

Pennsylvania Office of Developmental Programs

Quality Assessment & Improvement (QA&I) ❖ 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.

General Instructions

- 1. In preparation for completing the QA&I Tool, Administrative Entities (AEs), Supports Coordination Organizations (SCOs) and Providers should review all relevant materials regarding the QA&I process that are posted on the MyODP Training & Resource Center at <https://www.myodp.org>.*
- 2. Please send inquiries regarding questions asked in the tool or the QA&I Process, to the ODP Regional QA&I Lead and copy 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 #6000-04-01](#), 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. Use the Provider QA&I Review spreadsheet to answer all questions. The Yes/No/NA, the total applicable and the total verified and any remediation responses are the final answers that should be entered into the web database.*
- 2. When there are instances in which an entity has not met the standards of a QA&I question, ODP expects that remediation will occur within 30 days of discovery unless there are concerns for health and safety where remediation must occur immediately. The remediation must be recorded on the Provider QA&I Review Spreadsheet and entered into QuestionPro for the self-assessment.*
- 3. All questions applicable to the entity must be answered before the tool can be submitted.*
- 4. The timeframe for each question is 12 months from the date of the review unless otherwise specified. When counting back 12 months, always start at the 1st day of the month, e.g. the review begins on July 15, 2019, look back to July 1, 2018.*
- 5. Review the guidance associated with each question before answering the question as the guidance will assist you in your responses.*
- 6. When responding to questions, the entity MUST retain all related documentation, including policy & procedure documentation, training curriculum, records and other training documentation as well as documentation associated with service/supports delivery. This documentary evidence along with the Provider QA&I Review spreadsheet and a copy of the confirmation email or print out from QuestionPro, must be retained and made available to ODP upon request.*
- 7. Questions that are labeled as exploratory are intended to inform the entity of new changes and requirements. These changes and requirements may have been effective from July 1, 2016 to July 1, 2019.*
- 8. Agency with Choice (AWC) Financial Management Services (FMS) questions are included as a supplement to this document. You must select a separate record sample and answer all AWC FMS questions if as a Provider you render AWC FMS.*

#	Question	Type	Guidance	Source Documents
DEMOGRAPHIC INFORMATION				
1.	Provider Name Non-Scored		<ul style="list-style-type: none"> Enter the organization's name used in HCSIS during the enrollment process. 	
2.	Master Provider Index (MPI) Number Non-Scored		<ul style="list-style-type: none"> Enter the nine-digit Master Provider Index (MPI) number. This number is in HCSIS and is the first nine digits of the PROMISe ID. 	
3.	Region Assigned AE is located Non-Scored		<ul style="list-style-type: none"> Select the appropriate region for the Assigned AE from the drop down list. 	
4.	Provider Organization's Assigned Administrative Entity (AE) Non-Scored		<ul style="list-style-type: none"> The Assigned Administrative Entity (AE) is the AE in which the most waiver participants served are registered or, for Providers with no current authorizations, the AE within which the organization intends to serve the most waiver participants. This will also be the AE that processes the organization's qualification application. Select the Assigned AE from the drop down list in the electronic tool. (Note: When you enter the self-assessment into QuestionPro, there will be a drop down). 	
5.	Contact information for person completing QA&I Tool <ul style="list-style-type: none"> Contact Name (First & Last Name) Contact Telephone Number Contact Email Address Non-Scored		<ul style="list-style-type: none"> Enter the contact information for the person who is entering the self-assessment for the Provider. 	
6.	The Provider is an Agency with Choice Financial Management Services (AWC FMS) Provider. Non-Scored		<ul style="list-style-type: none"> The reviewer determines if the Provider has been identified as an AWC FMS Provider. <ul style="list-style-type: none"> ➢ Mark YES if the Provider is an AWC FMS Provider. ➢ Mark NO if the Provider is not an AWC FMS Provider. 	
7.	Please reference the list of services and select all services for which the Provider organization is eligible to provide. Non-Scored		<ul style="list-style-type: none"> The reviewer selects all the services the Provider organization is eligible to provide. 	

DATA & POLICY

#	Question	Type	Guidance	Source Documents
QUALITY MANAGEMENT – There are systemic efforts to continuously improve quality.				
The Provider demonstrates continuous quality improvement.				
8.	The Provider has a Quality Management Plan (QMP) that reflects ODP’s Mission, Vision and Values.	O	<p>The mission of the Office of Developmental Programs is to support Pennsylvanians with developmental disabilities <u>to achieve greater independence, choice, and opportunity in their lives.</u></p> <p>ODP’s vision is to continuously improve an effective system of <u>accessible services and supports that are flexible, innovative, and person-centered.</u></p> <p>The values articulated as principles in the Everyday Lives document set the direction for the developmental disability service system. <u>They provide context and guidance for policy development, service design and implementation, and decision-making.</u></p> <ul style="list-style-type: none"> • The reviewer determines if the Provider’s QMP reflects ODP’s Mission, Vision and Values by reviewing the QMP prior to or during the onsite visit and discussing with the Provider how they chose areas to work on in consideration of ODP’s Mission, Vision and Values. • Some examples of what the QMP could include are: <ul style="list-style-type: none"> - Assuring effective communication - Increasing employment - Supporting individuals to participate in community activities of their choice - Ensuring Annual ISPs are reviewed and/or revised and approved within 365 days of prior Annual ISP - Ensuring ISPs are updated in a timely manner when there is a change in need - Ensuring individuals receive information about identifying and reporting abuse, neglect and exploitation - Ensuring individuals with complex needs have the supports they need - Ensuring individuals are treated with dignity and respect <p>➤ Mark YES if the QMP reflects the Mission, Vision and Values. ➤ Mark NO if the QMP does not reflect them or there is no QMP.</p>	<ul style="list-style-type: none"> • 55 Pa Code Chapter 51 Sections 51.13 (j) and 51.25 • Bulletin 00-17-01, <i>Quality Management Strategy of the Office of Developmental Programs</i> • Everyday Lives Values in Action 2016
8a.	The Provider updated the plan to reflect ODP's Mission, Vision and Values.	R	<ul style="list-style-type: none"> • The Provider updated the QMP to reflect ODP's Mission, Vision and Values. <p>➤ Mark YES if the Provider updated their QMP.</p>	

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
8b.	Provider develops a QMP.	R	<ul style="list-style-type: none"> • The Provider develops and submits a QMP that reflects ODP’s Mission, Vision and Values. <ul style="list-style-type: none"> ➤ Mark YES if the Provider develops and submits a QMP that reflects ODP’s Mission, Vision and Values. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
8c.	Other remediation action.	R	<ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
8d.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the Provider. 	
8e.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	
9.	The Provider reviewed and used performance data in developing the QMP.	O	<ul style="list-style-type: none"> • The reviewer requests to see performance data used by the Provider to develop the QMP. • 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. <ul style="list-style-type: none"> ○ Performance data <u>can include but is not limited to</u>: <ul style="list-style-type: none"> - The manner in which the Provider will meet the Department’s QM plan criteria. 	<ul style="list-style-type: none"> • 55 Pa Code Chapter 51 Section 51.25 • Bulletin 00-17-01, <i>Quality Management Strategy of the Office of Developmental Programs</i> • Everyday Lives Values in Action 2016

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> - The Provider’s quarterly performance review data and available reports in HCSIS. - Performance results from QA&I self-assessments and full reviews (if applicable), including individual interviews, targeting those areas where performance falls below 86%. - Compliance with the requirements in 42 CFR 441.302 (relating to state assurances). - Incident Management data, including data on the incident target under 51.17 (relating to incident management). - Results of satisfaction surveys and reviews of grievances. <ul style="list-style-type: none"> ➤ Mark YES if the Provider used performance data in the development of the QMP. ➤ Mark NO if the Provider did not use performance data or there is no QMP. ➤ Mark NA if requirement does not apply to the Provider this year because the Provider is new. <p>A new Provider is a Provider who has been determined qualified in the previous fiscal year.</p>	
9a.	Documentation was located.	R	<ul style="list-style-type: none"> • The Provider has located evidence that they have reviewed and evaluated performance data in selecting priorities for the QMP. <ul style="list-style-type: none"> ➤ Mark YES if the Provider has located the documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
9b.	Provider staff is retrained as appropriate on QMP requirements.	R	<ul style="list-style-type: none"> • The Provider provides/ensures retraining of the appropriate Provider staff regarding the QMP requirements. • The Provider submits documentation to the AE that the Provider staff was retrained. <ul style="list-style-type: none"> ➤ Mark YES if Provider submitted documentation to the AE of retraining completed by Provider staff. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
9c.	Provider develops a QMP.	R	<ul style="list-style-type: none"> • The Provider develops and submits a QMP. The Provider demonstrates the use of performance data in development of the QMP <ul style="list-style-type: none"> ➤ Mark YES if Provider develops and submits a QMP and demonstrates the use of data in generating it. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	

#	Question	Type	Guidance	Source Documents
9d.	Other remediation action	R	<ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➢ Mark YES if the Provider submitted remediation documentation. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
9e.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➢ Mark NA if no remediation action was necessary, or if no remediation action was taken by the Provider. 	
9f.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➢ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➢ Mark NA if the issue was remediated or if no remediation was required. 	
10.	The Provider revises the QMP at least every three years.	O	<ul style="list-style-type: none"> • The reviewer determines if the QMP was revised at least every 3 years based on a review of the QMP. <ul style="list-style-type: none"> ➢ Mark YES if the QMP was revised at least every 3 years. ➢ Mark NO if the QMP was not revised at least every 3 years or there is no QMP. ➢ Mark NA if requirement does not apply to the Provider this year because Provider is new and/or the Provider's initial QMP is less than 3 years old. 	<ul style="list-style-type: none"> • 55 Pa Code Chapter 51 Section 51.25 • Bulletin 00-17-01, <i>Quality Management Strategy of the Office of Developmental Programs</i> • Everyday Lives Values in Action 2016
10a.	Documentation was located.	R	<ul style="list-style-type: none"> • The Provider has located evidence that they have revised the QMP at least every three years. <ul style="list-style-type: none"> ➢ Mark YES if the Provider has located the documentation. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
10b.	The Provider revises the QMP.	R	<ul style="list-style-type: none"> • The Provider revises the QMP. <ul style="list-style-type: none"> ➢ Mark YES if the Provider has revised the QMP. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	

#	Question	Type	Guidance	Source Documents
10c.	Provider staff is retrained as appropriate on QMP requirements.	R	<ul style="list-style-type: none"> The Provider provides/ensures retraining of the appropriate Provider staff regarding the QMP requirements. The Provider submits documentation to the AE that the Provider staff was retrained. <ul style="list-style-type: none"> ➤ Mark YES if Provider submitted documentation to the AE of retraining completed by Provider staff. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
10d.	Other remediation action.	R	<ul style="list-style-type: none"> The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
10e.	If YES, when:	R	<ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the Provider. 	
10f.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	
PERSON-CENTERED PLANNING, SERVICE DELIVERY & OUTCOMES – The system of support is straightforward.				
11.	<p>The In-Home and Community Support (I-HCS) or Supported Living Provider has a policy regarding approved restrictive procedure plans for any individual for whom there is a restrictive procedure.</p> <p>Non-Scored</p>	D	<ul style="list-style-type: none"> This question applies to In-Home and Community Support (I-HCS) and Supported Living Providers only. The reviewer determines if the Provider's policy regarding rights modifications and restrictive procedures includes having an approved restrictive procedure plan for any individual who has a restrictive procedure and that the restrictive procedures that exist for an individual are agreed upon by the Human Rights Team and outlined clearly in the ISP or Behavioral Support Plan (BSP). Restrictive procedures include any rights modification and there needs to be an approved restrictive procedure plan. <ul style="list-style-type: none"> ➤ Mark YES if the Provider has a policy that addresses all criteria. 	<ul style="list-style-type: none"> Exploratory

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> ➤ Mark NO if the Provider does not have a policy or if any of the criteria above were not satisfied. ➤ Mark NA if the Provider does not provide I-HCS or Supported Living. 	
12.	<p>The I-HCS or Supported Living Provider has a policy which ensures that all individuals receiving this service are allowed the freedom to move about their home and community consistent with non-Medicaid recipients in same and/or similar settings.</p> <p>Non-Scored</p>	D	<ul style="list-style-type: none"> • This question applies to I-HCS and Supported Living Providers only. • The reviewer determines if the Provider’s policy regarding rights modification and restrictive procedures includes information related to the individual’s freedom of movement and that any restrictive procedures that exist for an individual are agreed upon by the Human Rights Team and outlined clearly in the ISP or BSP. <ul style="list-style-type: none"> ➤ Mark YES if the Provider has a policy that addresses all criteria. ➤ Mark NO if the Provider does not have a policy or if any of the criteria above were not satisfied. ➤ Mark NA if the Provider does not provide I-HCS or Supported Living. 	<ul style="list-style-type: none"> • Exploratory
13.	<p>The I-HCS or Supported Living Provider has a policy which ensures that all individuals receiving this service have access to food at any time during the provision of services consistent with non-Medicaid recipients in the same and/or similar settings.</p> <p>Non-Scored</p>	D	<ul style="list-style-type: none"> • This question applies to I-HCS and Supported Living Providers only. • The reviewer determines if the Provider’s policy regarding rights modification and restrictive procedures includes information related to the individual’s access to food and that any restrictive procedures that exist for an individual are agreed upon by the Human Rights Team and outlined clearly in the ISP or BSP. <ul style="list-style-type: none"> ➤ Mark YES if the Provider has a policy that addresses all criteria. ➤ Mark NO if the Provider does not have a policy or if any of the criteria above were not satisfied. ➤ Mark NA if the Provider does not provide I-HCS or Supported Living. 	<ul style="list-style-type: none"> • Exploratory
14.	<p>The I-HCS or Supported Living Provider has a policy which ensures that all individuals receiving this service are afforded the opportunity to regularly update their activities, consistent with non-Medicaid recipients in a similar or same setting.</p> <p>Non-Scored</p>	D	<ul style="list-style-type: none"> • This question applies to I-HCS and Supported Living Providers only. • The reviewer determines if the Provider’s policy regarding individual schedules and activities exists and includes documentation of the IHCS or Supported Living service that demonstrates that individuals can update their activities. <ul style="list-style-type: none"> ➤ Mark YES if the Provider has a policy that addresses all criteria. ➤ Mark NO if the Provider does not have a policy or if any of the criteria above were not satisfied. ➤ Mark NA if the Provider does not provide I-HCS or Supported Living. 	<ul style="list-style-type: none"> • Exploratory
15.	<p>If independent living technology or remote monitoring is used at any service location, the Provider has a policy which ensures that a consent form to use independent living</p>	D	<ul style="list-style-type: none"> • This question applies to Supported Living Providers only. • The reviewer determines if the Provider’s policy regarding individual rights exists and includes evidence that a consent form is obtained and is on file for each impacted individual where independent living technology or remote monitoring is used at a service location. 	<ul style="list-style-type: none"> • Exploratory

#	Question	Type	Guidance	Source Documents
	<p>technology was obtained from each impacted individual and is on file.</p> <p>Non-Scored</p>		<ul style="list-style-type: none"> • If independent living technology or remote monitoring is used at any service location, staff informed all impacted individuals, and anyone identified by the individuals of what impact the independent living technology will have on the individual's privacy. • Assistive technology is an item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve a participant's functioning or increase a participant's ability to exercise choice and control. Examples of equipment and services covered as independent living technology include: medication dispensers, door sensors, window sensors, stove sensors, water sensors, pressure pads, GPS Tracking Watches, panic pendants and the remote monitoring equipment necessary to operate the independent living technology. <ul style="list-style-type: none"> ➢ Mark YES if the Provider has a policy that addresses all criteria. ➢ Mark NO if the Provider does not have a policy or if any of the criteria above were not satisfied. ➢ Mark NA if the Provider does not provide Supported Living. 	
16.	<p>The Behavioral Support Service Provider has a policy which ensures that individual rights are supported.</p> <p>Non-Scored</p>	D	<ul style="list-style-type: none"> • This question applies to Behavioral Support Service Providers only. • The reviewer determines if the Provider's policy regarding individual rights exists and includes evidence that the Provider supports the individual's rights and any rights modifications and/or restrictive procedures that exist for an individual are agreed upon by the Human Rights Team. <ul style="list-style-type: none"> ➢ Mark YES if the Provider has a policy that includes evidence that rights are supported. ➢ Mark NO if the Provider does not have a policy or if the policy does not include evidence that rights are supported. ➢ Mark NA if the Provider does not provide Behavioral Support Services. 	<ul style="list-style-type: none"> • Exploratory
17.	<p>The I-HCS or Supported Living Provider ensures the service is provided in an integrated service location.</p> <p>Non-Scored</p>	D O	<ul style="list-style-type: none"> • This question applies to I-HCS and Supported Living Providers only. • The reviewer reviews and analyzes service location sites to determine whether any I-HCS or Supported Living services are provided on farmsteads, in disability-specific gated communities or campuses. <ul style="list-style-type: none"> ○ Farmstead or disability-specific farm community: These settings are often in rural areas on large parcels of land, with little ability to access the broader community outside the farm. ○ Gated/secured "community" for people with disabilities: Gated communities typically consist primarily of people with disabilities and the staff that work with them. 	<ul style="list-style-type: none"> • Exploratory

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> ➤ Mark YES if the I-HCS or Supported Living service is provided in an integrated service location. ➤ Mark NO if the I-HCS or Supported Living service is not provided in an integrated service location. ➤ Mark NA if the Provider does not provide I-HCS or Supported Living. 	
18.	<p>The Therapy Provider renders the service in a home and community location.</p> <p>Non-Scored</p>	O	<ul style="list-style-type: none"> • This question applies to all therapy services. • 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. <ul style="list-style-type: none"> ➤ Mark YES if the Therapy Provider renders the service in a home and community location. ➤ Mark NO if the Therapy Provider does not render the service in a home and community location. ➤ Mark NA if the Provider does not provide any therapy services. 	<ul style="list-style-type: none"> • Exploratory
19.	<p>The Employment Service Provider renders services in integrated home and community-based (HCBS) settings.</p> <p>Non-Scored</p>	O	<ul style="list-style-type: none"> • The reviewer determines if documentation is present which shows that the service was rendered in a location that meets the definition of competitive integrated employment. <ul style="list-style-type: none"> ➤ Mark YES if the Provider renders service in integrated home and community-based settings. ➤ Mark NO if the Provider renders service in a Provider owned, leased, or operated setting or a site co-located with a prevocational or adult training facility at any time. ➤ Mark NA if the Provider does not provide Employment Services. 	<ul style="list-style-type: none"> • Exploratory • Consolidated, Person/Family Directed Support (P/FDS) and Community Living (CL) waivers • Home and Community Based Services (HCBS) Settings Rule • Workforce Innovation and Opportunity Act (WIOA) • ID/A Waiver Employment Q&A Document
20.	<p>The Provider has a policy which ensures that individuals are supported to transition to competitive integrated employment.</p> <p>Non-Scored</p>	D	<ul style="list-style-type: none"> • This question applies to Small Group Employment and Transitional Work Providers only. • The reviewer determines if the Provider has a policy which supports individuals to transition to competitive integrated employment. <ul style="list-style-type: none"> ➤ Mark YES if the policy exists. ➤ Mark NO if the policy does not exist. ➤ Mark NA if the Provider does not provide Small Group Employment or Transitional Work Services. 	<ul style="list-style-type: none"> • Exploratory • Workforce Innovation and Opportunity Act (WIOA) • Executive Order 2016-03 – Employment First • Executive Order 2016-03 Recommendations • 2018 Act 36 – Employment First Act • Everyday Lives Values into Action 2016
21.	<p>The transportation trip Provider has a process to ensure that there is an aide</p>	D	<ul style="list-style-type: none"> • This question only pertains to Providers who provide transportation trip services (Provider Type 26), in addition to other traditional services. 	<ul style="list-style-type: none"> • 55 Pa Code Chapter 51 Section 51.4

#	Question	Type	Guidance	Source Documents
	in the vehicle when transporting more than six individuals.		<ul style="list-style-type: none"> • The reviewer determines if the Provider's process when transporting more than six individuals includes ensuring that there is an aide in the vehicle. <ul style="list-style-type: none"> ➢ Mark YES if the Provider's process when transporting more than six individuals includes ensuring there is an aide in the vehicle. ➢ Mark NO if the Provider's process when transporting more than six individuals does not include ensuring there is an aide in the vehicle or the process does not exist. ➢ Mark NA if the Provider does not provide transportation trip services. 	<ul style="list-style-type: none"> • Waiver Assurance on Participant Services, Appendix C
21a.	Documentation was located.	R	<ul style="list-style-type: none"> • The Provider has located evidence that shows the Provider's process for transporting more than six individuals which meets all criteria exists. <ul style="list-style-type: none"> ➢ Mark YES if the Provider has located the documentation. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
21b.	The Provider develops/modifies a process to ensure that there is an aide in the vehicle whenever transporting more than six individuals.	R	<ul style="list-style-type: none"> • The Provider develops/modifies a process to ensure that there is an aide in the vehicle whenever transporting more than six individuals. <ul style="list-style-type: none"> ➢ Mark YES if the process was developed/modified. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
21c.	Other remediation action.	R	<ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➢ Mark YES if the Provider submitted remediation documentation. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
21d.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➢ Mark NA if no remediation action was necessary, or if no remediation action was taken by the Provider. 	
21e.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➢ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. 	

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> ➤ Mark NA if the issue was remediated or if no remediation was required. 	
22.	The Provider documents grievances in accordance with regulation.	O	<ul style="list-style-type: none"> • The reviewer determines if any grievances occurred during the review period. • The reviewer determines if the Provider’s documentation includes the following: <ul style="list-style-type: none"> - The name of the participant filing or the name of the person filing the grievance on behalf of the participant. - The nature of the grievance. - The date of occurrence and date of filing of the grievance. - The Provider’s action to resolve the grievance. - The resolution of the grievance as agreed by the Provider, the Participant or the person filing the grievance on behalf of the participant. - The date the grievance was resolved. ➤ Mark YES if the Provider’s documentation of grievances includes all criteria in accordance with regulation. ➤ Mark NO if any of the criteria above were not satisfied. ➤ Mark NA if there were no grievances. 	<ul style="list-style-type: none"> • 55 Pa Code Chapter 51 Section 51.26 (c)
22a.	Documentation was located.	R	<ul style="list-style-type: none"> • The Provider has located documentation which indicates that any filed grievances were completed in accordance with regulation. ➤ Mark YES if the documentation was located. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
22b.	The Provider develops grievance procedures in accordance with regulations.	R	<ul style="list-style-type: none"> • The Provider develops grievance procedures in accordance with regulations. ➤ Mark YES if the procedures were developed. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
22c.	Other remediation action.	R	<ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	

#	Question	Type	Guidance	Source Documents
22d.	If YES, when:	R	<ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the Provider. 	
22e.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	
23.	The Provider utilizes a policy/procedure to screen employees and contractors.	O	<ul style="list-style-type: none"> The reviewer determines if the Provider's screening efforts include the following: <ul style="list-style-type: none"> - The dates the following screenings were performed (List of Excluded Individuals and Entities (LEIE), System for Award Management (SAM) and DHS Medichcek), - The source data checked, and - The date of the Provider's most recent screening completed. Screening should occur prior to hire and on an ongoing monthly basis after hire. <ul style="list-style-type: none"> ➤ Mark YES if the Provider's screening efforts meets all criteria established above. ➤ Mark NO if the Provider's screening efforts does not meet all criteria established or if there is no evidence that the policy/procedure to screen employees and contractors is being implemented. 	<ul style="list-style-type: none"> 55 Pa Code Chapter 51 Sections 51.62, 51.141 and 51.152 MA Bulletin 99-11-05, <i>Provider Screening of Employees and Contractors for Exclusion from Participation in Federal Health Care Programs and the Effect of Exclusion on Participation</i> Announcement 031-13 – Migration of the Excluded Parties List System to the System for Award Management
23a.	Documentation was located.	R	<ul style="list-style-type: none"> The Provider has located evidence that shows the Provider's screening efforts which meets all criteria exists. <ul style="list-style-type: none"> ➤ Mark YES if the Provider has located the documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
23b.	The Provider develops/modifies their policy/procedure.	R	<ul style="list-style-type: none"> The Provider develops/modifies their policy/procedure related to screening efforts in checking whether staff or anyone they contract with is listed on the LEIE, SAM and DHS's Medichcek list, the source data checked, and that screening occurs prior to hire and on an ongoing monthly basis after hire. <ul style="list-style-type: none"> ➤ Mark YES if the policy/procedure was developed/modified. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	

#	Question	Type	Guidance	Source Documents
23c.	Other remediation action.	R	<ul style="list-style-type: none"> The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
23d.	If YES, when:	R	<ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the Provider. 	
23e.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	
24.	The Provider transitioned individuals. Non-Scored	D O	<ul style="list-style-type: none"> 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. <ul style="list-style-type: none"> ➤ Mark YES if the Provider transitioned any individuals to a new Provider during the review period. ➤ Mark NA if the Provider does not serve any individuals in ODP ID/A waivers or if the Provider did not transition any individuals to a new Provider during the review period. 	<ul style="list-style-type: none"> 55 Pa Code Chapter 51 Section 51.31
25.	The Provider provided written notice to all required parties within the required time frames.	O	<ul style="list-style-type: none"> The reviewer determines if the Provider initiated discharge and was no longer willing to provide an HCBS to any individuals during the review period. The reviewer determines if the Provider issued a written notice at least 30 days prior to the date of discharge to the following required parties in accordance with 55 Pa Code Chapter 51 regulations. <ul style="list-style-type: none"> - The participant - The Department - The Department's designee - The SC when the Provider is not the SCO or SCA The reviewer determines if the written notice included the following: 	<ul style="list-style-type: none"> 55 Pa Code Chapter 51 Section 51.31 (c) and (d)

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> - The Home and Community Based Services (HCBS) the Provider is unwilling or unable to provide. - The HCBS location where the HCBS is currently provided. - The reason the Provider is no longer willing to provide the HCBS to the participant. - A description of the efforts made to address or resolve the issue that has led to the Provider becoming unwilling or unable to deliver the HCBS to the participant. - Suggested time frames for transitioning the delivery of the HCBS to a selected willing and qualified Provider. - The current Provider name and Master Provider Index number. <ul style="list-style-type: none"> ➤ Mark YES if the Provider issued a written notice to all required parties and the written notice includes all criteria listed above. ➤ Mark NO if the Provider did not issue written notice to all required parties or if the written notice did not include any of the criteria listed above. ➤ Mark NA if the Provider does not serve any individuals in ODP ID/A waivers or if the Provider did not initiate discharge and was no longer willing to provide an HCBS to any individuals during the review period. 	
25a.	Documentation was located.	R	<ul style="list-style-type: none"> • The Provider has located evidence which shows that they have provided written notice to all required parties and the notice includes all criteria listed above. <ul style="list-style-type: none"> ➤ Mark YES if the documentation was located. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
25b.	The Provider issues written notice to all required parties that includes all criteria.	R	<ul style="list-style-type: none"> • The Provider issues written notice to all required parties that includes all criteria in accordance with 55 Pa Code Chapter 51 regulations. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted documentation which shows that written notice that includes all criteria was issued to all required parties in accordance with 55 Pa Code Chapter 51 regulations. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
25c.	Other remediation action.	R	<ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. 	

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
25d.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the Provider. 	
25e.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	
26.	The Provider continued to provide the authorized services to ensure continuity of care during transition.	D O	<ul style="list-style-type: none"> • 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 service notes reflects continuity of care during transition and until a new willing and qualified Provider is selected. <ul style="list-style-type: none"> ➤ Mark YES if the service notes reflects continuity of care. ➤ Mark NO if service notes did not reflect continuity of care. ➤ Mark NA if the Provider does not serve any individuals in ODP ID/A waivers or if the Provider did not transition any individuals to a new Provider during the review period. 	<ul style="list-style-type: none"> • 55 Pa Code Chapter 51 Section 51.31 (e)
26a.	Documentation was located.	R	<ul style="list-style-type: none"> • The Provider has located evidence which show service notes that reflect continuity of care. <ul style="list-style-type: none"> ➤ Mark YES if the documentation was located. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
26b.	The Provider develops/modifies a process that ensures continuity of care of authorized services remains for the individual(s) during transition.	R	<ul style="list-style-type: none"> • The Provider develops/modifies a process to ensure that continuity of care of authorized services remains for the individual(s) during transition. <ul style="list-style-type: none"> ➤ Mark YES if the process was developed. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
26c.	Other remediation action.	R	<ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. 	

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
26d.	If YES, when:	R	<ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the Provider. 	
26e.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	
27.	Enter the number of individuals who have transitioned from prevocational services to competitive integrated employment during the review period. Non-Scored	D O	<ul style="list-style-type: none"> For Providers who render the Prevocational component of Community Participation Support only. The reviewer will determine the number of individuals who have transitioned from prevocational services to competitive integrated employment during the review period through a review of HCSIS information, documentation and/or Provider attestation. The reviewer will data enter the number of individuals who have transitioned from prevocational services to competitive integrated employment. <ul style="list-style-type: none"> ➤ Mark NA if the Provider does not render the prevocational component of Community Participation Support. 	<ul style="list-style-type: none"> Exploratory Consolidated, P/FDS and CL waivers
HEALTH & WELFARE – The individual has wellness opportunities.				
The Provider works with individuals and families to ensure wellness resources are available. Promoting physical and mental health, wellness, and personal safety for every individual and their family. Promoting physical and mental health means providing information about health and wellness, emotional support, and encouragement.				
28.	The Provider identifies resources that support wellness and shares the information with individuals and families. Non-Scored	O	<ul style="list-style-type: none"> The reviewer determines if the Provider promotes wellness by identifying wellness resources and shares the information with individuals and families. Promoting physical and mental health means providing information about health and wellness, emotional support, and encouragement. Information can include local resources, fairs, calendar of awareness events, HCQU collaborations, H&W months, leaflets, etc. <ul style="list-style-type: none"> ➤ Mark YES if the Provider has provided information to promote wellness. 	<ul style="list-style-type: none"> Exploratory

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> ➤ Mark NO if Provider has not provided information to promote wellness. ➤ Mark NA if the Provider does not serve any individuals. 	
29.	<p>The Provider has a policy on sexual health, personal relationships, and sexuality consistent with the guidelines.</p> <p>Non-Scored</p>	D	<ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> ➤ Mark YES if the Provider has a policy that addresses sexual health, personal relationships, and sexuality consistent with the guidelines. ➤ Mark NO if the policy does not exist or if the policy is inconsistent with the guidelines identified in ODP Bulletin 00-18-01. 	<ul style="list-style-type: none"> • Bulletin 00-18-01, <i>Guidelines Concerning Sexual Health, Personal Relationships, and Sexuality</i>
HEALTH & WELFARE – There are systemic efforts to ensure health and welfare.				
The Provider assures health, safety, and welfare for the individuals.				
30.	<p>The Provider has a written process regarding individual choice when sharing a bedroom with another individual.</p> <p>Non-Scored</p>	D	<ul style="list-style-type: none"> • For Providers who render services in unlicensed Residential Habilitation or unlicensed Life Sharing homes only. • The reviewer determines if the Provider has a written process which provides individual choice when sharing a bedroom with another individual. • The reviewer determines if the process addresses the following: <ul style="list-style-type: none"> - Informs the individual of how they can request a choice of or change in whom they share a bedroom. - Allows individuals to meet potential individuals with whom they will share a bedroom. - Provides written notice when the Provider plans to add a person with whom they will share a bedroom. ➤ Mark YES if the Provider has a written process that includes all the criteria above. ➤ Mark NO if the written process does not exist or if any of the criteria above were not satisfied. ➤ Mark NA if the Provider does not render unlicensed Residential Habilitation or unlicensed Life Sharing services. 	<ul style="list-style-type: none"> • Exploratory
31.	<p>The Provider has a policy that addresses restrictive interventions including behavioral emergencies and crises.</p>	D	<ul style="list-style-type: none"> • Review the Provider’s policy that addresses restrictive interventions including behavioral emergencies and crises. • The reviewer determines if the policy addresses the following: <ul style="list-style-type: none"> - The use of allowable restrictive interventions - Prohibited restrictive interventions - Reporting misuse of restrictive interventions ➤ Mark YES if the policy includes all the criteria above. 	<ul style="list-style-type: none"> • Informational Memo 080-12 – Reporting Unauthorized Restrictive Interventions

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> ➤ Mark NO if any of the criteria above were not satisfied. 	
31a.	Documentation was located.	R	<ul style="list-style-type: none"> • The Provider has located evidence that shows the Provider’s policy addresses allowable restrictive interventions, prohibited restrictive interventions and reporting misuse of restrictive interventions. <ul style="list-style-type: none"> ➤ Mark YES if the Provider has located the documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
31b.	The Provider develops/modifies their policy.	R	<ul style="list-style-type: none"> • The Provider develops/modifies a policy that addresses restrictive interventions. <ul style="list-style-type: none"> ➤ Mark YES if the policy was developed/modified. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
31c.	Other remediation action.	R	<ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
31d.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the Provider. 	
31e.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	
32.	The Provider finalizes incidents within 30 days.	D	<ul style="list-style-type: none"> • The reviewer requests the Incident Management Review Report in Enterprise Incident Management (EIM) under the following path: EIM – Reports – Incident Management Review Report. 	<ul style="list-style-type: none"> • 55 Pa Code Chapter 51 Section 51.17 (f) • 55 Pa Code Chapter 6000 Subchapter Q – Incident Management

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> • The reviewer will need to review any incidents for the review period (12 months); therefore, the discovery period selected should be 12 months from the review date. The report will be generated overnight. • The following parameters are required before a report can be generated: Program Office, Type, Status, Primary Category and Secondary Category. • Apply a filter to the spreadsheet and in Column P entitled “Primary Category,” deselect the following: Medication Error and Optionally Reportable Event. • The report factors in extensions. Column AB gives the due date based on any extensions that have been entered into the system. If the due date is on or after the date of the review, then the report is compliant. • Column AD entitled “Was the Final Section submitted on time?” shows whether or not the Provider was compliant with the policy. • Compliance is indicated if Column AD is equal to “Yes.” • If Column AD is blank, the AE should follow-up with the Provider regarding submission of the Final Section. <ul style="list-style-type: none"> ➢ Mark YES if the incidents were finalized within 30 days or an extension was requested, and the report was finalized by the extension date. ➢ Mark NO if the incidents were not finalized within 30 days or by the extension date. ➢ Mark NA if the Provider does not serve any individuals or the Provider had no incidents for the review period. 	<ul style="list-style-type: none"> • MR Bulletin 6000-04-01, <i>Incident Management</i> • ODP Certified Investigator’s Manual (2018)
32a.	The Provider finalizes open incidents that were filed more than 30 days before the review period.	R	<ul style="list-style-type: none"> • The Provider has documentation which shows that the open incidents were finalized. <ul style="list-style-type: none"> ➢ Mark YES if the Provider submitted documentation which shows that open incidents were finalized. ➢ Mark NA if no remediation action is required or another remediation action was selected. ➢ Mark NA if the Provider does not serve any individuals or the Provider had no incidents for the review period. 	
32b.	The Provider requests an extension for open incidents that were filed more than 30 days before the review period.	R	<ul style="list-style-type: none"> • The Provider has documentation which shows that extension(s) were requested for the open incidents. <ul style="list-style-type: none"> ➢ Mark YES if the Provider submitted documentation which shows extension(s) were requested. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	

#	Question	Type	Guidance	Source Documents
32c.	The Provider develops a process that addresses incidents being finalized within 30 days.	R	<ul style="list-style-type: none"> The Provider develops a process that addresses incidents being finalized within 30 days. <ul style="list-style-type: none"> ➤ Mark YES if the process was developed. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
32d.	Provider staff are trained as appropriate.	R	<ul style="list-style-type: none"> The Provider submits documentation to the AE that the Provider staff has completed training on ODP's Incident Management bulletin and the Provider's process related to incidents being finalized within 30 days. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted documentation to the AE of training completed by Provider staff. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
32e.	Other remediation action.	R	<ul style="list-style-type: none"> The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
32f.	If YES, when:	R	<ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the Provider. 	
32g.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	
33.	The Provider reviews and analyzes incidents at least quarterly.	O	<ul style="list-style-type: none"> Review the Provider's most recent review and analysis of incidents for the last 12 months since the date of the review. The reviewer should ensure that the review and analysis was completed at least quarterly. The review must contain the following: 	<ul style="list-style-type: none"> 55 Pa Code Chapter 51 Section 51.17 (h) 55 Pa Code Chapter 6000 Subchapter Q – Incident Management

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> - Information on incident targets. The Provider should run a target report and look for trends. - 30-day analyses of all medication errors and restraints. <ul style="list-style-type: none"> ➤ Mark YES if the Provider's review and analysis was completed at least quarterly for the last 12 months and that the review and analysis met all requirements. ➤ Mark NO if there were incidents in the last 12 months but no documentation of quarterly reviews and analyses occurred or did not meet all requirements as described above. ➤ Mark NA if the Provider does not serve any individuals or if there were no incidents for the last 12 months. <p>NOTE – If NO, identify which requirements were missing.</p>	<ul style="list-style-type: none"> • MR Bulletin 6000-04-01, <i>Incident Management</i>
33a.	Documentation was located.	R	<ul style="list-style-type: none"> • The Provider has located documentation that indicates that a review and analysis of incidents was completed at least quarterly and met all requirements. <ul style="list-style-type: none"> ➤ Mark YES if the Provider has located the documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
33b.	The Provider completes a review and analysis of incidents.	R	<ul style="list-style-type: none"> • The Provider has completed a review and analysis of incidents. • The Provider submits documentation to the AE regarding the review and analysis of incidents. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submits documentation to the AE. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
33c.	The Provider develops a process that addresses the review and analysis of incidents including all time frames and requirements.	R	<ul style="list-style-type: none"> • The Provider develops a process that addresses that a review and analysis of incidents is completed quarterly and meets all requirements. <ul style="list-style-type: none"> ➤ Mark YES if the process was developed. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
33d.	Other remediation action.	R	<ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. 	

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
33e.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the Provider. 	
33f.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	
34.	The Provider's peer review process to review the quality of investigations was completed and documented.	D O	<ul style="list-style-type: none"> • For the review period, reviewers will examine the latest peer review. • This does not need to be for an individual in the selected sample. • The reviewer can pull the Incident Management Review Report in EIM to identify investigations for the Provider. In EIM, look for the report entitled "Incident Management Review Report." • Reviewers will ensure the following: <ul style="list-style-type: none"> - The peer review committee consists of at least 3 people. - Peer reviews were conducted at least quarterly. - Sample size is no less than 10% of the investigations conducted during the review period. In addition, there must be a review of at least one (1) investigation conducted by each CI during the review period. - If there were no investigations conducted during the review period, review evidence or documentation from prior quarters to validate that investigations from prior quarters have been reviewed. The reviewer should not go back no more than three years. - Evidence that the results of the peer review was shared with the CI. • If there have been certified investigations during the review period, there should be documentation that a peer review was completed. <ul style="list-style-type: none"> ➤ Mark YES if the Provider completed a peer review and all the above requirements were met. ➤ Mark NO if the Provider did not complete a peer review and any or all the above requirements were not met. ➤ Mark NA if there have been no Certified Investigations completed by the Provider. 	<ul style="list-style-type: none"> • 55 Pa Code Chapter 6000 Subchapter Q – Incident Management • ODP Certified Investigator's Manual (2018) • Protecting People from Harm: Evaluating the Quality of Certified Investigations ODP Certified Investigation Peer Review (CIPR) Manual 2017: Version 2.0

#	Question	Type	Guidance	Source Documents
34a.	Documentation was located.	R	<ul style="list-style-type: none"> • The Provider has located documentation that indicates that a peer review was completed and meets all requirements. <ul style="list-style-type: none"> ➢ Mark YES if the Provider has located the documentation. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
34b.	The Provider completes a peer review.	R	<ul style="list-style-type: none"> • The Provider has completed a peer review. • The Provider submits documentation to the AE regarding the peer review. <ul style="list-style-type: none"> ➢ Mark YES if the Provider submits documentation to the AE. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
34c.	The Provider develops a process for peer review that is in accordance with ODP's Peer Review Process.	R	<ul style="list-style-type: none"> • The Provider develops a process peer review that is in accordance with ODP's Peer Review Process. <ul style="list-style-type: none"> ➢ Mark YES if the process was developed. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
34d.	Other remediation action.	R	<ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➢ Mark YES if the Provider submitted remediation documentation. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
34e.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➢ Mark NA if no remediation action was necessary, or if no remediation action was taken by the Provider. 	
34f.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➢ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➢ Mark NA if the issue was remediated or if no remediation was required. 	

#	Question	Type	Guidance	Source Documents
35.	The Provider implements follow-up recommendations from the Certified Investigator peer review process.	O	<ul style="list-style-type: none"> • The reviewer determines if a peer review was completed during the review period. • Through a review of the peer review, the reviewer determines if recommendations were made by reviewing the Peer Review Report. • The reviewer determines if documentation regarding follow-up activities of the Certified Investigator Peer Review Report were implemented as specified. <ul style="list-style-type: none"> ➢ Mark YES if there is documentation that the follow-up activities of the Certified Investigator Peer Review Report were implemented as specified. ➢ Mark NO if there is no documentation of implementation of follow-up activities based on the Certified Investigator Peer Review Report. ➢ Mark NA if there have been no Certified Investigations completed by the Provider or if there were no follow-up recommendations. 	<ul style="list-style-type: none"> • 55 Pa Code Chapter 6000 Subchapter Q – Incident Management • ODP Certified Investigator’s Manual (2018) • Protecting People from Harm: Evaluating the Quality of Certified Investigations ODP Certified Investigation Peer Review (CIPR) Manual 2017: Version 2.0
35a.	Documentation was located.	R	<ul style="list-style-type: none"> • The Provider has located documentation that indicates that the follow-up activities of the Certified Investigator peer review report was implemented as specified. <ul style="list-style-type: none"> ➢ Mark YES if the Provider has located the documentation. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
35b.	The Provider implements follow-up activities.	R	<ul style="list-style-type: none"> • The Provider implements follow-up activities identified in the Certified Investigator peer review report as specified. • The Provider submits documentation to the AE regarding the implementation of follow-up activities. <ul style="list-style-type: none"> ➢ Mark YES if the Provider submits documentation to the AE. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
35c.	The Provider develops a peer review process which includes the implementation of follow-up recommendations.	R	<ul style="list-style-type: none"> • The Provider develops a peer review process which includes the implementation of follow-up recommendations. <ul style="list-style-type: none"> ➢ Mark YES if the process was developed. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
35d.	Provider staff are trained as appropriate.	R	<ul style="list-style-type: none"> • The Provider submits documentation to the AE that the Provider staff has completed training on ODP’s Incident Management bulletin and the Provider’s peer review process related to the implementation of follow-up recommendations. <ul style="list-style-type: none"> ➢ Mark YES if the Provider submitted documentation to the AE of training completed by Provider staff. 	

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
35e.	Other remediation action.	R	<ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
35f.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the Provider. 	
35g.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	
QUALIFIED PROVIDERS – The individual’s Provider(s) meet necessary training requirements.				
The Provider ensures training requirements are met.				
36.	Staff receive annual incident management training on preventing, recognizing, reporting and responding to incidents and assuring a participant is safe.	O	<ul style="list-style-type: none"> • A training year is a 12-month time frame. Determine the dates the Provider considers their “training year.” • The reviewer determines if all staff received the annual incident management training on preventing, recognizing, reporting and responding to incidents and assuring a participant is safe based on a review of the training records including a description of the course, sign-in sheets, transcripts or certificates of completion from the training. • The reviewer will review 25% of staff, but no less than 5 Provider staff. • Exclude staff that are no longer employed with the Provider. <ul style="list-style-type: none"> ➤ Mark YES if the training records for the Provider’s staff indicate completion of the annual incident management training. ➤ Mark NO if there are no training records or if any of the staff did not complete the annual incident management training. ➤ Mark NA if the training occurs at a date later than the review period. 	<ul style="list-style-type: none"> • 55 Pa Code Chapter 51 Section 51.17 (k)

#	Question	Type	Guidance	Source Documents
36a.	Documentation was located.	R	<ul style="list-style-type: none"> • The Provider has located training records which indicate that all Provider staff have completed the annual incident management training. <ul style="list-style-type: none"> ➢ Mark YES if the Provider has located the documentation. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
36b.	The Provider develops an annual incident management training.	R	<ul style="list-style-type: none"> • The Provider develops an annual incident management training on preventing, recognizing, reporting and responding to incidents and assuring a participant is safe. <ul style="list-style-type: none"> ➢ Mark YES if the training was developed. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
36c.	Provider staff are trained as appropriate on ODP's Incident Management bulletin and the Provider's annual training on incident management.	R	<ul style="list-style-type: none"> • The Provider submits documentation to the AE that shows the Provider staff completed training on ODP's Incident Management bulletin and the Provider's annual training on incident management. <ul style="list-style-type: none"> ➢ Mark YES if Provider submitted documentation to the AE of training completed by Provider staff. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
36d.	Other remediation action.	R	<ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➢ Mark YES if the Provider submitted remediation documentation. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
36e.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➢ Mark NA if no remediation action was necessary, or if no remediation action was taken by the Provider. 	
36f.	Remediation by exception.	R	<ul style="list-style-type: none"> • Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to Provider staff no longer being employed at the Provider agency. <ul style="list-style-type: none"> ➢ Mark YES if remediation by exception applies. 	

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> ➤ Mark NA if no remediation was required or another remediation action was selected. 	
36g.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	
37.	The Provider's staff completed training on the Provider's Emergency Disaster Response plan that addresses individual's safety and protection, communication and/or operational procedures.	O	<ul style="list-style-type: none"> • Review the Emergency Disaster Response plan to ensure that it addresses individual's safety and protection, communications and operational procedures. • The reviewer determines if all staff completed training on the Provider's Emergency Disaster Response plan based on a review of the training records including a description of the course, sign-in sheets, transcripts or certificates of completion from the training. • The reviewer will review 25% of staff, but no less than 5 Provider staff. • Exclude staff that are no longer employed with the Provider. <ul style="list-style-type: none"> ➤ Mark YES if the training records for the Provider's staff indicate completion on the Provider's Emergency Disaster Response plan. ➤ Mark NO if there are no training records or if any of the staff did not complete training on the Provider's Emergency Disaster Response plan. ➤ Mark NA if the training occurs at a date later than the review period. 	<ul style="list-style-type: none"> • 55 Pa Code Chapter 51 Section 51.4 • Waiver Assurance on Health and Welfare
37a.	Documentation was located.	R	<ul style="list-style-type: none"> • The Provider has located training records which indicate that all Provider staff have completed training on the Provider's Emergency Disaster Response plan. <ul style="list-style-type: none"> ➤ Mark YES if the Provider has located the documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
37b.	The Provider develops a training on their agency's Emergency Disaster Response plan.	R	<ul style="list-style-type: none"> • The Provider develops a training on the Provider's Emergency Disaster Response plan. <ul style="list-style-type: none"> ➤ Mark YES if the training was developed. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
37c.	Provider staff are trained as appropriate on the Provider's Emergency Disaster Response plan.	R	<ul style="list-style-type: none"> • The Provider submits documentation to the AE that shows the Provider staff completed the Provider's Emergency Disaster Response plan training. <ul style="list-style-type: none"> ➤ Mark YES if Provider submitted documentation to the AE of training completed by Provider staff. 	

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
37d.	Other remediation action.	R	<ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
37e.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the Provider. 	
37f.	Remediation by exception.	R	<ul style="list-style-type: none"> • Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to Provider staff no longer being employed at the Provider agency. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if no remediation was required or another remediation action was selected. 	
37g.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	
38.	Provider staff who render Community Participation Support (CPS) completed the Department approved training on Community Participation Support.	O	<ul style="list-style-type: none"> • Reviewer will review the training records to determine if the certificate of completion of the Department approved training on CPS is present. • All direct support professionals, program specialists and supervisors of direct support professionals who provide CPS must have completed the Department approved training by 7/1/18. <ul style="list-style-type: none"> ➤ Mark YES if all direct support professionals, program specialists and supervisors of direct support professionals who provide CPS completed the Department approved training on CPS by 7/1/18 and the certificate is present. 	<ul style="list-style-type: none"> • Consolidated, P/FDS and CL waivers

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> ➤ Mark NO if there are no training records or if any of the direct support professionals, program specialists and supervisors of direct support professionals who provide CPS did not complete the required Department approved training on CPS by 7/1/18. ➤ Mark NA if the Provider does not render CPS. 	
38a.	Documentation was located.	R	<ul style="list-style-type: none"> • The Provider has located evidence which shows that all direct support professionals, program specialists and supervisors of direct support professionals who provide CPS completed the Department approved training on CPS by 7/1/18. <ul style="list-style-type: none"> ➤ Mark YES if the Provider has located the documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
38b.	The Provider voids claims for all staff who did not complete the Department approved training on CPS and Provider staff completes the Department approved training on CPS.	R	<ul style="list-style-type: none"> • The Provider submits documentation to the AE that shows that the claims were voided for all staff who have not completed the Department approved training on CPS. • The Provider submits documentation to the AE that shows the Provider staff completed the Department approved training on CPS. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted documentation to the AE that shows claims were voided for all staff who have not completed the Department approved training on CPS and submitted documentation to the AE of training completed by Provider staff. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
38c.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the Provider. 	
38d.	Remediation by exception.	R	<ul style="list-style-type: none"> • Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to Provider staff no longer being employed at the Provider agency. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if no remediation was required or another remediation action was selected. 	

#	Question	Type	Guidance	Source Documents
38e.	Remediation action outstanding – referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	
39.	New hire staff of a Provider who renders CPS completed the Department approved training on CPS within 60 days of hire.	O	<ul style="list-style-type: none"> • All new direct support professionals, program specialists and supervisors of direct support professionals hired after 7/1/18 must complete the Department approved training on CPS within 60 days of hire. During that time, new hire staff must be supervised by someone who has completed the training. • Review the hire dates of all new hire staff to determine if the certificate of completion of the Department approved training on CPS is present. <ul style="list-style-type: none"> ➤ Mark YES if all new hire staff hired after 7/1/18 completed the Department approved training on CPS within 60 days of hire and the certificate is present. ➤ Mark NO if there are no training records or if any of the new hire staff did not complete the required Department approved training on CPS. ➤ Mark NA if the Provider does not render CPS, or if there have been no new hires after 7/1/18 or the staff is still within the 60 days of hire. 	<ul style="list-style-type: none"> • Consolidated, P/FDS and CL waivers
39a.	Documentation was located.	R	<ul style="list-style-type: none"> • The Provider has located evidence which shows that all new hire staff hired after 7/1/18 completed the Department approved training on Community Participation Support within 60 days of hire. <ul style="list-style-type: none"> ➤ Mark YES if the Provider has located the documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
39b.	The Provider voids claims for all staff who did not complete the Department approved training on CPS and Provider staff completes the Department approved training on CPS.	R	<ul style="list-style-type: none"> • The Provider submits documentation to the AE that shows that the claims were voided for all staff who have not completed the Department approved training on CPS. • The Provider submits documentation to the AE that shows the Provider staff completed the Department approved training on CPS. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted documentation to the AE that shows claims were voided for all staff who have not completed the Department approved training on CPS and submitted documentation to the AE of training completed by Provider staff. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	

#	Question	Type	Guidance	Source Documents
39c.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the Provider. 	
39d.	Remediation by exception.	R	<ul style="list-style-type: none"> • Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to Provider staff no longer being employed at the Provider agency. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if no remediation was required or another remediation action was selected. 	
39e.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	
40.	The Provider has an Annual training plan that meets all requirements.	D	<ul style="list-style-type: none"> • The reviewer determines if the Provider's current annual training plan contains the following: <ul style="list-style-type: none"> - Department policy on intellectual disability principles and values - Training to meet the needs of a participant as identified in the ISP - QM plan - Identification and prevention of abuse, neglect and exploitation of a participant - Recognizing, reporting and investigating an incident - Participant grievance resolution - Department issued policies or procedures - Accurate billing and documentation of HCBS delivery. ➤ Mark YES if the Provider has an annual training plan that meets all requirements. ➤ Mark NO if the Provider's annual training plan does not exist or if any of the criteria is absent. 	<ul style="list-style-type: none"> • 55 Pa Code Chapter 51 Section 51.23 (a)
40a.	Documentation was located.	R	<ul style="list-style-type: none"> • The Provider has located the annual training plan that meets all requirements. <ul style="list-style-type: none"> ➤ Mark YES if the Provider has located the documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	

#	Question	Type	Guidance	Source Documents
40b.	The Provider develops/modifies an annual training plan.	R	<ul style="list-style-type: none"> • The Provider develops/modifies their annual training plan to meet all requirements. <ul style="list-style-type: none"> ➢ Mark YES if the annual training plan was developed/modified and meets all requirements. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
40c.	Other remediation action.	R	<ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➢ Mark YES if the Provider submitted remediation documentation. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
40d.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➢ Mark NA if no remediation action was necessary, or if no remediation action was taken by the Provider. 	
40e.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➢ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➢ Mark NA if the issue was remediated or if no remediation was required. 	
41.	The Provider's staff completed Annual training that includes core courses as required.	O	<ul style="list-style-type: none"> • A training year is a 12-month time frame. Determine the dates the Provider considers their "training year." • The reviewer determines if all staff completed the annual training and all required core courses based on a review of the training records including a description of the course, sign-in sheets, transcripts or certificates of completion from the training. • The reviewer will review 25% of staff, but no less than 5 Provider staff. • Exclude staff that are no longer employed with the Provider. <ul style="list-style-type: none"> ○ Core courses are: <ul style="list-style-type: none"> - Department policy on intellectual disability principles and values - Training to meet the needs of a participant as identified in the ISP - QM plan - Identification and prevention of abuse, neglect and exploitation of a participant 	<ul style="list-style-type: none"> • 55 Pa Code Chapter 51 Sections 51.23 (a), (c) and (d)

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> - Recognizing, reporting and investigating an incident - Participant grievance resolution - Department issued policies or procedures - Accurate billing and documentation of HCBS delivery. <ul style="list-style-type: none"> ➤ Mark YES if the training records for the Provider's staff indicate completion of the required annual training core courses. ➤ Mark NO if there are no training records or if the Provider's staff did not complete any component of the required annual training core courses. 	
41a.	Documentation was located.	R	<ul style="list-style-type: none"> • The Provider has located training records which indicate that Provider staff have completed the required annual training core courses. ➤ Mark YES if the Provider has located the documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
41b.	Provider staff completes all required annual training core courses as appropriate.	R	<ul style="list-style-type: none"> • The Provider submits documentation to the AE that the Provider staff completed all required annual training core courses as appropriate. ➤ Mark YES if Provider submitted documentation to the AE of training completed by Provider staff. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
41c.	Other remediation action.	R	<ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
41d.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the Provider. 	

#	Question	Type	Guidance	Source Documents
41e.	Remediation by exception.	R	<ul style="list-style-type: none"> • Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to Provider staff no longer being employed at the Provider agency. <ul style="list-style-type: none"> ➢ Mark YES if remediation by exception applies. ➢ Mark NA if no remediation was required or another remediation action was selected. 	
41f.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➢ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➢ Mark NA if the issue was remediated or if no remediation was required. 	
42.	Staff receive training to meet the needs of the individual they support as identified in the approved Individual Support Plan (ISP) before providing services to the individual.	D O	<ul style="list-style-type: none"> • The Provider will give a list of all staff who worked with the individuals in the sample selected during the review period. This list should include the date in which the staff began working with the individual. • Exclude staff that are no longer employed with the Provider or are newly hired (within last 12 months of the date of review). • The reviewer determines if all staff who work directly with the individuals in the sample received training on the approved ISP of the individual(s) they support prior to working with the individual(s) based on a review of the training records including a description of the course, sign-in sheets, transcripts or certificates of completion from the training. • This training must occur annually as staff should be trained on the annual review of the ISP. • The reviewer will review 25% of staff, but no less than 5 Provider staff. • If the Provider is currently not authorized for any services but was in the previous year, the reviewer determines if at least one staff that rendered the services the Provider is eligible to provide received training on the content of an ISP. • Training should include all aspects of the ISP such as outcomes, special health care needs, behavior, accessibility, nutrition/diet, communication methods and staff sign language skills (when required) and risk mitigation strategies. <ul style="list-style-type: none"> ➢ Mark YES if the training records indicate that staff received training on the approved ISP for the individual they support prior to beginning work with the individual. ➢ Mark NO if there are no training records or if the staff did not receive training on the approved ISP prior to beginning work with the individual. ➢ Mark NA if the Provider did not have authorizations during the review time frame and the previous year. 	<ul style="list-style-type: none"> • 55 Pa Code Chapter 51 Sections 51.4, 51.23 (a)(2), (b) and (c) • Waiver Assurance on Participant Services, Appendix C • Waiver Assurance on Qualified Providers • Waiver Assurance on Service Plans

#	Question	Type	Guidance	Source Documents
42a.	Documentation was located.	R	<ul style="list-style-type: none"> • The Provider has located training records which indicate that all Provider staff have completed training on the approved ISP for the individual(s) they support prior to service delivery. <ul style="list-style-type: none"> ➢ Mark YES if the Provider has located the documentation. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
42b.	Provider staff are trained as appropriate on the ISP(s) of the individuals they support prior to service delivery.	R	<ul style="list-style-type: none"> • The Provider submits documentation to the AE that the Provider staff who work directly with individuals were trained on the ISP(s) of the individuals they support within 30 days. <ul style="list-style-type: none"> ➢ Mark YES if Provider submitted documentation to the AE of training completed by Provider staff. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
42c.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➢ Mark NA if no remediation action was necessary, or if no remediation action was taken by the Provider. 	
42d.	Remediation by exception.	R	<ul style="list-style-type: none"> • Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to Provider staff no longer being employed at the Provider agency. <ul style="list-style-type: none"> ➢ Mark YES if remediation by exception applies. ➢ Mark NA if no remediation was required or another remediation action was selected. 	
42e.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➢ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➢ Mark NA if the issue was remediated or if no remediation was required. 	
43.	All new hired staff received training to meet the needs of the individual they support as identified in the approved	D O	<ul style="list-style-type: none"> • The Provider will give a list of all staff hired within the last 12 months of the date of review and who work with the individuals in the sample selected during the review period. This list should include the date in which the staff began working with the individual. 	<ul style="list-style-type: none"> • 55 Pa Code Chapter 51 Sections 51.4, 51.23 (a)(2), (b) and (c) • Waiver Assurance on Participant Services, Appendix C

#	Question	Type	Guidance	Source Documents
	ISP before providing services to the individual.		<ul style="list-style-type: none"> Exclude staff that are no longer employed with the Provider. The reviewer determines if all new hire staff who work directly with the individuals in the sample received training on the approved ISP of the individual(s) they support prior to working with the individual(s) based on a review of the training records including a description of the course, sign-in sheets, transcripts or certificates of completion from the training. The reviewer will review 25% of staff, but no less than 5 Provider staff. Cross reference the hire date with the training records to ensure the staff were trained prior to providing services. Training should include all aspects of the ISP such as outcomes, special health care needs, behavior, accessibility, nutrition/diet, communication methods and staff sign language skills (when required) and risk mitigation strategies. <ul style="list-style-type: none"> ➤ Mark YES if the training records indicate that all staff received training on the approved ISP for the individual they support prior to beginning work with the individual. ➤ Mark NO if there are no training records or if any of the staff did not receive training on the approved ISP prior to beginning work with the individual. ➤ Mark NA if the Provider did not have any new hire staff during the review period. 	<ul style="list-style-type: none"> Waiver Assurance on Qualified Providers Waiver Assurance on Service Plans
43a.	Documentation was located.	R	<ul style="list-style-type: none"> The Provider has located training records which indicate that all newly hired Provider staff have completed training on the approved ISP for the individual(s) they support prior to service delivery. <ul style="list-style-type: none"> ➤ Mark YES if the Provider has located the documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
43b.	Provider staff are trained as appropriate on the ISP(s) of the individuals they support prior to service delivery.	R	<ul style="list-style-type: none"> The Provider submits documentation to the AE that the newly hired Provider staff who work directly with individuals were trained on the ISP(s) of the individuals they support within 30 days. <ul style="list-style-type: none"> ➤ Mark YES if Provider submitted documentation to the AE of training completed by Provider staff. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
43c.	If YES, when:	R	<ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. 	

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the Provider. 	
43d.	Remediation by exception.	R	<ul style="list-style-type: none"> • Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to Provider staff no longer being employed at the Provider agency. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if no remediation was required or another remediation action was selected. 	
43e.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	
44.	The Provider ensures that the Provider's administrative staff have viewed and completed ODP's required training.	O	<ul style="list-style-type: none"> • The reviewer determines if the staff training records for all administrative staff indicate that ODP's required training were completed. • Administrative Staff is defined as any person in a management, directorial, or executive role who will have contact with deaf participants or be involved in the provision of services to deaf participants. • Required trainings are: <ul style="list-style-type: none"> - Department's training on deaf culture - The unique needs of this population - Department's expectations of the Provider with respect to the provision of effective communication - How to document the signing skills of staff and/or other components of service related to effective communication identified in a class member's ISP - When and how to contact the Deaf Services Coordinator • A certificate of completion for the ODP Training entitled "ODP Deaf Services for Provider Administrators and Agencies" can substitute the required trainings listed above. <ul style="list-style-type: none"> ➤ Mark YES if the training records indicate that the administrative staff completed the required ODP training. ➤ Mark NO if no training record(s) exist or the training record(s) do not indicate that the staff completed the required ODP training. ➤ Mark NA if the Provider does not serve any individuals who are deaf. 	<ul style="list-style-type: none"> • Harry M vs. PA DPW Settlement agreement

#	Question	Type	Guidance	Source Documents
44a.	Documentation was located.	R	<ul style="list-style-type: none"> • The Provider has located training records which indicate that all administrative staff have completed ODP's required training. <ul style="list-style-type: none"> ➢ Mark YES if the Provider has located the documentation. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
44b.	The Provider develops a process to ensure administrative staff have viewed ODP's required training.	R	<ul style="list-style-type: none"> • The Provider develops a process to ensure administrative staff have viewed ODP's required training. <ul style="list-style-type: none"> ➢ Mark YES if the process was developed. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
44c.	Provider administrative staff completes ODP's required training.	R	<ul style="list-style-type: none"> • The Provider submits documentation to the AE that the Provider staff has completed ODP's required training. <ul style="list-style-type: none"> ➢ Mark YES if the Provider submitted documentation to the AE of training completed by Provider staff. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
44d.	Other remediation action.	R	<ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➢ Mark YES if the Provider submitted remediation documentation. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
44e.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➢ Mark NA if no remediation action was necessary, or if no remediation action was taken by the Provider. 	
44f.	Remediation by exception.	R	<ul style="list-style-type: none"> • Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to Provider staff no longer being employed at the Provider agency. <ul style="list-style-type: none"> ➢ Mark YES if remediation by exception applies. ➢ Mark NA if no remediation was required or another remediation action was selected. 	

#	Question	Type	Guidance	Source Documents
44g.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	

RECORD REVIEW

#	Question	Type	Guidance	Source Documents
PERSON-CENTERED PLANNING, SERVICE DELIVERY & OUTCOMES – The individual is supported to communicate.				
The Provider actively supports the communication needs of the individual.				
45.	<p>The Provider serves one or more Consolidated Waiver participants who are deaf.</p> <p>Non-Scored</p>	D	<ul style="list-style-type: none"> • The reviewer determines if the individual is identified as deaf based on a review of the ISP. • The definition of deaf as described in the Harry M. Settlement is “As a result of hearing impairment, the person is unable to understand or communicate verbal expressions commensurate with his or her intellectual ability, even when wearing hearing aids; or as a result of hearing impairment his or her primary language is Sign Language.” <ul style="list-style-type: none"> ○ Sign Language is defined as: <ul style="list-style-type: none"> ▪ American Sign Language (ASL), ▪ Sign language from other countries (such as Spanish), ▪ Signed Exact English, ▪ A mixture of ASL and Signed Exact English, ▪ Tactile sign, or ▪ Visual-Gestural Communication ➤ Mark YES if the ISP indicates that the individual is identified as deaf. ➤ Mark NA if the ISP does not indicate that the individual is identified as deaf or the Provider does not serve any individuals. 	
46.	Provider staff who serve a deaf participant(s) have viewed and completed ODP’s required training.	D O	<ul style="list-style-type: none"> • The Provider identifies all staff who serve a deaf participant and provides this information to the reviewer. • The reviewer determines if the staff training records for all staff who serve a deaf participant indicates that ODP’s required training were completed. • Required trainings are: <ul style="list-style-type: none"> - Department’s training on ODP deaf culture 	<ul style="list-style-type: none"> • Harry M vs. PA DPW Settlement Agreement

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> - The unique needs of this population - Department's expectations of the Provider with respect to the provision of effective communication - When and how to contact the Deaf Services Coordinator • A certificate of completion for the ODP Training entitled "ODP Deaf Services for Provider Staff" can substitute the required trainings listed above. <ul style="list-style-type: none"> ➤ Mark YES if the training records indicate that all staff completed the required ODP training. ➤ Mark NO if no training record(s) exist or the training record(s) do not indicate that the staff completed the required ODP training. ➤ Mark NA if the Provider does not serve any individuals or does not serve any individuals who are deaf. 	
46a.	Documentation was located.	R	<ul style="list-style-type: none"> • The Provider has located training records which indicate that all Provider staff have completed ODP's required training. <ul style="list-style-type: none"> ➤ Mark YES if the Provider has located the documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
46b.	Provider staff completes ODP's required training.	R	<ul style="list-style-type: none"> • The Provider submitted documentation to the AE of training completed by Provider staff. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted documentation to the AE of training completed by Provider staff. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
46c.	Other remediation action.	R	<ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
46d.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. 	

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the Provider. 	
46e.	Remediation by exception.	R	<ul style="list-style-type: none"> • Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to Provider staff no longer being employed at the Provider agency. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if no remediation was required or another remediation action was selected. 	
46f.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	
47.	Staff are trained on the individual's communication profile and/or formal communication system.		<ul style="list-style-type: none"> • The reviewer determines if the ISP identifies any communication needs. • The reviewer determines if all staff who work directly with the individuals in the sample received training on the individual's current communication profile and/or formal communication system based on a review of the training records. • The reviewer will review 25% of the staff, but no less than 5 Provider staff. • Exclude staff that are no longer employed with the Provider. <ul style="list-style-type: none"> ➤ Mark YES if the training records for the Provider's staff indicate completion of training received on the individual's current communication profile and/or formal communication system. ➤ Mark NO if there are no training records or if any of the staff did not complete the training on the individual's current communication profile and/or formal communication system. ➤ Mark NA if the individuals' ISP did not have any communication needs identified or the Provider does not serve any individuals. 	<ul style="list-style-type: none"> • Bulletin 00-08-18, <i>Communication Supports & Services</i>
47a.	Documentation was located.	R	<ul style="list-style-type: none"> • The Provider has located the training records which indicate that all Provider staff have completed the training on the individual's current communication profile and/or formal communication system. <ul style="list-style-type: none"> ➤ Mark YES if the Provider has located the documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	

#	Question	Type	Guidance	Source Documents
47b.	Provider staff are trained as appropriate on the individual's communication plan or formal communication system.	R	<ul style="list-style-type: none"> The Provider submits documentation to the AE that the Provider staff were trained on the individual's communication plan or formal communication system. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted documentation to the AE of training completed by Provider staff. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
47c.	Other remediation action.	R	<ul style="list-style-type: none"> The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
47d.	If YES, when:	R	<ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the Provider. 	
47e.	Remediation by exception.	R	<ul style="list-style-type: none"> Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to Provider staff no longer being employed at the Provider agency. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if no remediation was required or another remediation was selected. 	
47f.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	
48.	The Provider implements communication strategies as indicated in the ISP.	O	<ul style="list-style-type: none"> The reviewer determines if the ISP during the review period identifies any communication needs. The reviewer determines if progress notes reflect that the communication strategies identified in the ISP are being provided to the individual. <ul style="list-style-type: none"> ➤ Mark YES if the progress notes reflect how the Provider implemented the communication strategies that were identified in the individual's ISP. 	<ul style="list-style-type: none"> 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>

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> ➤ Mark NO if the progress notes did not reflect how the Provider implemented the communication strategies or if the Provider did not implement communication strategies as prescribed in the ISP. ➤ Mark NA if the individuals' ISP did not have any communication needs identified or if the Provider does not serve any individuals. 	
48a.	Documentation was located.	R	<ul style="list-style-type: none"> • The Provider has located the progress notes which reflect that the communication strategies identified in the ISP are being provided to the individual. <ul style="list-style-type: none"> ➤ Mark YES if the documentation was located. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
48b.	Provider staff are trained as appropriate.	R	<ul style="list-style-type: none"> • The Provider submits documentation to the AE that the Provider staff were trained. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted documentation to the AE of training completed by Provider staff. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
48c.	The Provider develops a process that ensures staff have been trained on how to properly document communication strategies.	R	<ul style="list-style-type: none"> • The Provider develops a process to ensure staff have been trained on how to properly document communication strategies. <ul style="list-style-type: none"> ➤ Mark YES if the process was developed. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
48d.	Other remediation action	R	<ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
48e.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the Provider. 	

#	Question	Type	Guidance	Source Documents
48f.	Remediation by exception.	R	<ul style="list-style-type: none"> • Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. <ul style="list-style-type: none"> ➢ Mark YES if remediation by exception applies. ➢ Mark NA if no remediation was required or another remediation was selected. 	
48g.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➢ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➢ Mark NA if the issue was remediated or if no remediation was required. 	
49.	Staff are trained on the individual's communication and/or formal communication system.	Ø	<ul style="list-style-type: none"> • The reviewer determines if the ISP identifies any communication needs. • The reviewer determines if the training records of at least 1 assigned direct support professional that works with the individual was trained on the individual's current communication or formal communication system. <ul style="list-style-type: none"> ➢ Mark YES if the assigned staff's training records indicate that training was received on the individual's current communication or formal communication system. ➢ Mark NO if there are no training records or the assigned staff training records do not indicate that training on the individual's current communication or formal communication system were received. ➢ Mark NA if the Provider does not serve any individuals or if the individuals' ISP did not have any communication services identified. 	<ul style="list-style-type: none"> • Bulletin 00-08-18, <i>Communication Supports & Services</i>
49a.	Documentation was located.	R	<ul style="list-style-type: none"> • The Provider has located the training records which show that the direct support professional receiving training on the individual's current communication plan or formal communication system. <ul style="list-style-type: none"> ➢ Mark YES if the documentation was located. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
49b.	Provider staff are trained as appropriate on the individual's communication plan or formal communication system.	R	<ul style="list-style-type: none"> • The Provider submits documentation to the AE that the Provider staff were trained on the individual's communication plan or formal communication system. <ul style="list-style-type: none"> ➢ Mark YES if the Provider submitted documentation to the AE of training completed by Provider staff. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	

#	Question	Type	Guidance	Source Documents
49c.	The Provider develops a process that ensures staff have an understanding on the needs of the individual.	R	<ul style="list-style-type: none"> The Provider develops a process to document progress related to achieving outcomes. <ul style="list-style-type: none"> ➤ Mark YES if the process was developed. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
49d.	Other remediation action.	R	<ul style="list-style-type: none"> The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
49e.	If YES, when:	R	<ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the Provider. 	
49f.	Remediation by exception.	R	<ul style="list-style-type: none"> Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to Provider staff no longer being employed at the Provider agency. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if no remediation was required or another remediation was selected. 	
49g.	Remediation action outstanding – referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	
50.	The Provider documents in progress notes the implementation of communication strategies and the progress made toward the communication outcomes.	O	<ul style="list-style-type: none"> The reviewer determines if the ISP during the review period identifies any communication services and supports by reviewing the communication strategies. The reviewer determines if the progress notes for the review period show documentation of progress as it relates to the communication strategies identified. The reviewer determines if the progress notes document progress on one or more of the following indicators: <ul style="list-style-type: none"> - The expansion of communicative purposes across a variety of contexts. 	<ul style="list-style-type: none"> Bulletin 00-08-18, <i>Communication Supports & Services</i>

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> - Increased effectiveness of communication with a larger number of familiar and unfamiliar people as communication partners. - Expansion of repertoire of communication modes that are increasingly symbolic and more generally understood by others. - Increased understanding of messages sent by an increasingly large array of communication partners. - Increased independence in communication without reliance on assistance from others. - Reduction of challenging behaviors where functional communication has been substituted, where appropriate. - Ability to appropriately (and spontaneously) initiate, maintain, and terminate interactions. <ul style="list-style-type: none"> ➤ Mark YES if the progress notes documents implementation of communication strategies as it relates to the communication services and supports and includes progress measured on one or more of the indicators above. ➤ Mark NO if the progress notes does not document implementation of communication strategies related to the communication services and supports or does not include progress measured on one or more of the indicators listed above. ➤ Mark NA if the individuals' ISP did not have any communication strategies identified or if the Provider does not serve any individuals. 	
50a.	Documentation was located.	R	<ul style="list-style-type: none"> • The Provider has located the progress notes which document implementation of communication strategies as it relates to communication services and supports and includes progress measured on one or more indicators listed above. <ul style="list-style-type: none"> ➤ Mark YES if the documentation was located. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
50b.	Provider staff are trained as appropriate on how to document implementation of communication strategies.	R	<ul style="list-style-type: none"> • The Provider submits documentation to the AE that the Provider staff were trained on how to document implementation of communication strategies as It relates to services and supports in progress notes. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted documentation to the AE of training completed by Provider staff. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	

#	Question	Type	Guidance	Source Documents
50c.	The Provider develops a process that ensures staff have been trained on how to properly document progress on communication services and supports.	R	<ul style="list-style-type: none"> The Provider develops a process to ensure staff have been trained on how to properly document progress on communication services and supports. <ul style="list-style-type: none"> ➤ Mark YES if the process was developed. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
50d.	Other remediation action.	R	<ul style="list-style-type: none"> The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. The reviewer records in comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
50e.	If YES, when:	R	<ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the Provider. 	
50f.	Remediation by exception.	R	<ul style="list-style-type: none"> Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if no remediation was required or another remediation was selected. 	
50g.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	
PERSON-CENTERED PLANNING, SERVICE DELIVERY & OUTCOMES – The system of support is straightforward.				
The Provider supports employment first for the individual.				
51.	The individual receives employment services from the Provider. Non-Scored	D	<ul style="list-style-type: none"> Review the Services and Support section of the ISP to determine if the individual receives employment services from the Provider. <ul style="list-style-type: none"> ➤ Mark YES if the individual receives employment supports from the Provider. ➤ Mark NA if the individual does not receive employment services from the Provider or the Provider does not serve any individuals. 	<ul style="list-style-type: none"> Consolidated, P/FDS and CL waivers Everyday Lives Values in Action 2016 Executive Order 2016-03 – Employment First

#	Question	Type	Guidance	Source Documents
				<ul style="list-style-type: none"> Executive Order 2016-03 Recommendations 2018 Act 36 – Employment First Act
52.	The individual is supported in exploring employment opportunities through Career Assessment and Job Finding or Development (Supported Employment); or through Discovery and Job Acquisition (Advanced Supported Employment).	D O	<ul style="list-style-type: none"> The reviewer determines if the ISP indicates whether or not the individual is seeking employment or additional employment and receives either Supported Employment or Advanced Supported Employment. The reviewer determines if service notes and progress notes for the review period reflects how the employment Provider supports the individual with exploring employment opportunities through Career Assessment and Job Finding or Development (Supported Employment); or Discovery and Job Acquisition (Advanced Supported Employment), in accordance with the individual’s ISP. <ul style="list-style-type: none"> ➤ Mark YES if there is documentation to show that the Provider supports the individual with exploring employment opportunities through Career Assessment and Job Finding or Development (Supported Employment); or Discovery and Job Acquisition (Advanced Supported Employment), in accordance with the individual’s ISP. ➤ Mark NO if there is no documentation to show that the Provider supports the individual with exploring employment opportunities through Career Assessment and Job Finding or Development (Supported Employment); or Discovery and Job Acquisition (Advanced Supported Employment), in accordance with the individual’s ISP. ➤ Mark NA if the Provider does not serve any individuals or if the individual does not receive Career Assessment and Job Finding or Development (Supported Employment); or Discovery and Job Acquisition (Advanced Supported Employment), or if the individual has attained competitive employment and is not seeking another job. 	<ul style="list-style-type: none"> Consolidated, P/FDS and CL waivers Bulletin, 00-17-03, <i>Individual Support Plans (ISPs)/Attachment #1 ISP Manual/Section 13.9</i> Everyday Lives Values in Action 2016 Executive Order 2016-03 – Employment First Executive Order 2016-03 Recommendations 2018 Act 36 – Employment First Act
52a.	Documentation was located.	R	<ul style="list-style-type: none"> The Provider has located documentation that shows that the Provider supports the individual with exploring employment opportunities through Career Assessment and Job Finding or Development (Supported Employment); or Discovery and Job Acquisition (Advanced Supported Employment), in accordance with the individual’s ISP. <ul style="list-style-type: none"> ➤ Mark YES if the documentation was located. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
52b.	Provider staff are trained as appropriate on how to support the	R	<ul style="list-style-type: none"> The Provider submits documentation to the AE that the Provider staff were trained on how to support the individual with exploring employment opportunities through 	

#	Question	Type	Guidance	Source Documents
	individual with exploring employment opportunities.		<p>Career Assessment and Job Finding or Development (Supported Employment); or Discovery and Job Acquisition (Advanced Supported Employment), in accordance with the individual's ISP.</p> <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted documentation to the AE of training completed by Provider staff. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
52c.	The Provider develops a process that ensures staff have been trained in supporting individuals with exploring employment opportunities through Career Assessment and Job Finding or Development (Supported Employment); or Discovery and Job Acquisition (Advanced Supported Employment).	R	<ul style="list-style-type: none"> • The Provider develops a process to ensure staff have been trained in supporting individuals with exploring employment opportunities through Career Assessment and Job Finding or Development (Supported Employment); or Discovery and Job Acquisition (Advanced Supported Employment). ➤ Mark YES if the process was developed. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
52d.	Other remediation action.	R	<ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. • The reviewer records in comment field the REMEDIATION ACTION taken by the Provider to remediate. ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
52e.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the Provider. 	
52f.	Remediation by exception.	R	<ul style="list-style-type: none"> • Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. ➤ Mark YES if remediation by exception applies. ➤ Mark NA if no remediation was required or another remediation was selected. 	

#	Question	Type	Guidance	Source Documents
52g.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	
53.	The employment Provider supports the individual in obtaining employment through Job Finding or Development (Supported Employment) or Job Acquisition (Advanced Supported Employment).	D O	<ul style="list-style-type: none"> • The reviewer determines if the ISP indicates whether or not the individual is seeking employment or additional employment and receives Job Finding or Development (Supported Employment) or Job Acquisition (Advanced Supported Employment) from the Provider. • The reviewer determines if service notes and progress notes for the review period reflects how the employment Provider supports the individual with obtaining employment through Job Finding or Development (Supported Employment) or Job Acquisition (Advanced Supported Employment) in accordance with the individual's ISP. <ul style="list-style-type: none"> ➤ Mark YES if there is documentation to show that the Provider supports the individual with obtaining employment through Job Finding or Development (Supported Employment) or Job Acquisition (Advanced Supported Employment), in accordance with the individual's ISP. ➤ Mark NO if there is no documentation to show that the Provider supports the individual with obtaining employment through Job Finding or Development (Supported Employment) or Job Acquisition (Advanced Supported Employment) in accordance with the individual's ISP. ➤ Mark NA if the Provider does not serve any individuals or if the individual does not receive employment supports from the Provider or if the Provider is not a Provider of employment services or if the individual has attained competitive employment and is not seeking another job. 	<ul style="list-style-type: none"> • Consolidated, P/FDS and CL waivers • Bulletin, 00-17-03, <i>Individual Support Plans (ISPs)/Attachment #1 ISP Manual/Section 13.9</i> • Everyday Lives Values in Action 2016 • Executive Order 2016-03
53a.	Documentation was located.	R	<ul style="list-style-type: none"> • The Provider has located documentation that shows that the Provider supports the individual with obtaining employment through Job Finding or Development (Supported Employment) or Job Acquisition (Advanced Supported Employment) in accordance with the individual's ISP. <ul style="list-style-type: none"> ➤ Mark YES if the documentation was located. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
53b.	Provider staff are trained as appropriate on how to support the individual with obtaining employment	R	<ul style="list-style-type: none"> • The Provider submits documentation to the AE that the Provider staff were trained on how to support the individual with obtaining employment through Job Finding or 	

#	Question	Type	Guidance	Source Documents
	through Job Finding or Development (Supported Employment) or Job Acquisition (Advanced Supported Employment).		<p>Development (Supported Employment) or Job Acquisition (Advanced Supported Employment), in accordance with the individual's ISP.</p> <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted documentation to the AE of training completed by Provider staff. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
53c.	The Provider develops a process that ensures staff have been trained in supporting individuals with obtaining employment through Job Finding or Development (Supported Employment) or Job Acquisition (Advanced Supported Employment).	R	<ul style="list-style-type: none"> • The Provider develops a process to ensure staff have been trained in supporting individuals with obtaining employment through Job Finding or Development (Supported Employment) or Job Acquisition (Advanced Supported Employment). <ul style="list-style-type: none"> ➤ Mark YES if the process was developed. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
53d.	Other remediation action.	R	<ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
53e.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the Provider. 	
53f.	Remediation by exception.	R	<ul style="list-style-type: none"> • Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if no remediation was required or another remediation was selected. 	
53g.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. 	

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> ➤ Mark NA if the issue was remediated or if no remediation was required. 	
54.	The employment Provider supports the individual in maintaining employment through Job Coaching and Support (Supported Employment) or Job Retention (Advanced Supported Employment).	D O	<ul style="list-style-type: none"> • The reviewer determines if the ISP indicates whether or not the individual is employed in a competitive-integrated job and receiving Job Coaching and Support (Supported Employment) or Job Retention (Advanced Supported Employment) from the Provider. • The reviewer determines if service notes and progress notes for the review period reflects that the employment Provider supports the individual in maintaining employment through Job Coaching and Support (Supported Employment) or Job Retention (Advanced Supported Employment) services in accordance with the individual's ISP. <ul style="list-style-type: none"> ➤ Mark YES if there is documentation that reflects how the employment Provider supported the individual in maintaining employment through Job Coaching and Support (Supported Employment) or Job Retention (Advanced Supported Employment) in accordance with the individual's ISP. ➤ Mark NO if there is no documentation that reflects how the employment Provider supported the individual in maintaining employment through Job Coaching and Support (Supported Employment) or Job Retention (Advanced Supported Employment) in accordance with the individual's ISP. ➤ Mark NA if the Provider does not serve any individuals or if the individual does not receive employment services from the Provider or if the Provider is not a Provider of employment services. 	<ul style="list-style-type: none"> • Consolidated, P/FDS and CL waivers • Bulletin, 00-17-03, <i>Individual Support Plans (ISPs)/Attachment #1</i> ISP Manual/Section 13.9 • Everyday Lives Values in Action 2016 • Executive Order 2016-03 – Employment First • Executive Order 2016-03 Recommendations • 2018 Act 36 – Employment First Act
54a.	Documentation was located.	R	<ul style="list-style-type: none"> • The Provider has located documentation that shows that the Provider supports the individual in maintaining employment through Job Coaching and Support (Supported Employment) or Job Retention (Advanced Supported Employment) in accordance with the individual's ISP. <ul style="list-style-type: none"> ➤ Mark YES if the documentation was located. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
54b.	Provider staff are trained as appropriate on how to support the individual in maintaining employment.	R	<ul style="list-style-type: none"> • The Provider submits documentation to the AE that the Provider staff were trained on how to support the individual in maintaining employment through Job Coaching and Support (Supported Employment) or Job Retention (Advanced Supported Employment) in accordance with the individual's ISP. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted documentation to the AE of training completed by Provider staff. 	

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
54c.	The Provider develops a process that ensures staff have been trained in supporting individuals with Job Coaching and Support (Supported Employment) or Job Retention (Advanced Supported Employment) services.	R	<ul style="list-style-type: none"> • The Provider develops a process to ensure staff have been trained in supporting individuals in maintaining employment through Job Coaching and Support (Supported Employment) or Job Retention (Advanced Supported Employment). <ul style="list-style-type: none"> ➤ Mark YES if the process was developed. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
54d.	Other remediation action.	R	<ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
54e.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the Provider. 	
54f.	Remediation by exception.	R	<ul style="list-style-type: none"> • Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if no remediation was required or another remediation was selected. 	
54g.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	
55.	If an individual receiving Supported Employment requires Career	D O	<ul style="list-style-type: none"> • The reviewer determines if the ISP indicates whether or not the individual receives Supported Employment – Career Assessment, from the Provider. 	<ul style="list-style-type: none"> • Consolidated, P/FDS and CL waivers

#	Question	Type	Guidance	Source Documents
	<p>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.</p> <p>Non-Scored</p>		<ul style="list-style-type: none"> • The reviewer determines if service notes and progress notes for the review period reflects Career Assessment activities in excess of 6 consecutive months and reflects an explanation of the reason why the activities are needed for an extended period of time. • Career assessment activities, on average, should be authorized for no longer than 6 consecutive months and should result in the development of a career assessment report. When an individual requires career assessment activities in excess of 6 consecutive months, an explanation of why the activities are needed for an extended period of time should be included in the ISP. <ul style="list-style-type: none"> ➢ Mark YES if the individual requires career assessment activities in excess of 6 consecutive months and documentation is present to reflect an explanation of why the activities are needed for an extended period of time is present in the ISP. ➢ Mark NO if the individual requires career assessment activities in excess of 6 consecutive months and documentation is not present in the ISP or the documentation does not reflect an explanation of why the activities are needed for an extended period of time and the individual has been receiving Career Assessment activities in excess of 6 consecutive months. ➢ Mark NA if the Provider does not serve any individuals, the Provider is not a Provider of Supported Employment – Career Assessment, the individual does not receive Supported employment services from the Provider or the individual is not anticipated to need Career Assessment in excess of 6 consecutive months, has moved on to the subsequent phases of Supported employment (Job Finding or Development or Job Coaching and Support). <p>NOTE – If YES, identify explanation of why Career assessment activities were needed for an extended period of time.</p>	<ul style="list-style-type: none"> • ID/A Waiver Employment Services Q&A Document • Bulletin, 00-17-03, <i>Individual Support Plans (ISPs)</i>/Attachment #1 ISP Manual/Section 13.9 • Everyday Lives Values in Action 2016 • Executive Order 2016-03 – Employment First • Executive Order 2016-03 Recommendations • 2018 Act 36 – Employment First Act
56.	<p>There is documentation of a fading plan for the individual’s ongoing use of Job Coaching and Support as part of Supported Employment.</p> <p>Non-Scored</p>	D O	<ul style="list-style-type: none"> • The reviewer determines if the ISP indicates whether or not the individual receives Supported Employment – Job Coaching and Support, from the Provider. • The reviewer determines if documentation exists which reflects a fading plan for the individual’s ongoing use of Supported Employment – Job Coaching and Support. <ul style="list-style-type: none"> ○ A fading plan is a strategy or action plan designed to reduce the individual’s dependence on external supports provided by a job coach. ➢ Mark YES if the individual is receiving ongoing Job Coaching and Support and a fading plan is present. ➢ Mark NO if the individual is receiving ongoing Job Coaching and Support and a fading plan is not present. 	<ul style="list-style-type: none"> • Consolidated, P/FDS and CL waivers • ID/A Waiver Employment Service Definition Q&A Document • Bulletin, 00-17-03, <i>Individual Support Plans (ISPs)</i>/Attachment #1 ISP Manual/Section 13.9 • Everyday Lives Values in Action 2016 • Executive Order 2016-03 – Employment First • Executive Order 2016-03 Recommendations

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> ➤ Mark NA if the individual does not receive Supported Employment – Job Coaching and Support from the Provider. 	<ul style="list-style-type: none"> • 2018 Act 36 – Employment First Act
57.	The residential Provider supports the individual to maintain employment by facilitating transportation.	D O	<ul style="list-style-type: none"> • The reviewer determines if the Services and Supports section of the ISP indicates that Residential Habilitation services are received from the Provider. • The reviewer determines if the service notes and travel logs show that transportation was facilitated by the Provider in accordance with the individual’s ISP. • If the individual does not receive Residential Habilitation from the Provider or the Provider does not provide Residential Habilitation services, mark NA. <ul style="list-style-type: none"> ➤ Mark YES if the service notes and travel logs reflect how the residential Provider facilitated transportation for the individual to maintain employment in accordance with the individual’s ISP. ➤ Mark NO if the service notes and travel logs do not reflect how the residential Provider facilitated transportation for the individual to maintain employment in accordance with the individual’s ISP. ➤ Mark NA if the Provider does not serve any individuals, the Provider is not a Provider of Residential Habilitation services, the individual does not receive Residential Habilitation services from the Provider or the individual is not employed. 	<ul style="list-style-type: none"> • Consolidated, P/FDS and CL waivers • Bulletin, 00-17-03, <i>Individual Support Plans (ISPs)/Attachment #1 ISP Manual/Section 13.17</i> • Everyday Lives Values in Action 2016 • Executive Order 2016-03 – Employment First • Executive Order 2016-03 Recommendations • 2018 Act 36 – Employment First Act
57a.	Documentation was located.	R	<ul style="list-style-type: none"> • The Provider has located documentation that shows how the residential Provider facilitated transportation for the individual to maintain employment in accordance with the individual’s ISP. <ul style="list-style-type: none"> ➤ Mark YES if the documentation was located. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
57b.	The Provider develops a process regarding transportation for individuals to and from employment.	R	<ul style="list-style-type: none"> • The Provider develops a process regarding transportation for individuals to and from employment. <ul style="list-style-type: none"> ➤ Mark YES if the process was developed. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
57c.	Provider staff are trained as appropriate on the process regarding transportation for individuals to and from employment.	R	<ul style="list-style-type: none"> • The Provider submits documentation to the AE that the Provider staff were trained on the process regarding transportation for individuals to and from employment. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted documentation to the AE of training completed by Provider staff. 	

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
57d.	Other remediation action.	R	<ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
57e.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the Provider. 	
57f.	Remediation by exception.	R	<ul style="list-style-type: none"> • Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if no remediation was required or another remediation was selected. 	
57g.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	
PERSON-CENTERED PLANNING, SERVICE DELIVERY & OUTCOMES – The individual’s assessed needs are addressed in the ISP through waiver-funded services or other funding sources or natural supports.				
The Provider supports the individual.				
58.	In Residential Habilitation and Life Sharing, the individual has a current signed department-approved room and board contract on file.	D O	<ul style="list-style-type: none"> • The reviewer determines if the Services and Supports section of the ISP indicates that Residential Habilitation or Life Sharing services are received from the Provider. • The reviewer will look at the department-approved room and board contract for the current year to verify that a document is on file and signed by the individual. <ul style="list-style-type: none"> ➤ Mark YES if a department-approved room and board contract between the Residential Habilitation or Life Sharing Provider and the individual exists and is signed by the individual. 	<ul style="list-style-type: none"> • 55 Pa Code Chapter 51 Sections 51.122 and 51.126

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> ➤ Mark NO if a department-approved room and board contract between the Residential Habilitation or Life Sharing Provider and the individual does not exist or is not signed by the individual. ➤ Mark NA if the individual does not receive Residential Habilitation or Life Sharing services from the Provider or if the Provider does not serve any individuals. 	
58a.	Documentation was located.	R	<ul style="list-style-type: none"> • The Provider has located evidence which shows that a current Department-approved room and board contract between the Residential Habilitation or Life Sharing Provider and the individual exists and is signed by the individual. <ul style="list-style-type: none"> ➤ Mark YES if the documentation was located. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
58b.	The Provider obtains department-approved room and board contract(s) for individuals who receive Residential Habilitation and/or Life Sharing services from the Provider.	R	<ul style="list-style-type: none"> • The Provider obtains a department-approved room and board contract which is signed by the individual(s) and is placed on file. • The Provider submits documentation to the AE as appropriate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted documentation to the AE. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
58c.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the Provider. 	
58d.	Remediation by exception.	R	<ul style="list-style-type: none"> • Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if no remediation was required or another remediation was selected. 	
58e.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	

#	Question	Type	Guidance	Source Documents
59.	In Residential Habilitation, the department-approved room and board contract is completed annually.	D O	<ul style="list-style-type: none"> • The reviewer determines if the Services and Supports section of the ISP indicates that residential habilitation services are received from the Provider. • The reviewer will look at the current Department-approved room and board contract to determine when it was signed and go back 12 months prior to verify that a contract is on file, signed by the individual and completed each year. <ul style="list-style-type: none"> ➢ Mark YES if a Department-approved room and board contract between the Residential Habilitation Provider and the individual exists, is signed by the individual and completed annually. ➢ Mark NO if a Department-approved room and board contract between the Residential Habilitation Provider and the individual does not exist or is not signed by the individual or is not completed annually. ➢ Mark NA if the Provider does not serve any individuals or if the individual(s) in the sample selected do not receive Residential Habilitation from the Provider. 	<ul style="list-style-type: none"> • 55 Pa Code Chapter 51 Sections 51.122 and 51.126
59a.	Documentation was located.	R	<ul style="list-style-type: none"> • The Provider has located evidence which shows that a Department-approved room and board contract between the Residential Habilitation Provider and the individual exists, is signed by the individual and completed annually. <ul style="list-style-type: none"> ➢ Mark YES if the documentation was located. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
59b.	The Provider obtains department-approved room and board contract(s) for individuals who receive Residential Habilitation services from the Provider.	R	<ul style="list-style-type: none"> • The Provider obtains a department-approved room and board contract which is signed by the individual(s) and is placed on file. • The Provider submits documentation to the AE as appropriate. <ul style="list-style-type: none"> ➢ Mark YES if the Provider submitted documentation to the AE. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
59c.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➢ Mark NA if no remediation action was necessary, or if no remediation action was taken by the Provider. 	
59d.	Remediation by exception.	R	<ul style="list-style-type: none"> • Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. <ul style="list-style-type: none"> ➢ Mark YES if remediation by exception applies. ➢ Mark NA if no remediation was required or another remediation was selected. 	

#	Question	Type	Guidance	Source Documents
59e.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	
60.	<p>The individual receiving services in an unlicensed Residential Habilitation or unlicensed Life Sharing home has the right to lock their bedroom door.</p> <p>Non-Scored</p>		<ul style="list-style-type: none"> • For individuals receiving services in unlicensed Residential Habilitation or unlicensed Life Sharing homes only. • The reviewer will determine if the Provider can describe the type of lock used. This can be a written or verbal description of the type of lock used for the individual. • 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. • If the individual does not have a way to lock their bedroom, the modification must be supported by a specific assessed need, agreed upon by the ISP team and justified in the ISP. The documentation would be the ISP that contains all required information. <ul style="list-style-type: none"> ➤ Mark YES if there is a bedroom door lock and the individual is able to lock and unlock the door or the ISP documents a rights modification. ➤ Mark NO if there is no bedroom door lock, the lock is inaccessible to the individual, or the ISP does not document a rights modification. ➤ Mark NA if the individual does not receive services in an unlicensed Residential Habilitation or unlicensed Life Sharing home or if the Provider does not serve any individuals. 	<ul style="list-style-type: none"> • Consolidated and CL waivers
61.	<p>The individual receiving Community Participant Support, Residential Habilitation or Life Sharing services are offered opportunities for, and provided support to, participate in integrated community activities consistent with the individual's preferences, choices and interests.</p> <p>Non-Scored</p>	O	<ul style="list-style-type: none"> • For individuals receiving Community Participation Support, Residential Habilitation and/or Life Sharing services only. • The reviewer will determine if documentation (service notes, progress notes, activity schedules) indicate that each individual is offered opportunities and support to participate in integrated community activities consistent with the individual's preferences, choices and interests. <ul style="list-style-type: none"> ➤ Mark YES if there is documentation which shows opportunities and support for integrated community activities consistent with the individual's preferences, choices and interests. ➤ Mark NO if there is no documentation which shows opportunities and support for integrated community activities are provided to individual or if community activities offered were not consistent with the individual's preferences, choices and interests. 	<ul style="list-style-type: none"> • Consolidated, P/FDS and CL waivers

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> ➤ Mark NA if the individual does not receive Community Participant Support, Residential Habilitation or Life Sharing services or if the Provider does not serve any individuals. 	
62.	<p>Select the frequency with which the individual is offered opportunities to participate in integrated community activities consistent with the individual's preferences, choices and interests.</p> <p>Non-Scored</p>	O	<ul style="list-style-type: none"> • For individuals receiving Community Participation Support services only. • The reviewer will indicate the frequency (daily, weekly, biweekly, monthly, other) with which the individual is offered opportunities to participate in integrated community activities consistent with the individual's preferences, choices and interests from the drop down list. • To become compliant with the requirement for community participation, Providers must have conversations with each individual they serve about the individual's skills, interests and desires. These conversations must inform the activities each Provider offers in the community so that the activities are consistent with each individual's preferences, choices and interests. The conversations must occur on an ongoing and regular basis as each individual's preferences, choices and interests may change based upon their experiences participating in activities or hearing about the experiences of their friends. <ul style="list-style-type: none"> ➤ Mark NA if the Provider does not serve any individuals or if the individual does not receive Community Participant Support services. 	<ul style="list-style-type: none"> • Consolidated, P/FDS and CL waivers
63.	The Provider ensures the replacement of an individual's lost or damaged property in accordance with regulation.	O	<ul style="list-style-type: none"> • The reviewer determines if documentation including incident reports from the review period indicate that an individual's property was lost or damaged by the Provider during the provision of service. • The reviewer determines if the documentation (i.e. receipt, property inventory) indicates that the individual's property was replaced by the Provider. <ul style="list-style-type: none"> ➤ Mark YES if the documentation shows that individual's property was replaced. ➤ Mark NO if the documentation does not show that the individual's property was replaced. ➤ Mark NA if the Provider does not serve any individuals or the individual did not have any lost or damaged property that the Provider was to replace. 	<ul style="list-style-type: none"> • 55 Pa Code Chapter 51 Section 51.27 (e)
63a.	Documentation was located.	R	<ul style="list-style-type: none"> • The Provider has located documentation which shows that the individual's property that was lost or damaged has been replaced. <ul style="list-style-type: none"> ➤ Mark YES if the documentation was located. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	

#	Question	Type	Guidance	Source Documents
63b.	The Provider replaces the individual's property that was lost or damaged.	R	<ul style="list-style-type: none"> • The Provider replaces the individual's property that was lost or damaged. <ul style="list-style-type: none"> ➢ Mark YES if the Provider submits documentation to verify the replacement of the individual's property that was lost or damaged. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
63c.	The Provider develops a process that ensures that an individual's property that is lost or damaged is replaced in accordance with regulation.	R	<ul style="list-style-type: none"> • The Provider develops a process that ensures that an individual's property that is lost or damaged is replaced in accordance with regulation. <ul style="list-style-type: none"> ➢ Mark YES if the process was developed. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
63d.	Other remediation action.	R	<ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➢ Mark YES if the Provider submitted remediation documentation. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
63e.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➢ Mark NA if no remediation action was necessary, or if no remediation action was taken by the Provider. 	
63f.	Remediation by exception.	R	<ul style="list-style-type: none"> • Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. <ul style="list-style-type: none"> ➢ Mark YES if remediation by exception applies. ➢ Mark NA if no remediation was required or another remediation was selected. 	
63g.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➢ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➢ Mark NA if the issue was remediated or if no remediation was required. 	

PERSON-CENTERED PLANNING, SERVICE DELIVERY & OUTCOMES – The individual is supported in developing their own ISP, including involvement of people chosen by the individual.

#	Question	Type	Guidance	Source Documents
The Provider participates in the development of the ISP.				
64.	The Provider participates in the development of the ISP.	O	<ul style="list-style-type: none"> • The reviewer determines if there is documentation that a Provider representative participated in the most recent Annual ISP meeting. This can include email exchanges between the Provider and the SCO and/or the ISP Signature Sheet generated at the most recent Annual ISP meeting. • Providers of the following services <i>are not required</i> to attend the ISP meeting due to the nature of the service: <ul style="list-style-type: none"> - Respite (including respite camp) - Transportation - Home Accessibility Adaptations - Vehicle Accessibility Adaptations - Homemaker/Chore - Specialized Supplies ➢ Mark YES if there is documentation which shows a Provider representative participated in the most recent Annual ISP meeting. ➢ Mark NO if there is no documentation which shows a Provider representative participated in the most recent Annual ISP meeting. ➢ Mark NA if the Provider does not serve any individuals. 	<ul style="list-style-type: none"> • Bulletin, 00-17-03, <i>Individual Support Plans (ISPs)</i>/Attachment #1 ISP Manual/Section 3.9
64a.	Documentation was located.	R	<ul style="list-style-type: none"> • The Provider has located documentation which shows that a Provider representative participated in the most recent Annual ISP meeting. <ul style="list-style-type: none"> ➢ Mark YES if the documentation was located. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
64b.	The Provider develops a process to ensure Provider participation in the development of the individual's ISP.	R	<ul style="list-style-type: none"> • The Provider develops a process to ensure staff participates in the development of the individual's ISP. <ul style="list-style-type: none"> ➢ Mark YES if the process was developed. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
64c.	Other remediation action.	R	<ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➢ Mark YES if the Provider submitted remediation documentation. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	

#	Question	Type	Guidance	Source Documents
64d.	If YES, when:	R	<ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the Provider. 	
64e.	Remediation by exception.	R	<ul style="list-style-type: none"> Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if no remediation was required or another remediation was selected. 	
64f.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	
65.	The Provider documents delivery of services in the type, scope, amount, frequency and duration specified in the ISP.	D O	<ul style="list-style-type: none"> 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 documented the delivery of 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. <ul style="list-style-type: none"> ➤ Mark YES if all the progress notes reflects that services were provided in accordance with the individual's ISP or there is justification as to why the service was not provided per the ISP. ➤ Mark NO if any progress notes do not reflect that services were provided in accordance with the individual's ISP. ➤ Mark NA if the Provider does not serve any individuals. 	<ul style="list-style-type: none"> 55 Pa Code Chapter 51 Section 51.16 (d) Bulletin 00-18-04, <i>Interim Technical Guide for Claim and Service Documentation</i> Bulletin 00-17-03, <i>Individual Support Plans (ISPs)/Attachment #1 ISP Manual/Section 3.9</i>
65a.	Documentation was located.	R	<ul style="list-style-type: none"> The Provider has located documentation for the review period that indicates that service notes reflects that services were provided in accordance with the individual's ISP. <ul style="list-style-type: none"> ➤ Mark YES if the documentation was located. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	

#	Question	Type	Guidance	Source Documents
65b.	Provider staff are trained as appropriate on the delivery of services and how to document such services for an individual.	R	<ul style="list-style-type: none"> • The Provider submits documentation to the AE that the Provider staff were trained as appropriate on the delivery of services. <ul style="list-style-type: none"> ➢ Mark YES if the Provider submitted documentation to the AE of training completed by Provider staff. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
65c.	The Provider develops a process that ensures that the delivery of services is documented as specified in accordance with the individual's ISP.	R	<ul style="list-style-type: none"> • The Provider develops a process to ensure that staff document the delivery of services as specified in accordance with the individual's ISP. <ul style="list-style-type: none"> ➢ Mark YES if the process was developed. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
65d.	Other remediation action	R	<ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➢ Mark YES if the Provider submitted remediation documentation. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
65e.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➢ Mark NA if no remediation action was necessary, or if no remediation action was taken by the Provider. 	
65f.	Remediation by exception	R	<ul style="list-style-type: none"> • Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. <ul style="list-style-type: none"> ➢ Mark YES if remediation by exception applies. ➢ Mark NA if no remediation was required or another remediation was selected. 	
65g.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➢ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➢ Mark NA if the issue was remediated or if no remediation was required. 	

#	Question	Type	Guidance	Source Documents
PERSON-CENTERED PLANNING, SERVICE DELIVERY & OUTCOMES – The system of support is straightforward.				
The Provider actively documents the service delivery to the individual				
66.	The Provider's progress notes indicate actions taken to address lack of progress in achieving a desired outcome.	O	<ul style="list-style-type: none"> The reviewer checks the progress notes for the last 12 months. The reviewer identifies any progress notes that indicate lack of progress in achieving a desired outcome. For those without progress, the note should include actions that have been taken to address the lack of progress. Actions may include, but are not limited to recommending a change to the service being rendered, requesting a team meeting to discuss with the ISP team, retraining staff on delivery of service, etc. The AE should have conversations with the Provider to discuss reasons why progress is not being achieved. <ul style="list-style-type: none"> ➤ Mark YES if the progress notes reviewed indicate action taken to address lack of progress. ➤ Mark NO if the progress notes reviewed does not indicate any action taken to address lack of progress. ➤ Mark NA if the Provider does not serve any individuals or if the progress notes shows progress in achieving an outcome. 	<ul style="list-style-type: none"> 55 Pa Code Chapter 51 Sections 51.16 (e) and 51.45 (d)
66a.	The Provider develops a process that ensures staff documents progress related to achieving desired outcomes.	R	<ul style="list-style-type: none"> The Provider develops a process to document progress related to achieving outcomes. <ul style="list-style-type: none"> ➤ Mark YES if the process was developed. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
66b.	Provider staff are trained as appropriate on how to appropriately document progress notes.	R	<ul style="list-style-type: none"> The Provider submits documentation to the AE that the Provider staff were trained as appropriate on how to appropriately document progress notes. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted documentation to the AE of training completed by Provider staff. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
66c.	Other remediation action.	R	<ul style="list-style-type: none"> The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. 	

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
66d.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➤ Mark NA if no remediation action was necessary. or if no remediation action was taken by the Provider. 	
66e.	Remediation by exception.	R	<ul style="list-style-type: none"> • Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if no remediation was required or another remediation was selected. 	
66f.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	
67.	The Provider implements the individual's back-up plan as specified in the ISP.	O	<ul style="list-style-type: none"> • The reviewer determines if the service notes for the review period indicates that an event occurred which required the Provider to implement the back-up plan. • If such an event occurred, the reviewer determines whether the back-up plan was implemented as specified in the ISP. <ul style="list-style-type: none"> ➤ Mark YES if the Provider implemented the individual's back-up plan as specified in the ISP. ➤ Mark NO if the Provider did not implement the individual's back-up plan as specified in the ISP. ➤ Mark NA if the Provider does not serve any individuals or if a back-up plan was not required for the service(s) received or if no events occurred which required the implementation of a back-up plan. 	<ul style="list-style-type: none"> • 55 Pa Code Chapter 51 Section 51.31 (c) and (d) • Bulletin 00-17-03, <i>Individual Support Plans (ISPs)/Attachment #1 ISP Manual/Section 3.8</i> • ODP Announcement 021-17 "Chapter 51. Office of Developmental Programs Home and Community Based Services Regulation Questions and Answers"
67a.	Documentation was located.	R	<ul style="list-style-type: none"> • The Provider has located service notes and progress notes that indicates that an event occurred which required the Provider to implement the back-up plan and the back-up plan was implemented as specified in the ISP. <ul style="list-style-type: none"> ➤ Mark YES if the documentation was located. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	

#	Question	Type	Guidance	Source Documents
67b.	The Provider develops a process that ensures back-up plans for individuals are implemented as specified in the ISP.	R	<ul style="list-style-type: none"> • The Provider develops a process that ensures back-up plans for individuals are implemented as specified in the ISP. <ul style="list-style-type: none"> ➢ Mark YES if process was developed. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
67c.	Provider staff are trained as appropriate on the Provider's back-up plan process.	R	<ul style="list-style-type: none"> • The Provider submits documentation to the AE that the Provider staff were trained as appropriate on the Provider's back-up plan process. <ul style="list-style-type: none"> ➢ Mark YES if the Provider submitted documentation to the AE of training completed by Provider staff. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
67d.	Other remediation action.	R	<ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➢ Mark YES if the Provider submitted remediation documentation. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
67e.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➢ Mark NA if no remediation action was necessary, or if no remediation action was taken by the Provider. 	
67f.	Remediation by exception.	R	<ul style="list-style-type: none"> • Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. <ul style="list-style-type: none"> ➢ Mark YES if remediation by exception applies. ➢ Mark NA if no remediation was required or another remediation was selected. 	
67g.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➢ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➢ Mark NA if the issue was remediated or if no remediation was required. 	

#	Question	Type	Guidance	Source Documents
68.	If an individual's back-up plan is not implemented as specified in the ISP, an incident report of neglect was submitted into Enterprise Incident Management (EIM).	O	<ul style="list-style-type: none"> • The reviewer determines if any back-up plans were not implemented as specified based on the review of services 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. • 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 plan. <ul style="list-style-type: none"> ➢ Mark YES if the documentation shows that an incident report of neglect was submitted. ➢ Mark NO if the documentation shows that an incident report of neglect was not submitted. ➢ Mark NA if the Provider does not serve any individuals, if a back-up plan was not required for the service(s) or if no events occurred which required the implementation of a back-up plan. 	<ul style="list-style-type: none"> • 55 Pa Code Chapter 51 Section 51.32 (d)
68a.	The Provider ensures that an incident of neglect was entered into EIM within 24 hours of discovery if deviation in frequency or duration occurred.	R	<ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> ➢ Mark YES if an incident of neglect was entered. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
68b.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➢ Mark NA if no remediation action was necessary, or if no remediation action was taken by the Provider. 	
68c.	Remediation by exception.	R	<ul style="list-style-type: none"> • Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. <ul style="list-style-type: none"> ➢ Mark YES if remediation by exception applies. ➢ Mark NA if no remediation was required or another remediation was selected. 	
68d.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➢ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. 	

#	Question	Type	Guidance	Source Documents
			➤ Mark NA if the issue was remediated or if no remediation was required.	
The Provider ensures reportable incidents are reviewed and corrective action is completed.				
69.	All reportable incidents are documented in EIM as required.	D O	<ul style="list-style-type: none"> • The reviewer looks in EIM to determine if the individuals had any critical incidents in the review period. • The reviewer determines if service notes for the review period indicate that critical incidents have occurred that were not reported. <ul style="list-style-type: none"> ➤ Mark YES if the Provider reported all critical incidents for the individuals in the sample. ➤ Mark NO if the Provider did not report all critical incidents for the individuals in the sample. ➤ Mark NA if the Provider does not serve any individuals or there is no documentation to indicate that any incidents occurred that were required to be reported. 	<ul style="list-style-type: none"> • 55 Pa Code Chapter 51 Section 51.17 (c) • 55 Pa Code Chapter 6000 Subchapter Q – Incident Management • MR Bulletin 6000-04-01, <i>Incident Management</i> • ODP Certified Investigator’s Manual (2018)
69a.	The unreported critical incident is filed in EIM within 24 hours of notification.	R	<ul style="list-style-type: none"> • The Provider provides notification of incident number(s) confirming that the unreported critical incident(s) have been filed in EIM within 24 hours of notification. • The AE will verify in EIM that the incident number(s) provided by the Provider references the unreported critical incident(s). • The AE will record all critical incident numbers in the comment field. <ul style="list-style-type: none"> ➤ Mark YES if the Provider filed the unreported critical incident(s) in EIM within 24 hours of notification. ➤ Mark NA if no remediation was required or another remediation was selected. 	
69b.	Provider staff are trained as appropriate.	R	<ul style="list-style-type: none"> • The Provider submits documentation to the AE that shows the Provider staff completed training on ODP’s Incident Management bulletin and the Provider’s annual training on incident management. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted documentation to the AE of training completed by Provider staff. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
69c.	Other remediation action.	R	<ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. 	

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
69d.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the Provider. 	
69e.	Remediation by exception.	R	<ul style="list-style-type: none"> • Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if no remediation was required or another remediation was selected. 	
69f.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	
70.	All required investigations are completed by a Department certified incident investigator.	O	<ul style="list-style-type: none"> • The reviewer will look at any investigations 12 months from the date of the review associated with the sample selected. • There should be documentation that the investigator(s) who conducted each investigation was certified at the time that they completed the investigation. • If the Provider contracts with an investigator they should obtain a copy of the investigator's certificate. A certification/recertification is valid through the end of the expiration month which is 3 years from the date on the certificate. <ul style="list-style-type: none"> ➤ Mark YES if all investigators who conduct investigations were certified at the time of the investigation. ➤ Mark NO if there is no documentation that the investigator who conducted the investigation was certified. ➤ Mark NA if the Provider does not serve any individuals or if there were no investigations. 	<ul style="list-style-type: none"> • 55 Pa Code Chapter 51 Section 51.19 • 55 Pa Code Chapter 6000 Subchapter Q – Incident Management • ODP Certified Investigator's Manual (2018)
70a.	Documentation was located.	R	<ul style="list-style-type: none"> • The Provider has located documentation that indicates that all investigators who conducted investigations at the time of the investigation were certified. <ul style="list-style-type: none"> ➤ Mark YES if the documentation was located. 	

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
70b.	The Provider conducts the peer review process.	R	<ul style="list-style-type: none"> • The Provider will review any investigation that was conducted by an investigator who was not certified at the time of the investigation following ODP's and the Provider's peer review process. • The Provider submits documentation to the AE of the findings from the peer review. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted documentation to the AE that the peer review took place and includes the findings from the review. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
70c.	The investigation is conducted by a Department certified incident investigator.	R	<ul style="list-style-type: none"> • The Provider will conduct the investigation again using a Department certified incident investigator for any investigation identified. • The Provider submits documentation to the AE regarding the investigation. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted documentation to the AE. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
70d.	The Provider obtains a Department certified incident investigator.	R	<ul style="list-style-type: none"> • The Provider obtains a Department certified incident investigator. • The Provider submits documentation to the AE which shows that a Department certified incident investigator has been obtained by the Provider. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted documentation to the AE. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
70e.	The Provider develops a process to monitor Department certified incident investigator trainings and recertification to ensure investigators remain current.	R	<ul style="list-style-type: none"> • The Provider develops a process to monitor Department certified incident investigator trainings and recertification to ensure investigators remain current. <ul style="list-style-type: none"> ➤ Mark YES if process was developed. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
70f.	Other remediation action.	R	<ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	

#	Question	Type	Guidance	Source Documents
70g.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➢ Mark NA if no remediation action was necessary, or if no remediation action was taken by the Provider. 	
70h.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➢ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➢ Mark NA if the issue was remediated or if no remediation was required. 	
71.	The Provider offered victim's assistance to the individual as appropriate.	D	<ul style="list-style-type: none"> • The reviewer determines if any incident reports were filed in EIM for the review period. • The reviewer determines if through the review of the incident reports if Victim Assistance Services were offered to the individual as appropriate. <ul style="list-style-type: none"> ➢ Mark YES if the incident reports reflect that the Provider offered victim's assistance. ➢ Mark NO if the incident reports do not reflect that the Provider offered victim's assistance. ➢ Mark NA if the Provider does not serve any individuals or the Provider did not have any individuals in the sample with an incident for the time frame reviewed. 	<ul style="list-style-type: none"> • 55 Pa Code Chapter 6000 Subchapter Q – Incident Management • MR Bulletin 6000-04-01, <i>Incident Management</i> • ODP Certified Investigator's Manual (2018)
71a.	Documentation was located.	R	<ul style="list-style-type: none"> • The Provider has located documentation that indicates that Victim Assistance Services were offered. <ul style="list-style-type: none"> ➢ Mark YES if the documentation was located. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
71b.	The Provider offers victim's assistance services to the individual(s) who did not have it offered.	R	<ul style="list-style-type: none"> • The Provider will offer victim's assistance services to the individual(s) who did not have it offered. • The Provider submits documentation to the AE regarding victim's assistance being offered to the individual(s). <ul style="list-style-type: none"> ➢ Mark YES if the Provider submitted documentation to the AE regarding victim's assistance being offered to the individual(s). ➢ Mark NA if no remediation action is required or another remediation action was selected. 	

#	Question	Type	Guidance	Source Documents
71c.	The Provider develops a process that ensures victim's assistance is offered to individuals as appropriate.	R	<ul style="list-style-type: none"> • The Provider develops a process that ensures victim's assistance is offered to individuals as appropriate. <ul style="list-style-type: none"> ➢ Mark YES if process was developed. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
71d.	Provider staff are trained as appropriate.	R	<ul style="list-style-type: none"> • The Provider submits documentation to the AE that shows the Provider staff completed training on ODP's Incident Management bulletin and the Provider's victim's assistance process. <ul style="list-style-type: none"> ➢ Mark YES if the Provider submitted documentation to the AE of training completed by Provider staff. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
71e.	Other remediation action.	R	<ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➢ Mark YES if the Provider submitted remediation documentation. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
71f.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➢ Mark NA if no remediation action was necessary, or if no remediation action was taken by the Provider. 	
71g.	Remediation by exception.	R	<ul style="list-style-type: none"> • Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. <ul style="list-style-type: none"> ➢ Mark YES if remediation by exception applies. ➢ Mark NA if no remediation was required or another remediation was selected. 	
71h.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➢ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➢ Mark NA if the issue was remediated or if no remediation was required. 	

#	Question	Type	Guidance	Source Documents
72.	The Provider follows up on corrective action as necessary.	D O	<ul style="list-style-type: none"> The reviewer will look in EIM to determine if the individuals had any incidents within 12 months from the date of the review. Review the entire incident report including the investigation summary to identify corrective action(s) needed. In EIM, go to the Corrective Action description section, review the “Expected Completion Date – Corrective Action” date to determine when the corrective action(s) should be implemented. Review additional documentation and interview staff as necessary to determine if corrective action(s) were implemented. If the incident was closed and the date is a future date beyond the review date, Provider is compliant. If the incident was closed and the date has expired, review documentation of efforts to resolve the issue identified. <ul style="list-style-type: none"> ➤ Mark YES if the Provider implemented the corrective action(s) as described in the incident report. ➤ Mark NO if the Provider did not implement the corrective action(s) as described in the incident report. ➤ Mark NA if the Provider does not serve any individuals of if the individuals in the Provider’s sample had no incidents for the review period. 	<ul style="list-style-type: none"> 55 Pa Code Chapter 51 Section 51.17 and 51.18 55 Pa Code Chapter 6000 Subchapter Q – Incident Management ODP Certified Investigator’s Manual (2018)
72a.	The Provider implements the corrective action(s) identified.	R	<ul style="list-style-type: none"> The Provider has implemented the corrective action(s) identified if the individual(s) incident reports. The Provider submits documentation to the AE regarding the implementation of the corrective action(s) for the individual(s). <ul style="list-style-type: none"> ➤ Mark YES if the Provider has implemented the corrective action(s) identified and submitted documentation to the AE. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
72b.	The Provider develops a process that ensures corrective action(s) are implemented.	R	<ul style="list-style-type: none"> The Provider develops a process that ensures corrective action(s) are implemented. <ul style="list-style-type: none"> ➤ Mark YES if process was developed. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
72c.	Provider staff are trained as appropriate.	R	<ul style="list-style-type: none"> The Provider submits documentation to the AE that shows the Provider staff completed training on ODP’s Incident Management bulletin and the Provider’s annual training on incident management including the process related to completing corrective action(s). 	

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted documentation to the AE of training completed by Provider staff. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
72d.	Other remediation action.	R	<ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
72e.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the Provider. 	
72f.	Remediation by exception.	R	<ul style="list-style-type: none"> • Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if no remediation was required or another remediation was selected. 	
72g.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	
HEALTH & WELFARE – The individual’s health, safety and rights are protected.				
The Provider supports the individual in obtaining healthy outcomes.				
73.	The Provider ensures the individual completes all health care appointments, screenings, and follow-up as prescribed.	D O	<ul style="list-style-type: none"> • The reviewer will determine if the individual receives any residential or in-home community support services from the Provider by reviewing the ISP from the review period. • The reviewer will determine if the Provider’s service notes reflect that the individual’s health care appointments, screenings, and follow-up are completed as prescribed. 	<ul style="list-style-type: none"> • 55 Pa Code Chapter 51 Section 51.4

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> ➢ Mark YES if required and recommended appointments occurred or if appointments did not occur the Provider has documentation that shows cancellations were rescheduled as needed. ➢ Mark NO if required and recommended appointments did not occur and were not rescheduled. ➢ Mark NA if the Provider does not serve any individuals or the individual receives other services from the Provider that are not residential or in-home community supports. 	
73a.	Documentation was located.	R	<ul style="list-style-type: none"> • The Provider has located documentation which indicates that health care appointments, screenings and follow-ups are scheduled and completed. <ul style="list-style-type: none"> ➢ Mark YES if the documentation was located. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
73b.	The Provider schedules and completes any health care appointments, screenings and follow-ups.	R	<ul style="list-style-type: none"> • The Provider schedules and completes any health care appointments, screenings and follow-ups. For the health care appointments, screenings or follow-up that will take longer than 30 days, the Provider will submit documentation regarding the future scheduled dates. • The Provider submits documentation to the AE regarding any health care appointments, screenings and follow-ups that were scheduled and/or completed. <ul style="list-style-type: none"> ➢ Mark YES if the Provider submits documentation to the AE. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
73c.	The Provider develops a process and/or tracking system that ensures that health care appointments, screenings and follow-ups are scheduled as needed and completed accordingly.	R	<ul style="list-style-type: none"> • The Provider develops a process and/or tracking system that ensures that health care appointments, screenings and follow-ups are scheduled as needed and completed accordingly. <ul style="list-style-type: none"> ➢ Mark YES if the process was developed. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	

#	Question	Type	Guidance	Source Documents
73d.	Other remediation action.	R	<ul style="list-style-type: none"> The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
73e.	If YES, when:	R	<ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the Provider. 	
73f.	Remediation by exception.	R	<ul style="list-style-type: none"> Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if no remediation was required or another remediation was selected. 	
73g.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	
74.	If the individual has a dual diagnosis, all the needs of the individual are being met as specified in the ISP.	D O	<ul style="list-style-type: none"> The reviewer determines if the individual has a Mental Health (MH) diagnosis by reviewing the ISP. If a MH diagnosis is listed in the ISP for the individual, the reviewer determines if all the needs of the individual are being met as specified in the ISP. These needs can include but are not limited to: type of treatment such as medications with periodic monitoring by MD/Psychiatrist, counseling therapy, etc. is occurring or if the MH diagnosis is currently inactive/in remission, in which case no treatment may be necessary. The sections of the ISP that may provide this information are: Medications/Supplements, Health Evaluations, Current Health Status, Psychosocial, Behavioral Support, Social/Emotional and Outcomes. Review individual records to ensure that the individual(s) is receiving the needed MH services as directed in the ISP. 	<ul style="list-style-type: none"> 55 Pa Code Chapter 51 Section 51.4 Waiver Appendix G-3 (regarding participant safeguards) Waiver Assurance on Health and Welfare

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> ➤ Mark YES if the Provider ensures that all the needs of the individual(s) are being met as specified in the ISP. ➤ Mark NO if the Provider does not ensure that all the needs of the individual(s) are not being met as specified in the ISP. ➤ Mark NA if the Provider does not serve any individuals or if the individuals in the sample do not have a dual diagnosis or if the Provider is not responsible for ensuring mental health services for anyone in the selected sample. 	
74a.	The Provider collaborates with the SC to obtain appropriate MH service(s).	R	<ul style="list-style-type: none"> • The Provider collaborates with the SC to obtain appropriate MH service(s) for the individual(s). • The Provider submits notification/documentation to the AE which shows that the SC was notified of the need for additional services for the individual(s). <ul style="list-style-type: none"> ➤ Mark YES if the Provider provides notification/documentation that shows the SC was notified. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
74b.	The Provider develops a process to ensure that individuals receive needed MH services.	R	<ul style="list-style-type: none"> • The Provider develops a process to ensure that individuals receive needed MH services. <ul style="list-style-type: none"> ➤ Mark YES if the process was developed and implemented. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
74c.	Other remediation action.	R	<ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
74d.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the Provider. 	

#	Question	Type	Guidance	Source Documents
74e.	Remediation by exception.	R	<ul style="list-style-type: none"> Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if no remediation was required or another remediation was selected. 	
74f.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	

AGENCY with CHOICE (AWC) FINANCIAL MANAGEMENT SERVICES (FMS) QUESTIONS

The questions below must be answered by Providers of AWC FMS. If you have any questions related to the questions below, please email your regional Participant Directed Services (PDS) Lead and the AWC FMS Mailbox at RA-PWAWCMONITORING@pa.gov.

AWC FMS DATA AND POLICY

#	Question	Type	Guidance	Source Documents
QUALITY MANAGEMENT – There are systemic efforts to continuously improve quality.				
75.	The AWC FMS Provider has a process to ensure the Managing Employer (ME) has a mechanism to inform the AWC FMS Provider of their satisfaction or concerns regarding the administrative services received and meets all elements identified in the current approved waiver.	O	<ul style="list-style-type: none"> The reviewer validates the AWC FMS Provider has a process to ensure the ME has a mechanism to inform the AWC FMS Provider of their satisfaction or concerns regarding the administrative services received and meets all elements identified in the current approved waiver. <ul style="list-style-type: none"> ➤ Mark YES if there is evidence that a process has been developed and meets all elements identified in the current approved waiver. ➤ Mark NO if there is no evidence that a process has been developed or the process does not meet all elements identified in the current approved waiver. 	<ul style="list-style-type: none"> Consolidated, P/FDS and CL Waivers 55 Pa Code Chapter 51 Sections 51.23 (a)(6) & 51.30 (g) Bulletin 00-08-08, <i>Agency With Choice Financial Management Services (AWC FMS)</i>
75a.	Documentation was located.	R	<ul style="list-style-type: none"> The AWC FMS Provider has located evidence that the AWC FMS Provider has a process that ensures the ME has a mechanism to inform the AWC FMS Provider of their satisfaction or concerns regarding the administrative services received and meets all elements identified in the current approved waiver. 	

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> ➤ Mark YES if the documentation was located. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
75b.	The AWC FMS Provider develops a process to ensure the ME has a mechanism to inform the AWC FMS Provider of their satisfaction or concerns regarding the administrative services received.	R	<ul style="list-style-type: none"> • The AWC FMS Provider develops a process to ensure the ME has a mechanism to inform the AWC FMS Provider of their satisfaction or concerns and that it meets all elements identified in the current approved waiver. ➤ Mark YES if the process was developed. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
75c.	Other remediation action.	R	<ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the AWC FMS Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. ➤ Mark YES if the AWC FMS Provider submitted remediation documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
75d.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the AWC FMS Provider. 	
75e.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	
76.	The AWC FMS Provider analyzes the results of the customer to improve services. Non-Scored	O	<ul style="list-style-type: none"> • The reviewer validates the AWC FMS Provider has a process to collect and analyze the results of the customer satisfaction survey. • The AWC FMS Provider acts on the results of the survey to improve services. ➤ Mark YES if the AWC FMS Provider has developed a process that meets all requirements. ➤ Mark NO if the AWC FMS Provider has not developed a process or if any of these requirements has not been met. 	<ul style="list-style-type: none"> • 55 Pa Code Chapter 51 Section 51.30

#	Question	Type	Guidance	Source Documents
PERSON-CENTERED PLANNING, SERVICE DELIVERY & OUTCOMES – The system of support is straightforward.				
77.	The AWC FMS Provider has a process to report and investigate incidents within the specified timeframes. Non-Scored	O	<ul style="list-style-type: none"> The reviewer reviews the AWC FMS Provider’s process to report and investigate incidents within the designated time frames. <ul style="list-style-type: none"> ➢ Mark YES there is evidence a process has been developed. ➢ Mark NO if there is no evidence the process has been developed. 	<ul style="list-style-type: none"> Exploratory
78.	The AWC FMS Provider to provide the ME with additional training as needed or requested.	O	<ul style="list-style-type: none"> The reviewer validates the AWC FMS Provider has a process to provide the ME with additional training as needed or requested. The process must include the reason additional trainings may be required and the criteria to determine why they are required. <ul style="list-style-type: none"> ➢ Mark YES there is evidence a process exists and includes the required elements. ➢ Mark NO if there is no evidence a process exists, or the process does not include the required elements. 	<ul style="list-style-type: none"> Bulletin 00-08-08, <i>Agency With Choice Financial Management Services (AWC FMS)</i>
78a.	Documentation was located.	R	<ul style="list-style-type: none"> The AWC FMS Provider has located evidence that the AWC FMS Provider has a process to provide the ME with additional training as needed or requested and the process includes all required elements. <ul style="list-style-type: none"> ➢ Mark YES if the documentation was located. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
78b.	The AWC FMS Provider develops a process to provide the ME with additional training as needed or requested.	R	<ul style="list-style-type: none"> The AWC FMS Provider develops a process to provide the ME with additional training as needed or requested and the process includes all required elements. <ul style="list-style-type: none"> ➢ Mark YES if the process was developed. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
78c.	If YES, when:	R	<ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the AWC FMS Provider and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➢ Mark NA if no remediation action was necessary, or if no remediation action was taken by the AWC FMS Provider. 	
78d.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➢ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➢ Mark NA if the issue was remediated or if no remediation was required. 	

#	Question	Type	Guidance	Source Documents
79.	The AWC FMS Provider has a process to determine under what circumstances they will dismiss a participant's Support Service Professional (SSP) from employment from just cause without the consent of the ME in accordance with established employment practices.	O	<ul style="list-style-type: none"> The reviewer reviews the AWC FMS Provider's process to determine under what circumstances a SSP will be dismissed without consent of the ME and that it is in accordance with established employment practices. The process must include notification to the AE or County Program and the ME. <ul style="list-style-type: none"> ➤ Mark YES there is evidence a process exists and all criteria have been met. ➤ Mark NO if there is no evidence a process exists, or any of the criteria have not been met. 	<ul style="list-style-type: none"> Bulletin 00-08-08, <i>Agency With Choice Financial Management Services (AWC FMS)</i>
79a.	Documentation was located.	R	<ul style="list-style-type: none"> The AWC FMS Provider has located evidence that the AWC FMS Provider has a process to determine under what circumstances they will dismiss a participant's SSP from employment for just cause without the consent of the ME and that it is in accordance with established employment practices and all criteria has been met. <ul style="list-style-type: none"> ➤ Mark YES if the documentation was located. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
79b.	The AWC FMS Provider develops a process to determine under what circumstances they will dismiss a participant's SSP from employment from just cause without the consent of the ME in accordance with established employment practices.	R	<ul style="list-style-type: none"> The AWC FMS Provider develops a process to determine under what circumstances they will dismiss a participant's SSP for just cause without the consent of the ME in accordance with established employment practices and all criteria has been met. <ul style="list-style-type: none"> ➤ Mark YES if the process was developed. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
79c.	Other remediation action.	R	<ul style="list-style-type: none"> The reviewer can accept documentation of "other" remediation actions taken by the AWC FMS Provider to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the AWC FMS Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the AWC FMS Provider submitted remediation documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
79d.	If YES, when:	R	<ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the AWC FMS Provider and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the AWC FMS Provider. 	

#	Question	Type	Guidance	Source Documents
79e.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	
80.	The AWC FMS Provider has a process that ensures they will communicate with the individual, ME or SSP, whether in writing, orally or in another form of communication, in a language and using a method of communication that is understood by the individual with whom the AWC FMS Provider organization is communicating. Non-Scored	O	<ul style="list-style-type: none"> • The reviewer reviews the AWC FMS Provider’s process for ensuring they will communicate with the individual, ME or SSP, whether in writing, orally or in another form of communication, in a language and using a method of communication that is understood by the individual with whom the AWC FMS Provider organization is communicating. <ul style="list-style-type: none"> ➤ Mark YES there is evidence a process has been developed. ➤ Mark NO if there is no evidence the process has been developed. 	<ul style="list-style-type: none"> • Exploratory
81.	The AWC FMS Provider has a process to ensure the ME and SSPs are communicating with the individual in a language or using a method of communication that is understood by the individual. Non-Scored	O	<ul style="list-style-type: none"> • The reviewer reviews the AWC FMS Provider’s process for ensuring the ME and SSPs are communicating with the individual in a language or using a method of communication that is understood by the individual. <ul style="list-style-type: none"> ➤ Mark YES there is evidence a process has been developed. ➤ Mark NO if there is no evidence the process has been developed. 	<ul style="list-style-type: none"> • Exploratory
82.	The AWC FMS Provider organization will fulfill unmet responsibilities of the ME. Non-Scored	O	<ul style="list-style-type: none"> • The reviewer will review the AWC FMS Provider’s process to ensure that if the ME is not complying with one or more of its responsibilities, the AWC FMS Provider will intervene and ensure compliance by having the ME complete the responsibility or the AWC FMS Provider completes the responsibility on behalf of the ME. <ul style="list-style-type: none"> ➤ Mark YES there is evidence a process has been developed. ➤ Mark NO if there is no evidence the process has been developed. 	<ul style="list-style-type: none"> • Exploratory
PERSON-CENTERED PLANNING, SERVICE DELIVERY & OUTCOMES – All MEs and individuals have choice and control over their services which include individual rights.				
83.	The AWC FMS Provider has a process to inform the individual or his or her designee about individual rights.	O	<ul style="list-style-type: none"> • The reviewer will validate the AWC FMS Provider has developed a process to inform the individual or his or her designee about individual rights. <ul style="list-style-type: none"> ➤ Mark YES there is evidence a process has been developed. ➤ Mark NO if there is no evidence the process has been developed. 	<ul style="list-style-type: none"> • Exploratory

#	Question	Type	Guidance	Source Documents
	Non-Scored			
84.	The ME is afforded the right to choose, direct, and control their services without excessive restrictions or barriers.	O	<ul style="list-style-type: none"> The reviewer will validate the AWC FMS Provider has developed a process to ensure the ME is afforded the right to choose, direct, and control their services without excessive restrictions or barriers. <ul style="list-style-type: none"> ➤ Mark YES there is evidence a process has been developed. ➤ Mark NO if there is no evidence the process has been developed. 	<ul style="list-style-type: none"> Bulletin 00-08-08, <i>Agency With Choice Financial Management Services (AWC FMS)</i>
84a.	Documentation was located.	R	<ul style="list-style-type: none"> The AWC FMS Provider has located evidence that the AWC FMS Provider has a process to ensure the ME is afforded the right to choose, direct, and control their services without excessive restrictions or barriers. <ul style="list-style-type: none"> ➤ Mark YES if the documentation was located. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
84b.	The AWC FMS Provider develops a process that allows the ME to choose, direct, and control their services without excessive restrictions or barriers.	R	<ul style="list-style-type: none"> The AWC FMS Provider develops a process to ensure the ME can choose, direct, and control their services without excessive restrictions or barriers. <ul style="list-style-type: none"> ➤ Mark YES if the process was developed. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
84c.	Other remediation action.	R	<ul style="list-style-type: none"> The reviewer can accept documentation of "other" remediation actions taken by the AWC FMS Provider to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the AWC FMS Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the AWC FMS Provider submitted remediation documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
84d.	If YES, when:	R	<ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the AWC FMS Provider and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the AWC FMS Provider. 	
84e.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. 	

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> ➤ Mark NA if the issue was remediated or if no remediation was required. 	
85.	The AWC FMS Provider's processes reflect the guiding principles of self-direction.	O	<ul style="list-style-type: none"> • The reviewer will validate that the AWC FMS Provider's processes to ensure they reflect the guiding principles of self-determination. <ul style="list-style-type: none"> ➤ Mark YES there is evidence that all of the processes reflect the guiding principles of self-determination. ➤ Mark NO if there is no evidence that the processes exist or any of the processes do not reflect the guiding principles of self-determination. 	<ul style="list-style-type: none"> • Bulletin 00-08-08, <i>Agency With Choice Financial Management Services (AWC FMS)</i>
85a.	Documentation was located.	R	<ul style="list-style-type: none"> • The AWC FMS Provider has located documentation and evidence which indicates the AWC FMS Provider's processes reflect the guiding principles of self-determination. <ul style="list-style-type: none"> ➤ Mark YES if the documentation was located. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
85b.	The AWC FMS Provider develops processes to reflect the guiding principles of self-determination.	R	<ul style="list-style-type: none"> • The AWC FMS Provider develops processes to reflect the guiding principles of self-determination as outlined in the current approved waiver and the processes are provided to the ME. <ul style="list-style-type: none"> ➤ Mark YES if the processes were developed and provided to the ME. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
85c.	Other remediation action.	R	<ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the AWC FMS Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the AWC FMS Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the AWC FMS Provider submitted remediation documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
85d.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the AWC FMS Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the AWC FMS Provider. 	

#	Question	Type	Guidance	Source Documents
85e.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	

AWC FMS RECORD REVIEW

#	Question	Type	Guidance	Source Documents
AWC FMS Provider Responsibilities				
86.	The AWC FMS Provider has established a file for an individual and the file is securely maintained.	O	<ul style="list-style-type: none"> • The reviewer reviews the record for each individual in the selected sample and determines if the AWC FMS Provider has established a file for each individual and surrogate. The surrogate's file must reference the individual and vice versa. • The AWC FMS Provider must collect and maintain all required information including contact information and the forms that are required per the current approved bulletin in each individual's file. Files, whether current or archived, must be maintained in a complete, confidential and secure manner. <ul style="list-style-type: none"> ➤ Mark YES if there is evidence that all of the above items exist in each file. ➤ Mark NO if there is no evidence that any of the above items are not found in the file or any files are not secure. 	<ul style="list-style-type: none"> • Bulletin 00-08-08, <i>Agency With Choice Financial Management Services (AWC FMS)</i>
86a.	Documentation was located.	R	<ul style="list-style-type: none"> • The AWC FMS Provider has located evidence that the AWC FMS Provider has established a file for each individual and surrogate and they are securely maintained. <ul style="list-style-type: none"> ➤ Mark YES if the documentation was located. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
86b.	The AWC FMS Provider develops a process to ensure that everyone has a file and the files are securely maintained.	R	<ul style="list-style-type: none"> • The AWC FMS Provider develops a process to ensure that everyone has a file and that the files are securely maintained. <ul style="list-style-type: none"> ➤ Mark YES if the process was developed and meets all requirements. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
86c.	Other remediation action.	R	<ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the AWC FMS Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the AWC FMS Provider to remediate. 	

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> ➤ Mark YES if the AWC FMS Provider submitted remediation documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
86d.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the AWC FMS Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the AWC FMS Provider. 	
86e.	Remediation by exception.	R	<ul style="list-style-type: none"> • Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if no remediation was required or another remediation was selected. 	
86f.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	
87.	The ME meets the ODP requirements for becoming a ME prior to them becoming one.	O	<ul style="list-style-type: none"> • The reviewer reviews the ME records for the selected sample and determines if the ME meets the ODP requirements for becoming a ME prior to them becoming one. <ul style="list-style-type: none"> ➤ Mark YES if there is evidence that all MEs meet the requirements for becoming a ME prior to them becoming one. ➤ Mark NO if there is no evidence that any of the MEs met the requirements for becoming a ME prior to them becoming one. 	<ul style="list-style-type: none"> • Bulletin 00-08-08, <i>Agency With Choice Financial Management Services (AWC FMS)</i>
87a.	Documentation was located.	R	<ul style="list-style-type: none"> • The AWC FMS Provider has located evidence that the ME records for the selected sample meets the ODP requirements prior to becoming one. <ul style="list-style-type: none"> ➤ Mark YES if the documentation was located. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
87b.	The AWC FMS Provider develops a process to ensure that the ME meets ODP requirements prior to becoming one.	R	<ul style="list-style-type: none"> • The AWC FMS Provider develops a process to ensure that a ME meets ODP requirements prior to becoming one. <ul style="list-style-type: none"> ➤ Mark YES if the process was developed. 	

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
87c.	Other remediation action.	R	<ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the AWC FMS Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the AWC FMS Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the AWC FMS Provider submitted remediation documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
87d.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the AWC FMS Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the AWC FMS Provider. 	
87e.	Remediation by exception.	R	<ul style="list-style-type: none"> • Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if no remediation was required or another remediation was selected. 	
87f.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	
88.	The SSP has required criminal clearances and citizenship/legal alien verification.	O	<ul style="list-style-type: none"> • The reviewer reviews all SSP records for each individual in the selected sample and determines if they have all required criminal clearances and citizenship/legal alien verification. <ul style="list-style-type: none"> ➤ Mark YES if all SSP records have the required criminal clearances and citizenship/legal verification. ➤ Mark NO if there is no evidence that any of the SSP records had the required criminal clearances and citizenship/legal verification. 	<ul style="list-style-type: none"> • Bulletin 00-08-08, <i>Agency With Choice Financial Management Services (AWC FMS)</i>
88a.	Documentation was located.	R	<ul style="list-style-type: none"> • The AWC FMS Provider has located evidence that the SSP records have the required criminal clearances and citizenship/legal alien verification. 	

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> ➤ Mark YES if the documentation was located. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
88b.	The AWC FMS Provider develops a process to ensure the SSP has required criminal clearances and citizenship/legal alien verification.	R	<ul style="list-style-type: none"> • The AWC FMS Provider develops a process to ensure that the SSP has required criminal clearances and citizenship/legal alien verification. ➤ Mark YES if the process was developed. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
88c.	Other remediation action.	R	<ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the AWC FMS Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the AWC FMS Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the AWC FMS Provider submitted remediation documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
88d.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the AWC FMS Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the AWC FMS Provider. 	
88e.	Remediation by exception.	R	<ul style="list-style-type: none"> • Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if no remediation was required or another remediation was selected. 	
88f.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	
89.	The ME has received orientation and skills training on how to manage their	O	<ul style="list-style-type: none"> • The reviewer reviews the training records for the MEs of the selected sample and determines if they received orientation and skills training on how to manage services. 	<ul style="list-style-type: none"> • Bulletin 00-08-08, <i>Agency With Choice Financial</i>

#	Question	Type	Guidance	Source Documents
	services and how to perform as an ME of their SSP.		<ul style="list-style-type: none"> ➤ Mark YES if all ME training records indicate that training was received on orientation and skills training on how to manage services. ➤ Mark NO if there are no training records or the ME training records do not indicate that training on orientation and skills training on how to manage services were received. 	<i>Management Services (AWC FMS)</i>
89a.	Documentation was located.	R	<ul style="list-style-type: none"> • The AWC FMS Provider has located evidence the MEs have received orientation and skills training on how to manage services and how to perform as an ME of their SSP. ➤ Mark YES if the documentation was located. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
89b.	The AWC FMS Provider develops a process to for providing the ME orientation and skills training on how to manage services and how to perform as an ME of their SSP.	R	<ul style="list-style-type: none"> • The AWC FMS Provider develops a process to ensure the ME is provided an orientation and skills training on how to manage services and how to perform as an ME of their SSP. ➤ Mark YES if the process was developed. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
89c.	Other remediation action.	R	<ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the AWC FMS Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the AWC FMS Provider to remediate. ➤ Mark YES if the AWC FMS Provider submitted remediation documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
89d.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the AWC FMS Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the AWC FMS Provider. 	
89e.	Remediation by exception.	R	<ul style="list-style-type: none"> • Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. ➤ Mark YES if remediation by exception applies. ➤ Mark NA if no remediation was required or another remediation was selected. 	

#	Question	Type	Guidance	Source Documents
89f.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	
90.	The AWC FMS Provider has evaluated and monitored the ME's performance.	O	<ul style="list-style-type: none"> • The reviewer reviews the ME records for the selected sample and determines if the AWC FMS Provider has evaluated and monitored the ME's performance by tracking their performance and implementing training plans if necessary. ➤ Mark YES if evidence exists that the ME's performance was evaluated or monitored. ➤ Mark NO if no evidence exists or any of the ME records indicate performance was not evaluated or monitored. 	<ul style="list-style-type: none"> • Bulletin 00-08-08, <i>Agency With Choice Financial Management Services (AWC FMS)</i>
90a.	Documentation was located.	R	<ul style="list-style-type: none"> • The AWC FMS Provider has located evidence of the ME's performance was evaluated and monitored. ➤ Mark YES if the documentation was located. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
90b.	The AWC FMS Provider develops a process to ensure they have monitored and evaluated the ME's performance.	R	<ul style="list-style-type: none"> • The AWC FMS Provider develops and implements or amends their current process to ensure performance of the ME is tracked and monitored. ➤ Mark YES if the process was developed. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
90c.	Other remediation action.	R	<ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the AWC FMS Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the AWC FMS Provider to remediate. ➤ Mark YES if the AWC FMS Provider submitted remediation documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
90d.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the AWC FMS Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the AWC FMS Provider. 	

#	Question	Type	Guidance	Source Documents
90e.	Remediation by exception.	R	<ul style="list-style-type: none"> Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if no remediation was required or another remediation was selected. 	
90f.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	
ME RESPONSIBILITIES – The ME completes the responsibilities on the ME Agreement.				
91.	The ME recruits, screens, interviews, selects, and refers qualified SSPs for hire.	O	<ul style="list-style-type: none"> The reviewer will validate the AWC FMS Provider's process to ensure that all MEs are able to recruit, screen, interview, select and refer qualified SSPs for hire. Additionally, the process must include what mechanism the AWC FMS Provider has in place to efficiently process SSP referrals that MEs have made and not discourage participants or surrogates from choosing to recruit and refer their own SSP. <ul style="list-style-type: none"> ➤ Mark YES there is evidence that a process exists. ➤ Mark NO if there is no evidence the process exists. 	<ul style="list-style-type: none"> Bulletin 00-08-08, <i>Agency With Choice Financial Management Services (AWC FMS)</i>
91a.	Documentation was located.	R	<ul style="list-style-type: none"> The AWC FMS Provider has located documentation and evidence which indicates a process that meets all criteria exists. <ul style="list-style-type: none"> ➤ Mark YES if the documentation was located. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
91b.	The AWC FMS Provider develops a process which ensures the ME can recruit, screen, interview, select and refer qualified SSPs for hire.	R	<ul style="list-style-type: none"> The AWC FMS Provider develops or amends its current process to ensure all MEs can recruit, screen, interview, select and refer qualified SSPs for hire and the process includes all required elements. <ul style="list-style-type: none"> ➤ Mark YES if evidence exists that a process was developed or amended. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
91c.	Other remediation action.	R	<ul style="list-style-type: none"> The reviewer can accept documentation of "other" remediation actions taken by the AWC FMS Provider to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the AWC FMS Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the AWC FMS Provider submitted remediation documentation. 	

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
91d.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the AWC FMS Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the AWC FMS Provider. 	
91e.	Remediation by exception.	R	<ul style="list-style-type: none"> • Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if no remediation was required or another remediation was selected. 	
91f.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	
92.	The ME determine the wage of SSP within the established ODP's approved wage and benefit allowance.	O	<ul style="list-style-type: none"> • The reviewer will validate the training records of the selected sample including the course description, sign-in sheets, transcripts or certificates of completion from the training and determines if the ME was trained in determining the wage of the SSP within the established ODP's approved wage and benefit allowance. <ul style="list-style-type: none"> ➤ Mark YES if evidence exists and has all the above criteria. ➤ Mark NO if the evidence does not exist or if the evidence did not meet all of the above criteria. 	<ul style="list-style-type: none"> • Bulletin 00-08-08, <i>Agency With Choice Financial Management Services (AWC FMS)</i> • ODP Announcement #19-075, <i>Agency with Choice (AWC) Wage Ranges and Benefit Allowance for Specific Participant Directed Services Effective July 1, 2019</i>
92a.	Documentation was located.	R	<ul style="list-style-type: none"> • The AWC FMS Provider has located documentation that the ME has been trained to determine the wage of the SSP within the established ODP's approved wage and benefit allowance. <ul style="list-style-type: none"> ➤ Mark YES if the documentation was located. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	

#	Question	Type	Guidance	Source Documents
92b.	The AWC FMS Provider develops a process to ensure the MEs can determine the SSP's wages within the established ODP's approved wage and benefit allowance.	R	<ul style="list-style-type: none"> The AWC FMS Provider develops a process to ensure all MEs determine the SSP's wages within the established ODP's approved wage and benefit allowance. <ul style="list-style-type: none"> ➤ Mark YES if evidence exists that a process was developed. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
92c.	Other remediation action.	R	<ul style="list-style-type: none"> The reviewer can accept documentation of "other" remediation actions taken by the AWC FMS Provider to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the AWC FMS Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the AWC FMS Provider submitted remediation documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
92d.	If YES, when:	R	<ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the AWC FMS Provider and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the AWC FMS Provider. 	
92e.	Remediation by exception.	R	<ul style="list-style-type: none"> Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if no remediation was required or another remediation was selected. 	
92f.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	
93.	The ME is trained to perform employer related tasks.	O	<ul style="list-style-type: none"> The reviewer will validate the AWC FMS Provider's process and training records for the selected sample to ensure the ME is trained to perform all employer related tasks outlined in the current, approved bulletin. <ul style="list-style-type: none"> ➤ Mark YES if evidence exists and all the above criteria have been met. ➤ Mark NO if the evidence does not exist or if any of the above criteria has not been met. 	<ul style="list-style-type: none"> Bulletin 00-08-08, <i>Agency With Choice Financial Management Services (AWC FMS)</i>

#	Question	Type	Guidance	Source Documents
93a.	Documentation was located.	R	<ul style="list-style-type: none"> The AWC FMS Provider has located documentation and evidence that indicates the ME has been trained to perform the above listed employer related tasks. <ul style="list-style-type: none"> ➤ Mark YES if the documentation was located. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
93b.	The AWC FMS Provider develops a process to ensure the ME performs all employer related tasks.	R	<ul style="list-style-type: none"> The AWC FMS Provider develops a process to ensure the ME performs all employer related tasks outlined in the current, approved bulletin. <ul style="list-style-type: none"> ➤ Mark YES if evidence exists that a process was developed. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
93c.	Other remediation action.	R	<ul style="list-style-type: none"> The reviewer can accept documentation of "other" remediation actions taken by the AWC FMS Provider to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the AWC FMS Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the AWC FMS Provider submitted remediation documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
93d.	If YES, when:	R	<ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the AWC FMS Provider and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the AWC FMS Provider. 	
93e.	Remediation by exception.	R	<ul style="list-style-type: none"> Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if no remediation was required or another remediation was selected. 	
93f.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	

#	Question	Type	Guidance	Source Documents
94.	The ME submits time sheets and invoices in accordance with the payment cycle established by the AWC FMS Provider.	O	<ul style="list-style-type: none"> The reviewer reviews the time sheets and invoices submitted by the ME of the sample selected for two pay cycles. The reviewer determines if the time sheets and invoices were submitted within the payment cycle established by the AWC FMS Provider. <ul style="list-style-type: none"> ➤ Mark YES if all time sheets and invoices submitted by the ME were submitted within the payment cycle established. ➤ Mark NO if the time sheets and invoices do not exist or if any of the time sheets or invoices submitted were not submitted within the payment cycle established. 	<ul style="list-style-type: none"> Bulletin 00-08-08, <i>Agency With Choice Financial Management Services (AWC FMS)</i>
94a.	Documentation was located.	R	<ul style="list-style-type: none"> The AWC FMS Provider has located documentation that indicates the ME has verified and submitted the time sheets and invoices in accordance with the payment cycle established by the AWC FMS Provider. <ul style="list-style-type: none"> ➤ Mark YES if the documentation was located. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
94b.	The AWC FMS Provider develops a process to ensure the ME verifies the submission of time sheets and invoices in accordance with the payment cycle established by the AWC FMS Provider.	R	<ul style="list-style-type: none"> The AWC FMS Provider develops a process to ensure the ME verifies the submission of time sheets and invoices in accordance with the payment cycle established by the AWC FMS Provider. <ul style="list-style-type: none"> ➤ Mark YES if evidence exists that a process was developed. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
94c.	Other remediation action.	R	<ul style="list-style-type: none"> The reviewer can accept documentation of "other" remediation actions taken by the AWC FMS Provider to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the AWC FMS Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the AWC FMS Provider submitted remediation documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
94d.	If YES, when:	R	<ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the AWC FMS Provider and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the AWC FMS Provider. 	

#	Question	Type	Guidance	Source Documents
94e.	Remediation by exception.	R	<ul style="list-style-type: none"> Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if no remediation was required or another remediation was selected. 	
94f.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	
95.	The ME reports work-related injuries incurred by the SSP to the AWC FMS Provider.	O	<ul style="list-style-type: none"> The reviewer will review all work-related injuries incurred by the SSP to the AWC FMS Provider during the review period to determine if it was reported by the ME. The reviewer reviews any records with work-related injuries and determines if the ME reported it to the AWC FMS Provider. <ul style="list-style-type: none"> ➤ Mark YES if all work-related injuries incurred by the SSP during the review period were reported to the AWC FMS Provider by the ME. ➤ Mark NO if any of the work-related injuries incurred by the SSP in the review period were not reported to the AWC FMS Provider by the ME. 	<ul style="list-style-type: none"> Bulletin 00-08-08, <i>Agency With Choice Financial Management Services (AWC FMS)</i>
95a.	Documentation was located.	R	<ul style="list-style-type: none"> The AWC FMS Provider has located documentation that indicates the ME has reported all work-related injuries incurred by the SSP to the AWC FMS Provider. <ul style="list-style-type: none"> ➤ Mark YES if the documentation was located. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
95b.	The AWC FMS Provider develops a process to ensure the ME reports work-related injuries to the AWC FMS Provider.	R	<ul style="list-style-type: none"> The AWC FMS Provider develops a process to ensure the ME reports work-related injuries to the AWC FMS Provider. <ul style="list-style-type: none"> ➤ Mark YES if evidence exists that a process was developed. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
95c.	Other remediation action.	R	<ul style="list-style-type: none"> The reviewer can accept documentation of "other" remediation actions taken by the AWC FMS Provider to comply with the requirements. The reviewer records in the comment field the REMEDIATION ACTION taken by the AWC FMS Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the AWC FMS Provider submitted remediation documentation. 	

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
95d.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the AWC FMS Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the AWC FMS Provider. 	
95e.	Remediation by exception.	R	<ul style="list-style-type: none"> • Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if no remediation was required or another remediation was selected. 	
95f.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	
QUALIFIED PROVIDERS				
96.	SSPs receive training to meet the needs of the individuals they support as identified in the approved Individual Support Plan (ISP) before providing services to the individual.	O	<ul style="list-style-type: none"> • The AWC FMS Provider will give a list of all SSPs who worked with the individuals in the sample selected during the review period. This list should include the date in which the SSP began working with the individual. • Exclude SSPs that are no longer employed with the AWC FMS Provider or are newly hired (within the last 12 months of the date of review). • The reviewer determines if all SSPs who work directly with the individuals in the sample received training on the approved ISP of the individual(s) they support prior to working with the individual(s) based on a review of the training records including a description of the course, sign-in sheets, transcripts or certificates of completion from the training. • This training must occur annually as the SSP should be trained on the annual review of the ISP. • The reviewer will review 25% of SSPs, but no less than 5 SSPs. • Training should include all aspects of the ISP such as outcomes, special health care needs, behavior, accessibility, nutrition/diet, communication methods and SSP sign language skills (when required) and risk mitigation strategies. <ul style="list-style-type: none"> ➤ Mark YES if the training records indicate that SSPs receive training on the approved ISP for the individual they support prior to beginning work with the individual. 	<ul style="list-style-type: none"> • 55 Pa Code Chapter 51 Sections 51.4, 51.23 (a)(2), (b) and (c) • Waiver Assurance on Participant Services, Appendix C • Waiver Assurance on Qualified Providers • Waiver Assurance of Service Plans • Bulletin 00-08-08, <i>Agency With Choice Financial Management Services (AWC FMS)</i>

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> ➤ Mark NO if there are no training records or if the SSP did not receive training on the approved ISP prior to beginning work with the individual. ➤ Mark NA if the AWC FMS Provider did not have authorizations during the review time frame and the previous year. 	
96a.	Documentation was located.	R	<ul style="list-style-type: none"> • The AWC FMS Provider has located training records which indicate that all SSPs have completed training on the approved ISP for the individual(s) they support prior to service delivery. ➤ Mark YES if the AWC FMS Provider has located documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
96b.	SSPs are trained as appropriate on the ISP(s) of the individuals they support prior to service delivery.	R	<ul style="list-style-type: none"> • The AWC FMS Provider submits documentation to the AE that SSPs who work directly with individuals were trained on the ISP(s) of the individuals they support prior to providing services. ➤ Mark YES if the AWC FMS Provider submitted documentation to the AE of training completed by the SSPs. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
96c.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the AWC FMS Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the AWC FMS Provider. 	
96d.	Remediation by exception.	R	<ul style="list-style-type: none"> • Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to SSP no longer being employed at the AWC FMS Provider. ➤ Mark YES if remediation by exception applies. ➤ Mark NA if no remediation was required or another remediation was selected. 	
96e.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	

#	Question	Type	Guidance	Source Documents
97.	All new hired SSPs received training to meet the needs of the individual they support as identified in the approved ISP before providing services to the individual.	O	<ul style="list-style-type: none"> • The AWC FMS Provider will give a list of all SSPs hired within the last 12 months of the date of the review and who work with the individuals in the sample selected during the review period. This list should include the date in which the SSP began working with the individual. • Exclude SSPs that are no longer employed with the AWC FMS Provider. • The reviewer determines if all new hire SSPs who work directly with the individuals in the sample received training on the approved ISP of the individual(s) they support prior to working with the individual(s) based on a review of the training records including a description of the course, sign-in sheets, transcripts or certificates of completion from the training. • The reviewer will review 25% of SSPs, but no less than 5 SSPs. • Training should include all aspects of the ISP such as outcomes, special health care needs, behavior, accessibility, nutrition/diet, communication methods and SSP sign language skills (when required) and risk mitigation strategies. <ul style="list-style-type: none"> ➢ Mark YES if the training records indicate that all SSPs receive training on the approved ISP for the individual they support prior to beginning work with the individual. ➢ Mark NO if there are no training records or if any of the SSPs did not receive training on the approved ISP prior to beginning work with the individual. ➢ Mark NA if the AWC FMS Provider did not have any new hire staff during the review period. 	<ul style="list-style-type: none"> • 55 Pa Code Chapter 51 Sections 51.4, 51.23 (a)(2), (b) and (c) • Waiver Assurance on Participant Services, Appendix C • Waiver Assurance on Qualified Providers • Waiver Assurance of Service Plans • Bulletin 00-08-08, <i>Agency With Choice Financial Management Services (AWC FMS)</i>
97a.	Documentation was located.	R	<ul style="list-style-type: none"> • The AWC FMS Provider has located training records which indicate that all newly hired SSPs have completed training on the approved ISP for the individual(s) they support prior to service delivery. <ul style="list-style-type: none"> ➢ Mark YES if the AWC FMS Provider has located documentation. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
97b.	SSPs are trained as appropriate on the ISP(s) of the individuals they support prior to service delivery.	R	<ul style="list-style-type: none"> • The AWC FMS Provider submits documentation to the AE that newly hired SSPs who work directly with individuals were trained on the ISP(s) of the individuals they support within 30 days. <ul style="list-style-type: none"> ➢ Mark YES if the AWC FMS Provider submitted documentation to the AE of training completed by the SSP. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
97c.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the AWC FMS Provider and the remediation action date. 	

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the AWC FMS Provider. 	
97d.	Remediation by exception.	R	<ul style="list-style-type: none"> Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to SSP no longer being employed at the AWC FMS Provider. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if no remediation was required or another remediation was selected. 	
97e.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	
PERSON-CENTERED PLANNING, SERVICE DELIVERY & OUTCOMES – The system of support is straightforward.				
98.	The AWC FMS Provider’s progress notes indicate actions taken to address lack of progress in achieving a desired outcome.	O	<ul style="list-style-type: none"> The reviewer checks the progress notes for the last 12 months. The reviewer identifies any progress notes that indicate lack of progress in achieving a desired outcome. For those without progress, the note should include actions that have been taken to address the lack of progress. Actions may include, but are not limited to recommending a change to the service being rendered, requesting a team meeting to discuss with the ISP team, retraining staff on delivery of service, etc. The AE should have conversations with the AWC FMS Provider to discuss reasons why progress is not being achieved. <ul style="list-style-type: none"> ➤ Mark YES if the progress notes reviewed indicate action taken to address lack of progress. ➤ Mark NO if the progress notes reviewed does not indicate any action taken to address lack of progress. ➤ Mark NA if the AWC FMS Provider does not service any individuals or if the progress notes shows progress in achieving an outcome. 	<ul style="list-style-type: none"> Bulletin 00-08-08, <i>Agency With Choice Financial Management Services (AWC FMS)</i>
98a.	Documentation was located.	R	<ul style="list-style-type: none"> The AWC FMS Provider has located documentation for the review period that indicates that progress notes reflect that services were provided in accordance with the individual’s ISP. <ul style="list-style-type: none"> ➤ Mark YES if the documentation was located. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	

#	Question	Type	Guidance	Source Documents
98b.	The AWC FMS Provider develops a process that ensures staff documents progress related to achieving desired outcomes.	R	<ul style="list-style-type: none"> • The AWC FMS Provider develops a process to document progress related to achieving desired outcomes. <ul style="list-style-type: none"> ➢ Mark YES if the process was developed. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
98c.	MEs are trained on how to document progress notes.	R	<ul style="list-style-type: none"> • The AWC FMS Provider submits documentation to the AE that the MEs were trained as appropriate on how to appropriately document progress notes. <ul style="list-style-type: none"> ➢ Mark YES if the AWC FMS Provider submitted documentation to the AE of training completed by AWC FMS staff. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
98d.	Other remediation action.	R	<ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the AWC FMS Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the AWC FMS Provider to remediate. <ul style="list-style-type: none"> ➢ Mark YES if the AWC FMS Provider submitted remediation documentation. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
98e.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the AWC FMS Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➢ Mark NA if no remediation action was necessary, or if no remediation action was taken by the AWC FMS Provider. 	
98f.	Remediation by exception.	R	<ul style="list-style-type: none"> • Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. <ul style="list-style-type: none"> ➢ Mark YES if remediation by exception applies. ➢ Mark NA if no remediation was required or another remediation was selected. 	
98g.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➢ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➢ Mark NA if the issue was remediated or if no remediation was required. 	

#	Question	Type	Guidance	Source Documents
99.	The AWC FMS Provider's service notes indicate actions taken to address lack of progress in achieving a desired outcome.	O	<ul style="list-style-type: none"> • The reviewer checks the service notes for the past twelve months. • The reviewer identifies any service notes that indicate lack of progress in achieving a desired outcome. • For those without progress, the note should include actions that have been taken to address the lack of progress. • Actions may include recommending a change to the service being rendered, requesting a team meeting to discuss with the ISP team or retraining SSPs on delivery of service. • The AE should have conversations with the AWC FMS Provider to discuss the reasons why progress is not being achieved. <ul style="list-style-type: none"> ➢ Mark YES if the service notes reviewed indicates action taken to address the lack of progress. ➢ Mark NO if the service notes reviewed does not indicate any action taken to address lack of progress. ➢ Mark NA if the service notes shows progress in achieving an outcome. 	<ul style="list-style-type: none"> • Bulletin 00-08-08, <i>Agency With Choice Financial Management Services (AWC FMS)</i>
99a.	Documentation was located.	R	<ul style="list-style-type: none"> • The AWC FMS Provider has located documentation for the review period that indicates that service notes reflect that services were provided in accordance with the individual's ISP. <ul style="list-style-type: none"> ➢ Mark YES if the documentation was located. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
99b.	The AWC FMS Provider develops a process that ensures SSPs understand documenting progress related to achieving desired outcomes.	R	<ul style="list-style-type: none"> • The AWC FMS Provider develops a process to ensure SSPs understand documenting progress related to achieving desired outcomes. <ul style="list-style-type: none"> ➢ Mark YES if the process was developed. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
99c.	SSPs are trained on how to appropriately document service notes.	R	<ul style="list-style-type: none"> • The AWC FMS Provider submits documentation to the AE that the SSPs were trained as appropriate on how to appropriately document service notes. <ul style="list-style-type: none"> ➢ Mark YES if the AWC FMS Provider submitted documentation to the AE of training completed by AWC FMS staff. ➢ Mark NA if no remediation action is required or another remediation action was selected. 	
99d.	Other remediation action.	R	<ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the AWC FMS Provider to comply with the requirements. 	

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> The reviewer records in the comment field the REMEDIATION ACTION taken by the AWC FMS Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the AWC FMS Provider submitted remediation documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
99e.	If YES, when:	R	<ul style="list-style-type: none"> The reviewer calculates the number of days between the notification date to the AWC FMS Provider and the remediation action date. The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the AWC FMS Provider. 	
99f.	Remediation by exception.	R	<ul style="list-style-type: none"> Remediation can be completed by exception, meaning there is no way to remediate the non-compliance due to death, moving out of state, inactive record status or transferring to another Provider. <ul style="list-style-type: none"> ➤ Mark YES if remediation by exception applies. ➤ Mark NA if no remediation was required or another remediation was selected. 	
99g.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	

SELF-ASSESSMENT

#	Question	Type	Guidance	Source Documents
SELF-ASSESSMENT – The Provider completes an annual QA&I self-assessment.				
100.	<p>The Provider selects the QA&I self-assessment sample as established in the ODP QA&I Process.</p> <p>Non-Scored</p>	O	<ul style="list-style-type: none"> The reviewer determines if the individual record sample met the following criteria: <ul style="list-style-type: none"> - 1% of individuals served with a minimum of 5 and a maximum of 10 records. - Cross-section of: <ul style="list-style-type: none"> o individuals served, o funding/program types, & o location and types of services 	<ul style="list-style-type: none"> Exploratory

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> ➤ Mark YES if there is evidence that the Provider selected a sample as established by ODP criteria. ➤ Mark NO if there is no evidence that the Provider selected a sample as established by ODP criteria. ➤ Mark NA if the Provider does not serve any individuals. 	
101.	The Provider completed the annual self-assessment using the ODP specified tool by August 31 st .	D	<ul style="list-style-type: none"> • The reviewer determines if the Provider completed their self-assessment using the ODP specified tool by August 31st. <ul style="list-style-type: none"> ➤ Mark YES if there is evidence that the Provider has completed a self-assessment by August 31st. ➤ Mark NO if there is no evidence indicating the self-assessment has been completed by August 31st. 	<ul style="list-style-type: none"> • Consolidated, P/FDS and CL waivers • QA&I Process
101a.	The Provider completes their annual self-assessment.	R	<ul style="list-style-type: none"> • The reviewer should check the ODP specified tool for evidence that the Provider has completed their current annual self-assessment. <ul style="list-style-type: none"> ➤ Mark YES if the Provider has completed their annual self-assessment for the current fiscal year. ➤ Mark NA if no remediation actions were required or another remediation action was selected. 	
101b.	The Provider participates in an onsite visit.	R	<ul style="list-style-type: none"> • The Provider participates in an onsite visit during a year the Provider is not already scheduled. <ul style="list-style-type: none"> ➤ Mark YES if the Provider participates in an onsite visit on a non-QA& review year. ➤ Mark NA if no remediation actions were required or another remediation action was selected. 	
101c.	Other remediation action.	R	<ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
101d.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. 	

#	Question	Type	Guidance	Source Documents
			<ul style="list-style-type: none"> ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the Provider. 	
101e.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	
102.	The Provider self-assessment is completed every year of the QA&I cycle.	D	<ul style="list-style-type: none"> • The reviewer determines if the Provider completed their self-assessment on the ODP specified tool every year of the QA&I cycle. <ul style="list-style-type: none"> ➤ Mark YES if there is evidence that the Provider has completed a self-assessment annually. ➤ Mark NO if there is no evidence indicating the self-assessment has been completed annually. 	<ul style="list-style-type: none"> • Consolidated, P/FDS and CL waivers • QA&I Process Self-Assessment Section
102a.	The Provider implemented the Directive Corrective Action Plan (DCAP).	R	<ul style="list-style-type: none"> • The Provider implemented the DCAP activities. <ul style="list-style-type: none"> ➤ Mark YES if the Provider implemented the DCAP. ➤ Mark NA if no remediation actions were required or another remediation action was selected. 	
102b.	Other remediation action.	R	<ul style="list-style-type: none"> • The reviewer can accept documentation of "other" remediation actions taken by the Provider to comply with the requirements. • The reviewer records in the comment field the REMEDIATION ACTION taken by the Provider to remediate. <ul style="list-style-type: none"> ➤ Mark YES if the Provider submitted remediation documentation. ➤ Mark NA if no remediation action is required or another remediation action was selected. 	
102c.	If YES, when:	R	<ul style="list-style-type: none"> • The reviewer calculates the number of days between the notification date to the Provider and the remediation action date. • The reviewer chooses the appropriate time frame from the drop down. <ul style="list-style-type: none"> ➤ Mark NA if no remediation action was necessary, or if no remediation action was taken by the Provider. 	
102d.	Remediation action outstanding - referred to appropriate staff for follow-up.	R	<ul style="list-style-type: none"> ➤ Mark YES if referred to ODP or the AE for appropriate follow-up as a result of no remediation action within 90 days of notification of the review findings. Utilize the comment field to record follow-up action. ➤ Mark NA if the issue was remediated or if no remediation was required. 	

