation:*   * Provider applicant will develop/modify written Business Continuity and Emergency Response plans that address continuing service provision, ensuring an individual’s safety and protection, communications, and contingency operational procedures. |
| **11)** | *Oversight area:* Contingency planning  *Compliance Standard:* Provider has procedures on how to respond to individual health and behavioral emergencies and crises.  ***Question:*** Is there a policy on how to respond in cases of individual physical and behavioral health emergencies?  Yes  No | *Source Document(s):*   * [ODP Bulletin 00-21-02, Incident Management](https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20ODP/Bulletin%2000-21-02%20Incident%20Management.pdf) * [ODP Health Alert, Call 911 in a Medical Emergency](https://s3-us-west-2.amazonaws.com/palms-awss3-repository/Communications/HealthAlerts/HEALTH+ALERT+911+Medical+Emergency+1.4.15a.pdf) * [55 Pa. Code § 6100.349. Emergency use of a physical restraint.](http://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/055/chapter6100/s6100.349.html&d=) | * Reviewers will review policy for information on how to respond to health and behavioral emergencies and crises. This policy should include guidance on when to call 911 in accordance with the ODP Health Alert. * **Submit physical and behavioral health, emergency, Policy.**   *Remediation:*   * Provider applicant will develop policy on responding to individual health and behavioral emergencies and crises. |
| **12)** | *Oversight area:* Complaints  *Compliance Standard:* A provider shall develop complaints procedures to receive, document and manage complaints.  ***Question:*** Does the provider applicant have complaints procedures to receive, document and manage complaints in accordance with 55 Pa. Code Chapter 6100 regulations?  Yes  No | *Source Document(s):*   * [55 Pa. Code § 6100.51. Complaints.](http://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/055/chapter6100/s6100.51.html&d=) * [Waiver Assurance on Health and Welfare (Appendix G)](https://www.dhs.pa.gov/Services/Disabilities-Aging/Documents/Developmental%20Programs/Consolidated%20Waiver%20June%202022.PDF) | * Reviewers will review the provider’s complaint procedures. * The procedures should include the following:  1. Address complaints about a service submitted by or on behalf of individuals. 2. Inform the individual, and persons designated by the individual, upon initial entry into the provider’s program and annually thereafter of the right to file a complaint and the procedure for filing a complaint. 3. Permit and respond to an oral or written complaint from any source, including an anonymous source, regarding the delivery of a service. 4. Assure that there is no retaliation or threat of intimidation relating to the filing or investigation of a complaint. 5. Offer and provide assistance to the individual to prepare and submit the written complaint. 6. Document and manage a complaint, including a repeated complaint, which shall include the following:    1. The name, position, telephone, e-mail address and mailing address of the initiator of the complaint, if known.    2. The date and time the complaint was received.    3. The date of the occurrence, if applicable.    4. The nature of the complaint.    5. The provider’s investigation process, findings and actions to resolve the complaint, if applicable.    6. The date the complaint was resolved.    7. The provider shall resolve the complaint and report the findings or resolution to the complainant within 30 days of the date the complaint was submitted.      * Compliance is indicated when a provider has complaints procedures that meet **all** criteria above. * **Submit Complaints Procedures.**   *Remediation:*   * Provider applicant will develop complaints procedures in accordance with regulations. |
| **13)** | *Oversight area:* Training  *Compliance Standard:* A provider shall implement an annual training plan in compliance with 55 Pa. Code Chapter 6100 regulations.  ***Question:***Does the provider applicant have an annual training plan in accordance with 55 Pa. Code Chapter 6100 regulations?  Yes  No | *Source Document(s):*   * [55 Pa. Code Chapter 6100 Sections, 6100.143(c)](http://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/055/chapter6100/s6100.143.html&d=reduce) | * Reviewers will review the provider’s annual training plan. * The plan must contain at least the following:  1. The application of person-centered practices, community integration, individual choice and assisting individuals to develop and maintain relationships. 2. The prevention, detection and reporting of abuse, suspected abuse and alleged abuse. 3. Individual rights. 4. Recognizing and reporting incidents. 5. The safe and appropriate use of behavior supports if the person works directly with an individual. 6. Implementation of the individual plan if the person provides an HCBS or base-funding service.  * Compliance is indicated when the provider has a training plan that complies with **all** above requirements. * **Submit Annual Training Plan.**   *Remediation:*   * Provider applicant will develop/modify an annual training plan that is in accordance with the regulations. |
| **14)** | *Oversight area:* Regulatory and policy requirements  *Compliance Standard:* A provider shall either replace property that was lost or damaged or pay the individual the replacement value for the lost or damaged item.  ***Question:***Does the provider applicant have a process/procedure to ensure the replacement of an individual’s lost or damaged property in accordance with 55 Pa. Code Chapter 6100 regulations?  Yes  No | *Source Document(s):*   * [55 Pa. Code Chapter 6100 Section 6100.485](http://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/055/chapter6100/s6100.485.html&d=reduce) * [ODP Bulletin 00-21-02, Incident Management](https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20ODP/Bulletin%2000-21-02%20Incident%20Management.pdf) | * Reviewers will review the provider applicant’s policy/procedure on replacement of lost/damaged property. * The policy shall include: If an individual’s personal property is lost or damaged during the provision of an HCBS as a result of the provider’s action or inaction, the provider shall repair or replace the lost or damaged property or pay the individual the replacement value for the lost or damaged property. Also include that incident must be documented in EIM. * **Submit Lost/Damaged property Policy.**   *Remediation:*   * Develop/modify a procedure (in compliance with Chapter 6100 regulations) for replacing lost or damaged property. |
| **15)** | *Oversight area:* Transition of Individuals  *Compliance Standard:* A provider that is no longer willing to provide a service to an individual shall provide written notice at least 45 days prior to the date of discharge.  ***Question****:* Does the provider applicant have a process/procedure to ensure the appropriate transition of individuals in accordance with 55 Pa. Code Chapter 6100 regulations?  Yes  No | *Source Document(s):*   * [55 Pa. Code Chapter 6100 Section 6100.301-307](http://www.pacode.com/secure/data/055/chapter51/chap51toc.html#51.31.) | * Reviewers will review the provider applicant’s process/procedure to ensure the appropriate transition of individuals in accordance with chapter 6100 regulations. * The process shall include the following:  1. Participation in transition planning. 2. Cooperation with all aspects of the transition. 3. Arrangement for transportation, if transportation is included in the service, to support visitation. 4. Resolve pending incidents in EIM. 5. Undue influence is not exerted when the individual is making the choice to a new Provider. 6. Written notice at least 45 days prior to discharge when the provider is no longer willing/able to provide services shall be provided to:    1. The individual.    2. he individual.rovide services.i hich shall include the following:Persons designated by the individual.    3. The individual plan team members.    4. The AE where the individual is registered.    5. The supports coordinator.    6. The Department/ODP. 7. The written notice shall include the following:    1. Individual’s name and MCI number.    2. Current provider’s name, address and MPI number.    3. The service that the provider is unable or unwilling to provide.    4. The location where the service is currently provided.    5. The reason the provider is no longer able or willing to provide the service.    6. 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.    7. Suggested time frames for transitioning the delivery of the service to the new provider. 8. The provider will continue to provide the service during transition to provide continuity of service, until a new provider is approved, and the new service is in place. 9. The provider will provide available records to a new provider prior to the date of transfer.  * **Submit Transition of Individuals Procedure**   *Remediation:*   * Develop/modify a process for ensuring the appropriate transition of individuals in accordance with chapter 6100 regulations. |
| **16)** | *Oversight area:* Accessibility  *Compliance standard:* The provider maintains protocols consistent with ODP Bulletin 00-14-04, *Accessibility of Intellectual Disability Services for Individuals Who Are Deaf*.  ***Question****:* Does the provider applicant have written protocols in place that address accessibility for individuals who are deaf as specified in ODP Bulletin 00-14-04, *Accessibility of Intellectual Disability Services for Individuals Who Are Deaf*?  Yes  No | *Source document(s):*   * [ODP Bulletin 00-14-04, Accessibility of Intellectual Disability Services for Individuals Who Are Deaf](http://www.dhs.state.pa.us/cs/groups/webcontent/documents/bulletin_admin/c_078047.pdf) | * Reviewers will review protocols that address accessibility for individuals who are deaf. * The protocol will include:  1. Process for staff to request and obtain necessary communication assistance. 2. Process to ensure that communication assistance deemed necessary is provided as indicated in the ISP. 3. Process to contact Supports Coordinator within 10 days from the date the provider becomes aware of the need for communication assistance that was not included in the ISP.  * **Submit Accessibility for Individuals who are deaf Protocol.**   *Remediation:*   * The provider applicant will develop/modify a protocol that addresses all requirements. |
| **17)** | *Oversight area:* Incident management  *Compliance Standard:* The provider implements PA's Incident Management policy.  ***Question:*** Does the provider applicant’s Incident Management policy meet the requirements of 55 Pa. Code Chapter 6100 regulations and [ODP Bulletin 00-21-02, *Incident Management*](https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20ODP/Bulletin%2000-21-02%20Incident%20Management.pdf)?  ☐ Yes  ☐ No | *Source Document(s)*:   * [55 Pa. Code Chapter 6100 Incident management as specified in §§ 6100.401— 6100.405, 6100.142-6100.143](https://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/055/chapter6100/chap6100toc.html&d=reduce) * [55 Pa. Code Chapter 6000 Subchapter Q – Incident Management](http://www.pacode.com/secure/data/055/chapter6000/subchapQtoc.html) | * Reviewers will review the incident management policy and procedures to ensure all listed components are including but not limited to the requirements outlined in 00-21-02, Section III. * The policy will include:  1. There is a written policy to support incident management. 2. The policy addresses taking timely and appropriate action in response to incidents as outlined in 00-21-02 Section V, including but not limited to notifications to:    * Protective service entities    * Other appropriate authorities, including law enforcement    * Person’s designated by the individual, both immediately upon discovery of an incident as well as upon completion of incident management activities    * Local Victim’s Assistance Service providers 3. The policy addresses timely reporting and completion of incidents in EIM. 4. The policy addresses investigation of incidents, including those to be completed by a Department Certified Investigator. 5. The policy addresses taking appropriate preventative and additional corrective action in response to incidents. 6. Monthly incident data monitoring and three-month trend analysis of incident data 7. Staff training 8. Individual, family and persons designated by the individual education and information about the agency’s IM policies. 9. The policy addresses the provider’s process for Peer Review of investigations.  * **Submit Incident Management Policy.**   *Remediation:*   * Provider applicant will develop/modify an incident management policy that meets the requirements in the Regulations and Incident Management Bulletin. |
| **18)** | *Oversight Area:* Transportation  *Compliance Standard:* Providers that transport more than 6 participants are required to have an aide on the vehicle.  ***Question:***Does the transportation trip provider applicant have a process to ensure that there is an aide on the vehicle when transporting more than six individuals?  Yes  No  N/A | *Source Document(s):*   * [Appendix C: Participant Services](https://www.dhs.pa.gov/Services/Disabilities-Aging/Documents/Developmental%20Programs/Consolidated%20Waiver%20June%202022.PDF) | * ***This question only pertains to provider applicants who provide transportation trip services (Provider Type 26).*** * Reviewers will review the provider applicant’s process for ensuring that there is an aide on the vehicle when transporting more than six individuals. * If the provider applicant does not provide transportation trip services, mark ‘N/A’. * **Submit Transportation Aide Process (For Transportation Trip providers only)**   *Remediation:*   * Provider applicant will develop and implement a process to ensure that there is an aide on the vehicle whenever transporting more than six individuals. |
| **19)** | *Oversight Area:* Transportation  *Compliance Standard:* Providers who transport more than one participant at a time will divide the shared miles equitably among the participants.  ***Question:***For provider applicants who provide transportation mile, is there a process to ensure that when transportation is provided to more than one participant at a time, the provider divides the shared miles equitably among the participants to whom transportation is provided?  Yes  No  N/A | *Source Document(s):*   * [Appendix C: Participant Services](https://www.dhs.pa.gov/Services/Disabilities-Aging/Documents/Developmental%20Programs/Consolidated%20Waiver%20June%202022.PDF) | * ***This question only pertains to provider applicants who provide transportation mile services (Provider Type 55, Specialty Code 267).*** * Reviewers will review the provider applicant’s process for ensuring that when transportation is provided to more than one participant at a time the provider divides the shared miles equitably among the participants to whom transportation is provided. * If the provider applicant does not provide transportation mile services, mark ‘N/A’. * **Submit Process for transporting more than one participant at a time and division of shared miles equitably among participants (For Transportation Mile providers only).**   *Remediation:*   * Provider applicant will develop and implement a process to ensure that when transportation is provided to more than one participant at a time, the provider divides the shared miles equitably among the participants to whom transportation is provided. |
| **20)** | *Comments Box:* |  |  |

| **Section III: Attestations** | | | |
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|  | **Questions** | **Source Document(s)/ODP Guidelines** | **Implementation Guidelines/Suggested Remediation** |
| **Overview:** The following section relates to various documents and resources with which the new provider applicant should be familiar. The provider applicant will attest to having reviewed important documents and registered for ListServs and websites that ODP uses to communicate valuable information to providers.  **Methodology:** When responding, the provider applicant will review and ensure that they are able to answer each attestation in the affirmative. If there are documents that have not been reviewed or ListServs/websites for which the provider applicant has not registered, the provider applicant will do whatever is necessary to answer positively. This tool cannot be approved until the provider applicant has attested to each of these items. | | | |
| **21)** | The provider applicant attests to having reviewed the following documents:   1. [Consolidated](https://www.dhs.pa.gov/Services/Disabilities-Aging/Documents/Developmental%20Programs/Consolidated%20Waiver%20June%202022.PDF), [Community Living](https://www.dhs.pa.gov/Services/Disabilities-Aging/Documents/Community%20Living%20Waiver/Community%20Living%20Waiver%20Effective%2011.22.21.PDF) and [Person/Directed Supports waivers](https://www.dhs.pa.gov/Services/Disabilities-Aging/Documents/Developmental%20Programs/PFDS%20Waiver%20Effective%2011.22.21.PDF) (as applicable) 2. **Qualification Criteria** as enumerated in Appendix C of the [Consolidated](https://www.dhs.pa.gov/Services/Disabilities-Aging/Documents/Developmental%20Programs/Consolidated%20Waiver%20June%202022.PDF), [Community Living](https://www.dhs.pa.gov/Services/Disabilities-Aging/Documents/Community%20Living%20Waiver/Community%20Living%20Waiver%20Effective%2011.22.21.PDF) and [Person/Directed Supports waivers](https://www.dhs.pa.gov/Services/Disabilities-Aging/Documents/Developmental%20Programs/PFDS%20Waiver%20Effective%2011.22.21.PDF) 3. [55 Pa. Code Chapter 6100](https://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/055/chapter6100/chap6100toc.html) 4. Provider who provides Home Health and Personal Care Services needs to review Electronic Visit Verification requirements.   Yes  No | * [**Electronic Visit Verification (EVV)**](https://www.dhs.pa.gov/providers/Billing-Info/Pages/EVV.aspx) | * The provider applicant should review each document listed. * A ‘yes’ response attests that all documents have been reviewed. |
| **22)** | The provider applicant attests to registering for:   1. ODP Provider Fiscal Listserv 2. ODP Residential Provider Listserv 3. ODP Master Listserv 4. [Learning Management System](https://www.hcsis.state.pa.us/HCSISLMS/pgm/asp/login/login.asp?refpage=/HCSISLMS/default.asp) (LMS)   Yes  No | Contact this email address to sign up for ODP listservs: [ra-pwodp\_outreach@pa.gov](mailto:ra-pwodp_outreach@pa.gov)    ***HCSIS Help Desk:* 1-866-444-1264** | * The provider applicant should register for each item listed. * A ‘yes’ response attests that all have been registered for. * If you have not received your MPI number yet, you will not be able to register with LMS. It is expected that you will register with LMS as soon as you receive your MPI number. |