

QMET Monitoring

Provider:	Provider ABC
MPI #	#123456789
Review Dates:	April 17-April 20, 2012
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<u>Regulation</u>	Regulation Reference	Documentation Source	Decision Criteria
§ 52.14. Ongoing Responsibilities of Providers.			
(a) An applicant is not a provider until the following are met:(2) An MA provider agreement including waiver addendum is signed.	§ 52.14(a) Ongoing Responsibilities of Providers	Copy of the provider MA application, Provider's copy of the MA provider agreement	Y= The provider provides a copy of it's MA provider agreement with waiver addendums.
(b) Within 180 days from the date of enrollment, a provider shall attend new provider training provided by the Department.	§ 52.14 (b). Ongoing Responsibilities of Providers.	PROMISe, New provider training dates and provider attendance list from BPS	Y- The provider was enrolled after May 19, 2012 AND has documentation from OLTL

The Following cells are divided between Having a Policy, and

(c)A provider shall implement the policies under § 52.11(a)(5) (relating to prerequisites for participation).	§ 52.14 (c). Ongoing Responsibilities of Providers. §52.11(a)(5)		
(i) Compliance with this chapter.	§ 52.14 (c). Ongoing Responsibilities of Providers. §52.11(a)(5)	provider policy and procedures, provider interviews	• Policy statement that states the provider will meet provisions of 55 Pa. Code Chapter 52.
(ii) Provision of services in a non discriminatory manner.	§ 52.14 (c). Ongoing Responsibilities of Providers. §52.11(a)(5)	provider policy and procedures, provider interviews	• Policy statement that the provider provides services to participants without
(iii) Compliance with the Americans with Disabilities Act (42 U.S.C.A. §§ 12101-12213).	§ 52.14.(c) Ongoing Responsibilities of Providers. §52.11(a)(5)	provider policy and procedures, provider interviews	• Policy statement that provider understands and complies with its responsibilities under the
(iv) Compliance with the Health Insurance Portability and Accountability Act (Pub. L. 104-191).	§ 52.14.(c) Ongoing Responsibilities of Providers. §52.11(a)(5)	provider policy and procedures, provider interviews	• Policy statement that provider understands and complies with its responsibilities under the
(v) Staff member training. Policy must be in accordance with this chapter and any licensing requirements that the applicant is required to meet.	§ 52.11 (c). Prerequisites for participation. §52.11(a)(5) §52.21	provider policy and procedures, provider interviews, provider training	• General requirements for staff training are listed under 55 Pa. Code § 52.21 (relating to staff
(vi) Participant complaint management process.	§ 52.14.(c) Ongoing Responsibilities of Providers. §52.11(a)(5) §52.18	provider policy and procedures, provider interviews, provider complaint	• The elements of a complaint management process are outlined in 55 Pa .Code § 52. 18
(vii) Critical Incident Management. Policy must be in accordance with this chapter and any licensing requirements that the applicant is required to meet.	§ 52.14.(c) Ongoing Responsibilities of Providers. §52.11(a)(5)Prerequisites for participation. PA Bulletin 05-11-06, 51-11-06, 52-11-06, 54-11-06, 55-11-06, 59-11-06.	provider policy and procedures, provider interviews, provider incident management records	• The provider must outline in policy and implement how it meets the requirements of 55 Pa. Code § 52.17 (relating to critical incident and risk management_ and of Pa. OLTL Bulletin 05-11-06, 51-11-06, 52-11-06, 54-11-06, 55-11-06, 59-11-06 which

	(viii) Quality Management. Policy must be in accordance with this chapter and any licensing requirements that the applicant is required to meet.	§ 52.14(c) Ongoing Responsibilities of Providers. § 52.24 Quality management.	provider policy and procedures, provider interviews, provider QMP	• The provider implements a policy statement which includes the development of the quality
	(ix) Staff member screening for criminal history.	§ 52.14(c). Ongoing Responsibilities of Providers. §52.11(a)(5)	provider policy and procedures, provider interviews, provider criminal	• The provider implements a policy which states how the provider meets the criminal
	(xi) Initial and continued screening for staff members and contractors to determine if they have been excluded from participation in Federal health care programs by reviewing		provider policy and procedures, provider interviews, records regarding	Medicheck webiste: (http://www.dpw.state.pa.us/publications/medichecksearch/index.h)
	(xii) Process for participants with limited English proficiency to access language services.	§ 52.14(c). Ongoing Responsibilities of Providers. §52.11(a)(5)	provider policy and procedures, provider interviews	The provider does not have to provide language services directly, but must be able to direct
	(d)In addition to meeting the participation requirements under Chapter 1101 (relating to general provisions), a provider shall update and submit to the Department the provider qualifications under § 52.11(a)(3)-(7) at	§ 52.14(d) Ongoing Responsibilities of Providers	Provider tax returns, provider monthly balance sheets, provider articles of	Y= The provider presents its tax return, monthly balance sheets, articles of incorporation (if
	52.14(i) Appendix C. For Independence, CommCare, Aging and OBRA Waivers Adult Day Services (Enhanced) ONLY. The Enhanced Adult Daily Living provider shall directly provide or contract	§ 52.14(i) Appendix C. Ongoing Responsibilities of Providers.	Provider staffing policy, scheduling requirements, and service notes/ service	Y- The provider has arrangements for nursing services. Nursing services can
	52.14(i) Appendix C. For Independence, CommCare, Aging and OBRA Waivers Adult Day Services (Enhanced) ONLY. Staffing of OADLC providing Enhanced level of service will be at staff to participant	§ 52.14(i) Appendix C. Ongoing Responsibilities of Providers.	Provider staffing policy, scheduling requirements, and service notes/ service	Y- The provider has a staffing ratio of 1 staff member to every 5 participants.
	52.14(i) Appendix C. For Independence, CommCare, Aging and OBRA Waivers Adult Day Services (Enhanced) ONLY. To be eligible for the minimum rate associated with Enhanced services, the OADLC	§ 52.14(i) Appendix C. Ongoing Responsibilities of Providers.	Provider staffing policy, scheduling requirements, and service notes/ service	Y- The provider is open a minimum of 11 hours a day during the normal work week. A
	52.14(i) Appendix C. Attendant Care, OBRA And Aging Waivers ONLY: Community Transition Services. Community Transition Service providers must have:	§ 52.14(i) Appendix C. Ongoing Responsibilities of Providers.		
	(1) Sufficient professional staff to perform the needed assessments, coordination and support activities.	§ 52.14(i) Appendix C. Ongoing Responsibilities of Providers.	Service notes/ service provision documentation, contract with RN staffing	Y- The provider verifies it has sufficient staffing to perform assessments, coordination and
	(2) Registered Nurse (RN) consulting services available, either by a staffing arrangement or through a contracted consulting agreement.	§ 52.14(i) Appendix C. Ongoing Responsibilities of Providers.	Service notes/ service provision documentation, contract with RN staffing	Y- The provider has an RN available either as a staff member or through a contract
	52.14(i) Appendix C. Personal Emergency Response System (PERS). The response center is staffed by trained professionals, as specified. The PERS vendor must provide 24 hour staffing, by trained	§ 52.14(i) Appendix C. Ongoing Responsibilities of Providers.	Review providers staffing policy and or scheduling requirements.	Y- If the provider operates a PERS center, the provider verifies that PERS staff meets all
	§ 52.14.(j)The provider shall notify the Department at least 30 business days prior to any of the following occurrences:	§ 52.14.(j) Ongoing Responsibilities of Providers.		
	(2) Creation, changes or revocation of the provider's articles of incorporation or partnership agreements.	§ 52.14(j)(2). Ongoing Responsibilities of Providers.		
	a. Creation, changes, or revocation occurred.	§ 52.14(j)(2). Ongoing Responsibilities of Providers.	BPS during enrollment, provider notes, copies of provider's worker's	Y- The provider has articles of incorporation or partnership agreement AND one or both

	b. Provider notified the Dept 30 business days in advance of changes.	§ 52.14(j)(2). Ongoing Responsibilities of Providers.	BPS during enrollment, provider notes, copies of provider's worker's	Y- the change is reported to BPS within 30 days. N- the change is not reported within 30 days AND
	(4) Revocation or provisional status of a license or certification.	§ 52.14(j)(4). Ongoing Responsibilities of Providers.	BPS during enrollment, provider notes, copies of provider's worker's	Y- The provider is licensed or certified AND reports the revocation or provisional status of
	(5) Cancellation of the following insurances:	§ 52.14(j)(5). Ongoing Responsibilities of Providers.		
	(i). Commercial general liability insurance.	§ 52.14(j)(5)(i). Ongoing Responsibilities of Providers.	Documentation submitted to BPS during enrollment, provider notes, copies of	Y-The provider's commercial general liability insurance was revoked or cancelled . N-not an
	(ii). Workers' compensation insurance.	§ 52.14(j)(5)(ii). Ongoing Responsibilities of Providers.	Documentation submitted to BPS during enrollment, provider notes, copies of	Y-The provider's worker's compensation insurance was revoked or cancelled. N-not an
	(iii). Professional liability insurance if the profession authorized to provide a service requires professional liability insurance.	§ 52.14.(j)(5)(iii) Ongoing Responsibilities of Providers.	Documentation submitted to BPS during enrollment, provider notes, copies of	Y-The provider's professional liability insurance was revoked or cancelled. N-not an option. N/A-
	(iv) Provider notified the Dept 30 business days in advance of changes.	§ 52.14.(j)(5)(iv) Ongoing Responsibilities of Providers.	Documentation submitted to BPS during enrollment, provider notes, copies of	Y- the provider reported the revocation or cancellation to DPO within 30 days of the revocation
52.14(j)(1)The provider shall notify the Department at least 30 business days prior to any of the following occurrences:		§ 52.14(j)(1). Ongoing Responsibilities of Providers.		
	(1) Changes in the provider's address, telephone number, fax number, email address, provider name change or provider's designated contact person.	§ 52.14(j)(1). Ongoing Responsibilities of Providers.		
	a. Changes occurred as listed above.	§ 52.14(j)(1). Ongoing Responsibilities of Providers.	Provider is at address as listed in QPD, uses same phone number, email	Y-changes occurred, N-not an option, N/A-no changes occurred.
	b. Provider notified the Dept 30 business days in advance of changes.	§ 52.14(j)(1). Ongoing Responsibilities of Providers.	BPS documentation	Y- if BPS was notified in a timely manner, N- if BPS was not notified in a timely manner, N/A-
52.14(k) If the provider is unable to notify the Department due to an emergency prior to a change occurring as stated under subsection (j), the provider shall notify the Department within 2 business days of the		§ 52.14(k). Ongoing Responsibilities of Providers.	Documentation submitted to DPO during enrollment, provider notes, copies of	Y-The provider does not meet one of the provisions listed in § 52.14(j) AND has a documented
52.14(q) A provider shall implement and provide services to the participant in the type, scope, amount, duration, and frequency as specified in the service plan.		§ 52.14(q). Ongoing Responsibilities of Providers. PA OLTL Bulletin 51-13-05, 55-	TSADF protocol, COGNOS report for provider claims, service notes, provider notes	Y= QMET conducts a claims review according to the TSADF claims review AND the provider
52.14(q) A provider shall implement and provide services to the participant in the type, scope, amount, duration, and frequency as specified in the service plan.		§ 52.14(q). Ongoing Responsibilities of Providers. PA OLTL Bulletin 51-13-05, 55-	TSADF protocol, COGNOS report for provider claims, service notes, provider notes	Y= The provider renders the service in accordance with the OLTL Service Authorization
52.14(t) A provider shall participate in Department-mandated trainings.				

	Abuse, Neglect, Abandonment and Exploitation Training (webinar/slides) issued October 2013.	§ 52.14(t) Ongoing Responsibilities of Providers, 52.21 (d) Staff Training.	List of mandated trainings from DPO, Provider training attendance records at provide DPO training	Y= The provider attends all mandated trainings issued within the monitoring period. Mandated
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§ 52.15. Provider records.

(b) Electronic records are acceptable documentation when the provider meets the following:		§ 52.15 (b). Provider records.		
	(1) The electronic format conforms to Federal and State requirements.	§ 52.15 (b)(1). Provider records.	Provider policies, provider electronic records, original paper documents	Y- ALWAYS. As of December 2012, OLTL has not issued or researched other Federal or
	(2) The electronic record is the original record and has not been altered or if altered shows the original and altered versions, dates of creation and the creator.	§ 52.15 (b)(2). Provider records.	Provider policies, provider electronic records, original paper documents	Y- The provider data enters the information directly into the electronic record (thus making
	(3) The electronic record is readily accessible to the Department, the Department's designee and State and Federal agencies.	§ 52.15 (b)(3). Provider records.	Provider policies, provider electronic records, original paper documents	Y- The provider shows QMET the records on the electronic system or prints the records so QMET
	(4) The provider creates and implements an electronic record retention policy.	§ 52.15 (b)(4). Provider records.	Provider policies, provider electronic records, original paper documents	Y- The provider has an electronic record retention policy that addresses, at minimum, how to
	(5) Electronic imaging of paper documentation must result in an exact reproduction of the original record and conform to the provider's electronic record retention policy.	§ 52.15 (b)(5). Provider records.	Provider policies, provider electronic records, original paper documents	Y- The electronic record retention system images an original paper document AND the image is an
(c)The provider shall ensure records are compliant with the Health Insurance Portability and Accountability Act (Pub. L. No. 104-191).		§ 52.15 (c). Provider records.	Provider policies	Y- The provider has a policy statement that it understands and complies with its responsibilities

§ 52.16. Abuse.

(a) Abuse is an act or omission that willfully deprives a participant of rights or human dignity, or which may cause or causes actual physical injury or emotional harm to a participant including a critical incident and		§ 52.16(a)-(b) Abuse		
	(1) Sexual harassment of a participant.	§ 52.16 (a) (1). Abuse.	OLTL Critical Incident Management policy, provider policies, provider EIM and RA	Y= The provider's policy prohibits abuse including sexual harassment of a participant AND
	(2) Sexual contact between a staff member and a participant.	§ 52.16 (a) (2). Abuse.	OLTL Critical Incident Management policy, provider policies, provider EIM and RA	Y- The provider's policy prohibits abuse including, sexual contact between a staff member and a
	(3) Restraining a participant.	§ 52.16 (a) (3). Abuse.	OLTL Critical Incident Management policy, provider policies, provider EIM and RA	Y- The provider's policy prohibits abuse including restraining a participant AND the provider
	(4) Financial exploitation of a participant.	§ 52.16 (a) (4). Abuse.	OLTL Critical Incident Management policy, provider policies, provider EIM and RA	Y- The provider's policy prohibits abuse including financial exploitation of a participant AND

	(5) Humiliating a participant.	§ 52.16 (a) (5). Abuse.	OLTL Critical Incident Management policy, provider policies, provider EIM and RA-	Y= The provider's policy prohibits abuse including humiliating a participant AND the provider
	(6) Withholding regularly scheduled meals from a participant.	§ 52.16 (a) (6). Abuse.	OLTL Critical Incident Management policy, provider policies, provider EIM and RA-	Y= The provider's policy prohibits abuse including withholding regularly scheduled meals from a
(b) Abuse of a participant is prohibited.				
§ 52.16 (b). Abuse.				
OLTL Critical Incident Management policy, provider policies, provider EIM and RA-				
POLICY: Y- provider has policy stating abuse of participants is prohibited. N- provider does not				
§ 52.17. Critical incident and risk management.				
(c)A provider shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation, and management of critical incidents.				
§ 52.17 (c). Critical incident and risk management. Pa. OLTL Bulletin 05-11-06, 51-11-06, 52-				
Provider critical incident management policy, SAMS, EIM and/or RA-				
Y-The provider's critical incident policy includes steps on the prevention, reporting, notification,				
(f) A provider shall reduce the number of preventable incidents. The methods used by the provider to reduce the number of preventable incidents shall be documented on the provider's QMP.				
§ 52.17 (f). Critical incident and risk management.				
(1) reduce number of preventable incidents.				
§ 52.17 (f). Critical incident and risk management.				
Provider's critical incidents, Count of preventable incidents from the provider's				
Y-The number of preventable incidents is reduced with each consecutive review. N- The				
(2) QMP documents methods to reduce preventable incidents.				
§ 52.17 (f). Critical incident and risk management.				
Provider's critical incidents, Count of preventable incidents from the provider's				
Y- The provider has a QMP with steps to reduce the number of preventable incidents. N- The				
§ 52.18. Complaint management.				
(a) The provider shall implement a system to record, respond, and resolve a participant's complaint.				
§ 52.18 (a). Complaint management.				
Provider complaint system, complaints reported to OLTL through the participant				
Y-The provider's complaint resolution system records (documents) participant				
(b) The provider complaint system must contain all of the following:				
§ 52.18 (b) (1)-(5). Complaint management.				
(1) Name of the participant.				
§ 52.18 (1). Complaint management.				
Provider complaint system				
Y- The provider complaint system includes documentation of the name of the participant.				
(2) Nature of the complaint.				
§ 52.18 (2). Complaint management.				
Provider complaint system				
Y- The provider complaint system includes documentation of the nature of the complaint.				
(3) Date of the complaint.				
§ 52.18 (3). Complaint management.				
Provider complaint system				
Y- The provider complaint system includes documentation of the date of the complaint.				
(4) Provider's actions to resolve the complaint.				
§ 52.18 (4). Complaint management.				
Provider complaint system				
Y- The provider complaint system includes documentation of the provider's actions to resolve the				

	(5) Participant's satisfaction to the resolution of the complaint	§ 52.18 (5). Complaint management.	Provider complaint system	Y- The provider complaint system includes documentation of the participant's satisfaction to the
§ 52.18 (c)The provider shall review the complaint system at least quarterly to:		§ 52.18 (c). Complaint management.		
	(1) Analyze the number of complaints resolved to the participant's satisfaction.	§ 52.18.(c)(1). Complaint management.	Provider complaints, EIM and RA-incident@pa.gov complaints for the provider	Y= The provider counts and reviews the number of complaints resolved to a participant's
	(2) Analyze the number of complaints not resolved to the participant's satisfaction.	§ 52.18.(c)(2). Complaint management.	Provider complaints, EIM and RA-incident@pa.gov complaints for the provider	Y= The provider counts and reviews the number of complaints not resolved to a participant's
	(3) Measuring the number of complaints referred to the Department for resolution.	§ 52.18.(c)(3). Complaint management.	Provider complaints, EIM and RA-incident@pa.gov complaints for the provider	Y- The provider counts and reviews the number of complaints forwarded to OLTL for review or
(d) The provider shall develop a Quality Management Plan (QMP) when the number of complaints resolved to a participant's satisfaction are less than the number of complaints not resolved to a participant's satisfaction.		§ 52.18 (d). Complaint management.	Provider complaint logs, complaint reports for a provider from the OLTL	Y- The provider counts the complaints resolved to a participant's satisfaction and the
(e) The provider shall submit a copy of the provider's complaint system procedures to the Department upon request.		§ 52.18 (e). Complaint management.	complaint reports for a provider from the OLTL hotline	Y- The provider demonstrates and discloses its complaint management process and
(f) The provider shall submit the information under subsection (c) to the Department upon request.		§ 52.18 (f). Complaint management.	Provider complaint logs, complaint reports for a provider from the OLTL	Y- The provider discloses its complaint management systematic review to the Quality
§ 52.19. Criminal history checks.				
(b) Prior to hiring an employee, a provider shall obtain a criminal history check which is in compliance with all of the following for each employee who may have contact with a participant.		§ 52.19 (b) (1)- (2). Criminal history checks.		
	(1) A report of criminal history record information from the state police or a statement from the state police that the state police Central Repository contains no information relating to	§ 52.19 (b) (1). Criminal history checks.	Provider Policy	Y= The provider has a policy outlining the regulation And implements the policy.
	(2) A report of Federal criminal history record information under the Federal Bureau of Investigation appropriation of Title II of the act of October 25, 1972 (Pub. L. No. 92-544, 86	§ 52.19 (b) (2). Criminal history checks.	Provider Policy	Y= The provider has a policy outlining the regulation. N= The provider DOES NOT
(c)Criminal history checks shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101 – 10225.5202) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).		§ 52.19 (c). Criminal history checks.	Provider Policy	Y- The provider's policy regarding OAPSA and the employee record contains an appropriate criminal
(d) The hiring policies shall be in accordance with the Department of Aging's Older Adult Protective Services Act policy as posted on the Department of Aging's web site at		§ 52.19 (d). Criminal history checks.	Provider Policy	Y= The provider's hiring policies reflect that the provider conducts the following activities OR the
(e)A copy of the final report received from the State Police, or the FBI, as applicable, shall be kept in accordance to § 52.15 (relating to provider records).		§ 52.19(e). Criminal history checks.	Provider Policy	Y= The provider's policies indicate the provider files the report in accordance with § 52.15

§ 52.20 Provisionally Hiring			
§ 52.20 (a) (2). A provider may not hire a person provisionally if the provider has knowledge that the person would be disqualified for employment under 18 Pa.C.S. § 4911 (relating to tampering with public	§ 52.20 (a) (2). Provisional Hiring.	Provider policy on hiring	Y- The provider has a policy that indicates it understands that it MAY NOT hire individuals when it
§ 52.21. Staff Training.			
(c) A provider shall maintain documentation of the following:			
(1) Staff member attendance at trainings.	§ 52.21(C)(1). Staff training.	Provider employee training records	Y= Provider maintains records indicating which staff members attend specific trainings.
(2) Content of trainings.	§ 52.21(C)(2). Staff training.	Provider employee training records	Y= Provider maintains records indicating what information was delivered during the training.
§ 52.22. Provider Monitoring			
(c) A provider shall submit documentation as requested by the Department that the provider is in compliance with the following:	§ 52.22(c)(1)-(5) Provider monitoring		
(1) This chapter.	§ 52.22(c)(1)-(5) Provider monitoring	all documents requested	Y= Provider submits information upon request to the Office of Long Term Living's monitoring
(2) The MA provider agreement, including waiver addendum.	§ 52.22(c)(1)-(5) Provider monitoring	all documents requested	Y= Provider submits information upon request to the Office of Long Term Living's monitoring
(3) Chapter 1101 (relating to general provisions).	§ 52.22(c)(1)-(5) Provider monitoring	all documents requested	Y= Provider submits information upon request to the Office of Long Term Living's monitoring
(4) The approved applicable waiver, including approved waiver amendments.	§ 52.22(c)(1)-(5) Provider monitoring	all documents requested	Y= Provider submits information upon request to the Office of Long Term Living's monitoring
(5) A State or Federal requirement.	§ 52.22(c)(1)-(5) Provider monitoring	all documents requested	Y= Provider submits information upon request to the Office of Long Term Living's monitoring
§ 52.24. Quality Management.			
(a) The provider shall create and implement a QMP to ensure the provider meets the requirements of this chapter and Chapter 1101 (relating to general provisions).	§ 52.24(a).Quality Management	Provider created QMP; interviews with QMP implementation staff on what	Y- The provider has a QMP AND demonstrates on the QMP a good faith effort to create and

(b) The QMP must contain at least the following:		§ 52.24(b)(1)(2)(3) .Quality Management		
	(1) Measurable goals to ensure compliance with this chapter, Chapter 1101 and other chapters in this title under which the provider is licensed.	§ 52.24(b)(1).Quality Management	Provider's QMP, Provider CAP, Provider licensing requirements under Title 55	Y= The provider develops its own QMP AND the QMP includes Measureable Goals, Data Driven
	(2) Data-driven outcomes to achieve compliance with this chapter, Chapter 1101 and other chapters in this title.	§ 52.24(b)(2).Quality Management	Provider's QMP, Provider CAP, Provider licensing requirements under Title 55	Y= The provider develops its own QMP AND the QMP includes Measureable Goals, Data Driven
	(3) The current Department-approved CAP, if the provider has a CAP.	§ 52.24(b)(3).Quality Management	Provider's QMP, Provider CAP, Provider licensing requirements under Title 55	Y= The provider includes its current CAP in its QMP.
(d)The QMP must be updated at least annually by the provider.		§ 52.24(d).Quality Management	Current QMP, Previous year's QMP	Y- Provider has a QMP and it is updated within 365 days of the previous QMP. The update must
§ 52.29. Confidentiality of records.				
§52.29 Participant records must be kept confidential and, except in emergencies, may not be accessible to anyone without the written consent of the participant or if a court orders disclosure other than the		§ 52.29. Confidentiality of records.	Location of participant records, participant records, electronic system maintaining	Y= The provider has a policy that indicates they do not disclose information to parties other than
§ 52.44. Reporting requirements for ownership change.				
(a)A provider assuming ownership shall report a change in ownership or control interest of 5% or more in writing to the Department at least 30 days prior to the effective date of the change.		§ 52.44 (a). Reporting requirements for ownership change.	Letters or emails to OLTL reporting the change of ownership, legal	Y- The provider has a change in ownership over 5% AND the provider notified the Office of
(b) If the provider is unable to report an ownership or controlling interest change at least 30 days prior to the effective date of the change because of an emergency, then the provider must report the change as soon as		§ 52.44 (b). Reporting requirements for ownership change.	Letters or emails to OLTL reporting the change of ownership, legal	Y- The provider has a change in ownership over 5% AND the provider notified the Office of
(c)The provider assuming ownership shall report all of the following:		§ 52.44(c). Reporting requirements for ownership change.		
	(1) Effective date of sale or controlling interest change.	§ 52.44 (c)(1). Reporting requirements for ownership change.	Letters or emails to OLTL reporting the change of ownership, legal	Y- The provider written notice includes the date of sale AND a copy of the sales agreement, or
	(2) A copy of the sales agreement or other document effectuating the change.	§ 52.44(c)(2). Reporting requirements for ownership change.	Letters or emails to OLTL reporting the change of ownership, legal	Y- The provider written notice includes the date of sale AND a copy of the sales agreement, or
§ 52.52. Subcontracting for a vendor good or service.				
(a) Only an OHCDs may subcontract with an entity to purchase a vendor good or service. A provider who subcontracts shall have a written agreement specifying its duties, responsibilities and compensation.		§ 52.52(a). Subcontracting for a vendor good or service.	BPS list of OHCDs providers, provider contracts with subcontracting agencies	Y= The provider is a valid OHCDs AND has a written agreement which outlines the

(b) Only a vendor good or service may be subcontracted.	§ 52.52(b). Subcontracting for a vendor good or service.	Provider billing information, provider notes, contracts of subcontracting services.	Y= The provider only subcontracts vendor goods and services.
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§ 52.61 Provider Cessation of Services

(a) If a provider is no longer able or willing to provide services, the provider shall perform the following:	§ 52.61(a) Provider Cessation of Services		
(1) Send written notification to each participant, the Department and other providers with which the provider works that the provider is ceasing services at least 30 days prior to	§ 52.61(a)(1) Provider Cessation of Services	Disenrollment letter and documentation, documentation of consumer	Y- The provider presents a copy of the notification sent to the participants and the Department
(2) Notify licensing or certifying entities as required.	§ 52.61(a)(2) Provider Cessation of Services	Disenrollment letter and documentation, documentation of consumer	Y- The provider presents a copy of the notification sent to the participants and the Department
(3) Send the Department a copy of the notification sent to a participant and service providers as required under paragraph (1). If the provider uses a general notification for all	§ 52.61(a)(3) Provider Cessation of Services	Disenrollment letter and documentation, documentation of consumer	Y- The provider presents a copy of the notification sent to the participants and the Department
(4) Cooperate with the Department, new providers of services and participants with transition planning to ensure the participant's continuity of care.	§ 52.61(a)(4) Provider Cessation of Services	Disenrollment letter and documentation, documentation of consumer	Y= The provider presents a copy of the notification sent to the participants and the Department

§ 1101.51. Ongoing responsibilities of providers

(a) A recipient may obtain services from any institution, agency, pharmacy, person or organization that is approved by the Department to provide them. Therefore, the provider shall not make any direct or	§ 1101.51.(a) Recipient freedom of choice of providers	Policies, procedures, staff interviews.	Y- The provider has a policy against pre-arranged referrals AND does not automatically refer
(b) Nondiscrimination. Federal regulations require that programs receiving Federal assistance through HHS comply fully with Title VI of the Civil Rights Act of 1964 (42 U.S.C.A. § § 2000d—2000d-4), Section	§ 1101.51.(b) Nondiscrimination. This regulation would be cited in conjunction with 55 Pa. Code §	Provider policies.	Y-The provider has a policy statement that the provider provides services to participants
(c) Providers are prohibited from making the following arrangements with other providers:	§ 1101.51.(c) Interrelationship of providers.		
(1) The referral of MA recipients directly or indirectly to other practitioners or providers for financial consideration or the solicitation of MA recipients from other providers.	§ 1101.51(c)(1) Ongoing responsibilities of providers	Provider policies, general ledger.	Y= The provider has a policy statement that the provider does not receive financial
(2) The offering of, or paying, or the acceptance of remuneration to or from other providers for the referral of MA recipients for services or supplies under the MA Program	§ 1101.51(c) (2) Ongoing responsibilities of providers	Provider policies, general ledger.	Y= The provider has a policy statement that the provider does not have an agreement to refer
(3) A participating provider may not lease or rent space, shelves or equipment within a provider's office to another provider or allowing the placement of paid or unpaid staff of	§ 1101.51(c) (3) Ongoing responsibilities of providers	Provider policies, general ledger.	Y- The provider DOES NOT rent or lease space, shelves or equipment within the provider's
(4) The solicitation or receipt or offer of a kickback, payment, gift, bribe or rebate for purchasing, leasing, ordering or arranging for or recommending purchasing, leasing, ordering	§ 1101.51(c)(4) Ongoing responsibilities of providers	Provider policies, general ledger.	Y-The provider has a policy statement that the provider does not accept kickbacks, payments,

	(5) A participating practitioner or professional corporation may not refer a MA recipient to an independent laboratory, pharmacy, radiology or other ancillary medical service in	§ 1101.51(c) (5) Ongoing responsibilities of providers	Provider policies, general ledger.	Y= The provider has a policy statement that the provider does not refer a participant to a
(e)Record keeping requirements and onsite access. Providers shall retain, for at least 4 years, unless otherwise specified in the provider regulations, medical and fiscal records that fully disclose the nature and		§ 1101.51.(e) Record keeping requirements and onsite access	Policies, procedures, records requested by QMET.	Y- The provider retains records for at least 4 years AND provider makes the records available for
§ 1101.71 Utilization Control				
§ 1101.71(a) The Department in accordance with section 1902(a)(30) of the Social Security Act (42 U.S.C.A. § 1396(a)(30)), has established procedures for reviewing the utilization of, and payment for, Medical		§ 1101.71(a) Utilization Control	Materials requested by QMET.	Y- The provider permits QMET to review records requested. N- The provider does not permit
DO NOT DELTE THIS LINE				

#REF!

Regulation	Regulation Reference	Documentation Source	Decision Criteria	
§ 52.14. Ongoing Responsibilities of Providers.				
52.14 (c) A provider shall implement the policies under § 52.11(a)(5)(xi) (relating to prerequisites for participation). Initial and continued screening for staff members and contractors to determine if they have been excluded from	§ 52.14(c). Ongoing Responsibilities of Providers. PA Bulletin 99-	provider policy and procedures, provider interviews, records regarding use of LEIE, EPLS	Medicheck webiste: (http://www.dpw.state.pa.us/publications/medichecksearch/ind)	
52.14(i) Written results of child abuse clearances have been obtained by the provider for all direct care workers providing services in homes where a child resides.	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employee records, policies and procedures.	Y= If staff member is a direct care worker (has contact with the participant in the	
52.14(i) Appendix C. [CC, IW, OW only] The Community Integration worker must meet all of the following:	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.			
	(1) Be 18 years of age or older	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employee records	Y- The Community Integration worker is age 18 or over. N- The Community Integration
	(2) Have a high school diploma or GED	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employee records	Y- The Community Integration worker has at least a high school diploma or equivalent.
	(3) Six (6) months of paid or volunteer experience working with people with physical disabilities or older adults	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employee records	Y- The Community Integration worker has at least 6 months of paid or volunteer experience
	(4) Have completed service specific training program related to the goals in the participant's service plan	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employee records, training records, participant ISPs.	Y- The provider gives service specific training AND the Community Integration staff
	(5) Have the required skills to perform Community Integration services specified in the participant's service plan	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employee records, training records, participant ISPs.	Y- The staff member has documented experience that he/she has the required skills to
52.14(i) Appendix C. OBRA, Attendant Care, and Aging. A community transition service coordinator must meet one of the following sets of criteria:	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.			
	(1) Have a Bachelor's degree in social work, social science, or related field of human service, such as psychology, AND one year of case management experience,	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employment files	Y- Staff member must fit into one of the six criteria listed in the standard above. Each
	(2) Have a Bachelor's degree in social work, social science, or related field of human service, such as psychology OR at least six months of professional experience , and at least six months as a	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employment files	Y- Staff member must fit into one of the six criteria listed in the standard above. Each
	(3) Have an Associate's degree in social work, social science, or related field of human service, such as psychology, AND two years of case management experience;	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employment files	Y- Staff member must fit into one of the six criteria listed in the standard above. Each

	(4) Have an Associate's degree in social work, social science, or related field of human service, such as psychology OR at least one year of professional experience and at least one year as a Home	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employment files	Y- Staff member must fit into one of the six criteria listed in the standard above. Each
	(5) Have successfully completed 12 credit hours of human services course work from an accredited college or university, and at least four years of professional experience	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employment files	Y- Staff member must fit into one of the six criteria listed in the standard above. Each
	(6) Have successfully completed 12 credit hours of human services course work from an accredited college or university, at least two years of professional experience AND at least two years as a Home	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employment files	Y- Staff member must fit into one of the six criteria listed in the standard above. Each
52.14(i) Appendix C. OBRA and Attendant Care, Community Transition Services. Transition Coordinators must have required training from the Office of Long Term Living's (OLTL) Service Coordination training.	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employment files.	Y- Transition Coordinator attended OLTL training. N- Transition Coordinator did	
52.14(i) Appendix C. OBRA and Attendant Care, Community Transition Services. Each transition coordinator will be required to have 40 hours of training during the first year of employment.	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employment files.	Y- Transition Coordinator received 40 hours of training during his/ her first year of	
52.14(i) Appendix C. OBRA and Attendant Care, Community Transition Services. Each transition coordinator will be required to have 20 hours of training annually.	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employment files.	Y- Transition Coordinator received 20 hours of training each year after his/her first year	
52.14(i) Appendix C. Home Health: Aging, CommCare, Independence and OBRA Waivers ONLY. Home Health Registered Nurse/Licensed Practical Nurse Qualifications: (1) Licensed under PA Department of State, per 49 PA	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employment files, Pa Board of Nursing licensing list.	Y- Home Health Care Nurse is appropriately licensed by Pa Board of Nursing.	
52.14(i) Appendix C. Home Health: Aging, CommCare, Independence and OBRA Waivers ONLY. Home Health Speech Therapist or Assistant Qualifications:	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employment files, Pa Department of State.	Y- Home Health Care Speech Therapist or Assistant is appropriately licensed and	
52.14(i) Appendix C. Home Health: Aging, CommCare, Independence and OBRA Waivers ONLY. Home Health Physical Therapist or Assistant Qualifications:	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employment files, Pa Department of State.	Y- Home Health Care Physical Therapist or Assistant is appropriately licensed and	
52.14(i) Appendix C. Home Health: Aging, CommCare, Independence and OBRA Waivers ONLY. Home Health Occupational Therapist or Assistant Qualifications:	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employment files, Pa Department of State.	Y- Home Health Care Occupational Therapist or Assistant is appropriately	
52.14(i) Appendix C. Home Health: Aging, Independent Care, ComCare and OBRA Waivers ONLY. Home Health Care Aide Services must be provided by a home health aide who is supervised by a Registered Nurse (RN).	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Participant ISP, Organizational charts, Documentation of supervisory visits.	Y- Home Health Care Aide Services are provided by a home health aide AND the	
52.14(i) Appendix C. Non-Medical Transportation. Non-Medical Transportation Individual Drivers (Driver) must meet all of the following:	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.			
(1) Be 18 years of age or older;	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employee records, training records, vehicle records, insurance policy.	Y- The driver is age 18 or over. N- The driver is under the age of 18.	
(2) Possesses a Pennsylvania driver's license appropriate to the vehicle.	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employee records, training records, vehicle records, insurance policy.	Y- The driver possesses a Pennsylvania driver's license appropriate to the vehicle.	

(3) Must have appropriate insurance coverage (\$100K/\$300K bodily injury);	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employee records, training records, vehicle records, insurance policy.	Y- The driver has appropriate insurance coverage (\$100K/\$300K bodily injury).
(4) Utilize a vehicle registered with the PA Department of Transportation;	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employee records, training records, vehicle records, insurance policy.	Y- The driver utilizes a vehicle registered with the PA Department of Transportation.
(5) Must receive a physical exam (including vision test) at the time of hire and at least every 2 years	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employee records, training records, vehicle records, insurance policy.	Y- The driver receives a physical exam (including vision test) at the time of hire AND at
(6) Must be willing to provide door-to-door services	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employee records, training records, vehicle records, insurance policy.	Y- The driver picks the participant up at the participant's home or location
52.14(i) Appendix C: Personal Assistance Services (PAS) . The PAS worker must meet all of the following:			
(1) Be 18 years of age or older;	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employee records, training records, participant ISPs.	Y-The PAS worker is age 18 or over. N- The PAS worker is under the
(2) Possess basic math, reading, and writing skills;	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employee records, training records, participant ISPs.	Y- The PAS worker has at least a high school diploma or equivalent OR the provider
(3) Complete training or demonstrate competency by passing a competency test as outlined under 28 PA Code § 611.55.	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employee records, training records, participant ISPs.	Y- Provider is licensed under 28 Pa. Code Chapter 611, or can demonstrate that PAS
(4) Have the required skills to perform services as specified in the participant's service plan or receive necessary training to acquire the skill.	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employee records, training records, participant ISPs.	Y- The provider trains the staff member or the staff member has documented experience
52.14(i) Appendix C: Personal Emergency Response System (PERS) .The PERS worker must be 18 years of age or older.			
	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employee record.	Y- The PERS worker is age 18 or over. N-The PERS worker is under
52.14(i) Appendix C: Prevocational Services . The Prevocational Services worker must meet all of the following:			
(1) Be 18 years of age or older;	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employee records, training records, participant ISPs.	MET= The Prevocational Services worker is age 18 or over.
(2) Possess basic math, reading, and writing skills;	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employee records, training records, participant ISPs.	Y- The Prevocational Services worker has at least a high school diploma or equivalent
(3) Perform prevocational tasks as specified in the participant's service plan.	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employee records, training records, participant ISPs.	Y- The staff member has documented experience that he/she can perform the tasks

52.14(i) Appendix C. AGING, IW, CC, OW: Respite. The Respite worker must meet all of the following:		§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.		
	(1) Be 18 years of age or older;	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employee records	Y- The Respite worker is age 18 or over. N- The Respite worker is under
	(2) Possess basic math, reading, and writing skills	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employee records	Y- The Respite worker has at least a high school diploma or equivalent OR the provider
	(3) Have the required skills to perform respite services as specified in the participant's service plan;	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employee records, training records, participant ISPs.	Y- The staff member has documented experience that he/she can perform the tasks
	(4) Be able to demonstrate the capability to perform health maintenance activities specified in the participant's service plan or receive necessary training;	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employee records, training records, participant ISPs.	Y- The provider trains the staff member or the staff member has documented experience
	(5) Successfully complete a State-established or other training program that meets the requirements of Sec. 484.36(a) and a competency evaluation program or State licensure program that	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employee records, training records, participant ISPs.	Y- The provider is licensed under 55 Pa. Code Chapter 601 OR is Medicare certified
52.14(i) Appendix C. Supported Employment. The Supported Employment worker must meet all of the following:		§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.		
	(1) Be 18 years of age or older;	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employee records	Y- The Supported Employment worker is age 18 or over. N- The Supported Employment
	(2) Have a high school diploma or GED;	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employee records	Y- The Supported Employment worker has at least a high school diploma or equivalent.
	(3) Six (6) months of paid or volunteer experience working with people with physical disabilities or older adults;	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employee records	Y- The Supported Employment worker has at least 6 months of paid or volunteer experience
	(4) Have the required skills to perform Supported Employment services as specified in the participant's service plan or receive necessary training to acquire the skill;	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employee records, training records, participant ISPs.	Y- The provider trains the staff member or the staff member has documented experience
	(5) Have completed a service specific training program related to goals in the participant's service plan.	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employee records, training records, participant ISPs.	Y- The provider gives service specific training and the Supported Employment staff
52.14(i) Appendix C. Independence, CommCare, and OBRA Waivers ONLY. Therapeutic & Counseling Services. A Cognitive Rehabilitation Therapist must meet one of the following: (1) Employee has license specific to discipline:		§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employment files.	Y- The Cognitive Rehabilitation Therapist has a copy of criteria (1) - (4) in his/ her employment file, OR has a Master's or

52.14(i) Appendix C. Independence, CommCare, and OBRA Waivers ONLY. Therapeutic & Counseling Services. If Therapeutic & Counseling services are being provided to participants with traumatic brain injury, a minimum of one year experience working with individuals with traumatic brain injury is required	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employment files, Resume .	Y-The provider is rendering Therapeutic & Counseling services to a participant with a traumatic brain injury AND the
52.14(i) Appendix C. Independence, CommCare, Aging, and OBRA Waivers ONLY. Therapeutic & Counseling Services. If a Licensed Psychologist is providing drug abuse counseling, the psychologist must have a minimum of six	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employment files, Resume .	Y- The licensed psychologist is providing drug abuse counseling AND has a
52.14(i) Appendix C. Independence, CommCare, Aging, and OBRA Waivers ONLY. Therapeutic & Counseling Services. If Licensed Social Worker provides drug abuse counseling, he/she has a minimum of one (1) year of	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Employment files, Resume .	Y- The licensed social worker is providing drug abuse counseling AND has a
52.14(l) A provider shall ensure that each employee possesses a valid Social Security number.	§ 52.14. (l) Ongoing Responsibilities of Providers.	Provider's notes, employee files, I-9 form	Y-The provider checks the federal database for validation of the SSN, secures a copy of

§ 52.19. Criminal history checks.

(b)Prior to hiring an employee, a provider shall obtain a criminal history check which is in compliance with all of the following for each employee who may have contact with a participant:	§ 52.19(b). Criminal history checks.		
(1) A report of criminal history record information from the Pennsylvania State Police or a statement from the Pennsylvania State Police that the Pennsylvania State Police Central Repository	§ 52.19(b)(1). Criminal history checks.		
a. The employee has been a resident of PA for 2 years immediately preceding the date of application and criminal record check is obtained from state police	§ 52.19(b)(1). Criminal history checks.	PATCH records, Employee documentation of residency including a copy of driver's	Y- The employee record indicates that the employee has been a resident of the
b. Documentation from state police reflect that there is no information in the state police Central Repository relating to that person	§ 52.19(b)(1). Criminal history checks.	PATCH records, Employee documentation of residency including a copy of driver's	Y- The employee record indicates that the employee has been a resident of the
(2) A report of Federal criminal history record information under the Federal Bureau of Investigation appropriation of Title II of the act of October 25, 1972 (Pub. L. No. 92-544, 86 Stat. 1109), if the	§ 52.19(b)(2). Criminal history checks.	PATCH records, Employee documentation of residency including a copy of driver's	Y- The employee has been a PA resident for less than two years AND the employee file
(c)Criminal history checks shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101 – 10225.5202) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).	§ 52.19 (c). Criminal history checks.	PATCH records, Copy of FBI background checks, list of OAPSA precluded offenses	Y- The provider's policy regarding OAPSA and the employee record contains an
(d) The hiring policies shall be in accordance with the Department of Aging's Older Adults Protective Services Act policy as posted on the Department of Aging's web site at	§ 52.19(c). Criminal history checks.	PATCH records, Copy of FBI background checks, list of OAPSA precluded offenses	Y- The employee's file reflects the provider took actions listed below if the employee's criminal
(e)A copy of the final report received from the State Police, or the FBI, as applicable, shall be kept in accordance to § 52.15 (relating to provider records).	§ 52.19(e). Criminal history checks.	PATCH records, Copy of FBI background checks, employee employment record.	Y-The employee's record contains a criminal history report from Pennsylvania State

§ 52.20. Provisional hiring.

(a) A provider may hire a person for employment on a provisional basis, pending receipt of a criminal history check, provided all of the following are met:		§ 52.20(a). Provisional hiring.		
	(1) The provider is in the process of obtaining a criminal history check as required by § 52.19 (relating to criminal history checks).	§ 52.20(a)(1). Provisional hiring.	PATCH records, Copy of FBI background checks, employee employment record, sworn statement from employer	Y-The provider presents information that it has submitted for the appropriate
	(2) A provider may not hire a person provisionally if the provider has knowledge that the person would be disqualified for employment under 18 Pa. C.S. § 4911 (relating to tampering with public records)	§ 52.20(a)(2). Provisional hiring.	PATCH records, Copy of FBI background checks, employee employment record, sworn statement from employer	Y= Through a provider interview of staff member(s) responsible for hiring, there is
	(3) A provisionally-hired employee shall swear or affirm in writing that his is not disqualified from employment under this chapter.	§ 52.20(a)(3). Provisional hiring.	PATCH records, Copy of FBI background checks, employee employment record, sworn statement from employee	Y- A statement signed by the employee is in the employee's file which states that the
	(4) A provider shall monitor the provisionally-hired person awaiting a criminal background check through random, direct observation and participant feedback. The results of monitoring shall be documented	§ 52.20(a)(4). Provisional hiring.		
	a. Direct observation	§ 52.20(a)(4). Provisional hiring.	PATCH records, Copy of FBI background checks, employee employment record, sworn statement from employer	Y-The provider conducts random reviews of the provisionally hired employee's
	b. Participant feedback	§ 52.20(a)(4). Provisional hiring.	PATCH records, Copy of FBI background checks, employee employment record, sworn statement from employer	Y-The provider solicits feedback from participants on the employee's work
	(5) The period of provisional hire may not exceed 30 days for a person who has been a resident of this Commonwealth for at least 2 years.	§ 52.20(a)(5). Provisional hiring.	PATCH records, Copy of FBI background checks, employee employment record, sworn statement from employer	Y-The applicant's criminal history is not available AND the applicant is hired to work THEN
	(6) The period of provisional hire may not exceed 90 days for a person who has been a resident of this Commonwealth for less than 2 years.	§ 52.20(a)(6). Provisional hiring.	PATCH records, Copy of FBI background checks, employee employment record, sworn statement from employer	Y-The applicant's criminal history is not available AND the applicant is hired to work THEN
(b)If the information obtained from the criminal history check reveals that the person is disqualified from employment under § 52.19, then the provider shall terminate the provisionally-hired employment immediately.		§ 52.20(b). Provisional hiring.	PATCH records, Copy of FBI background checks, employee employment record.	Y-The criminal history for the provisionally-hired person demonstrates that the
§ 52.21. Staff training.				
(b) Prior to providing a service to a participant, a staff member shall be trained on how to provide the service in accordance with the participant's service plan.		§ 52.21(b) Staff training.	records, participant service plans, scope and type descriptions (from waiver	generally and specifically to provide the type and scope of services listed in the
(d)A provider shall implement a standard, annual training for all staff members providing service which contains at least the following:		§ 52.21(d). Staff training.		
	(1) Prevention of abuse and exploitation of participants. (Refer to Webinar slides of October of 2013)	§ 52.21(d)(1). Staff training. §52.16 Abuse	Provider employee training records	Y- The provider training is the Abuse, Neglect, Abandonment and Exploitation training

(2) Reporting critical incidents.	§ 52.21(d)(2). Staff training.	Provider employee training records	Y- The provider training includes information on reporting critical incidents AND
(3) Participant complaint resolution.	§ 52.21(d)(3). Staff training.	Provider employee training records	Y- The provider training includes information on participant complaint resolution
(4) Department-issued policies and procedures.	§ 52.21(d)(4). Staff training.	Provider employee training records	Y- The provider training includes information on Department-issued policies and
(5) Provider's quality management plan	§ 52.21(d)(5). Staff training.	Provider employee training records	Y- The provider training includes information on the provider's specific quality
(6) Fraud and financial abuse prevention.	§ 52.21(d)(6). Staff training.	Provider employee training records	Y- The provider training includes information on fraud and financial abuse prevention

Regulation	Regulation Reference	Documentation Source	Decision Criteria
§ 52.14. Ongoing Responsibilities of Providers			
52.14(j) The provider shall notify the Department at least 30 business days prior to any of the following occurrences:	§ 52.14(j). Ongoing Responsibilities of Providers.		
	52.14(j)(3) Revisions to an audit previously submitted to the Department under § 52.11(a).	§ 52.14(j)(3). Ongoing Responsibilities of Providers.	Documentation submitted to DPO during enrollment, provider
Y= The provider submitted an audit to DPO as part of its			
52.14(i) Appendix C, Community Integration: The Community Integration Provider shall render services at a 1:1 ratio.	§ 52.14. (i) Appendix C, Community Integration	scheduling requirements, and service notes/ service provision	Y= The provider has a policy stating that it renders service to
52.14(i) Appendix C. OBRA and Independence Waiver: Personal Assistance Services (PAS) ONLY. The Personal Assistance Service Provider shall render services at a 1:1 ratio.	§ 52.14(i) Appendix C. Ongoing Responsibilities of Providers.	Provider staffing policy, scheduling requirements, and service notes/	Y- The provider has a policy stating that it renders service to
52.14(n) A provider may not bill for a service when the participant is unavailable to receive the service.	§ 52.14(n). Ongoing Responsibilities of Providers.	Provider notes, participant complaints, MA billing records for	Y- The provider does not bill for services when the participant is
52.14(q) A provider shall implement and provide services to the participant in the type, scope, amount, duration and frequency as specified in the service plan.	§ 52.14(q). Ongoing Responsibilities of Providers. PA OLTL Bulletin 51-13-05,	COGNOS report for provider, claims, service notes, provider notes	Y-QMET conducts a claims review according to the
52.14(q) A provider shall implement and provide services to the participant in the type, scope, amount, duration, and frequency as specified in the service plan.	§ 52.14(q). Ongoing Responsibilities of Providers. PA OLTL Bulletin 51-13-05,	TSADF protocol, COGNOS report for provider claims, service	Y= The provider renders the service in accordance with the
§ 52.41. Provider billing.			
(c) An applicant may not bill for a service prior to being enrolled as a provider by the Department.	§ 52.41(c). Provider billing.	Claims dates in PROMISE, provider notes, service plan notes (HCSIS or	Y- In reviewing the provider's claim information, the
§ 52.42. Payment policies.			
(d) The Department will only pay for a service in the type, scope, amount, duration, and frequency as specified on the participant's service plan as approved by the Department.	§ 52.42(d). Payment policies.	Results of TSADF review.	Y- Provider DOES NOT overbill (bills for services not rendered

§ 52.43. Audit requirements.

(f) A provider which is not required to have an attestation agreement in compliance with the Single Audit Act of 1984 during the program year shall maintain auditable records in compliance with this section.	§ 52.43(f). Audit requirements.	Provider billing records, claims, timesheets, provider notes, bank	Y= The provider maintains records of billing services
(h) A provider shall maintain books, records and documents that support:	§ 52.43(h). Audit requirements.		
(1) Type, scope, amount, duration and frequency of service provision.	§ 52.43(h)(1). Audit requirements.	Provider billing records, claims, timesheets, provider notes, bank	Y= The provider maintains documentation of the
(2) The dates of service provision.	§ 52.43(h)(2). Audit requirements.	Provider billing records, claims, timesheets, provider notes, bank	Y= The provider documents the actual dates of service.
(3) Fees and reimbursements earned in accordance with Federal and State requirements.	§ 52.43(h)(3). Audit requirements.	Provider billing records, claims, timesheets, provider notes, bank	Y= The provider maintains documentation of the
(4) Compliance with the terms and conditions of service provision as outlined in this chapter.	§ 52.43(h)(4). Audit requirements.	Provider billing records, claims, timesheets, provider notes, bank	Y= The provider produces appropriate and complete records.
(i) Electronic records are acceptable documentation provided they comply with § 52.15 (relating to provider records) and electronic records are accessible to the auditing agency.	§ 52.43(i). Audit requirements.	Provider policies, provider electronic records, original paper	Y= The provider meets 55 Pa. Code § 52.15 AND makes the
(j) A provider shall make audit documentation available, upon request, to the authorized representatives of the Department or the Department's designee.	§ 52.43(j). Audit requirements.	Provider policies, provider electronic records, original paper	Y= The provider presents audit documentation to
(k) A provider shall retain books, records and documents for inspection, audit or reproduction for at least 5 years after the provider's fiscal year-end.	§ 52.43(k). Audit requirements.	Provider's paper and electronic records	Y= The provider maintains records since May 19, 2012.
(m) If a provider is completely or partially terminated, the records relating to the services terminated shall be preserved and made available for at least 5 years from the date of a resulting final settlement or termination	§ 52.43(m). Audit requirements.	List of providers with a terminated service from OLTL, provider records	Y= The provider terminates one or more areas of service
(n) A provider shall retain records that relate to litigation of the settlement of claims arising out of performance or expenditures arising under a waiver or the Act 150 program to which an auditor has taken	§ 52.43(n). Audit requirements.	Provider claims, provider documentation of billing, provider notes, BPS	Y= The provider is involved in a claims dispute as identified
(o) The provider shall provide information listed under this section to the Department or Department's designee upon request.	§ 52.43(o). Audit requirements.	provider records as requested	Y= The provider furnishes information requested by QMET in

§ 52.51. Vendor good or service payment.

52.51(a)The Department will only pay for the actual cost of a vendor good or service which may not exceed the amount for a similar vendor good or service charged to the general public.	§ 52.51(a). Vendor good or service payment.	The provider vendor good or service listing from the <i>Pennsylvania Bulletin</i> ,	Y- The provider renders a vendor good or service AND
52.51(b)A provider shall retain documentation of the amount charged for the vendor good or service.	§ 52.51(b). Vendor good or service payment. Pennsylvania Bulletin,42	The provider vendor good or service listing from the <i>Pennsylvania Bulletin</i> ,	Y- The provider maintains documentation of the
52.51(c)The provider shall submit verification of subsection (b) to the Department, upon request.	§ 52.51(c). Vendor good or service payment.	The provider vendor good or service listing from the <i>Pennsylvania Bulletin</i> ,	Y- The provider permits QMET to review the

§ 1101.51 Ongoing responsibilities of providers

(e)(2) Fiscal records. Providers shall retain fiscal records relating to services they have rendered to MA recipients regardless of whether the records have been produced manually or by computer. This may	§ 1101.51(e)(2) Ongoing responsibilities of providers	Any Documentation source that verifies MA services rendered.	Y= The provider has fiscal records.
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§ 1101.63 Payment in Full

§1101.63(a) Supplementary payment for a compensable service. A provider shall accept as payment in full, the amounts paid by the Department plus a copayment required to be paid by a recipient under	§ 1101.63 (a) Payment in Full	Policies, procedures, general ledger, staff interviews.	Y= The provider has a policy which states that the provider
§1101.63(b) A provider who seeks or accepts supplementary payment of another kind from the Department, the recipient or another person for a compensable service or item is required to return the supplementary	§ 1101.63 (b) Payment in Full	Any Documentation source that verifies MA services rendered.	Y=The provider has a policy which states that the provider
§1101.63(b) A provider who seeks or accepts supplementary payment of another kind from the Department, the recipient or another person for a compensable service or item is required to return the supplementary	§ 1101.63 (b) Payment in Full	Any Documentation source that verifies MA services rendered.	Y= The participant receives additional services to those
§ 1101.63a (a) Section 1406(a) of the Public Welfare Code (62 P.S. § 1406(a)) and MA regulations in § 1101.63(a) (relating to payment in full) mandate that all payments made to providers under the MA program	§ 1101.63a (a) Full reimbursement for covered services rendered	Policies, procedures, general ledger, staff interviews.	Y= The provider has a policy which states that the provider
§ 1101.63a(b) A provider who seeks or accepts supplementary payment of another kind from the Department, the recipient or another person for a compensable service or item is required to return the supplementary	§ 1101.63a (b) Full reimbursement for covered services rendered	Policies, procedures, general ledger, staff interviews.	Y= The provider has a policy which states that the provider
§ 1101.63a(c) A provider may bill a MA recipient for a noncompensable service or item if the recipient is told before the service is rendered that the program does not cover.	§ 1101.63a (c) Full reimbursement for covered services rendered	Policies, procedures, general ledger, staff interviews.	Y= The participant receives additional services to those

§ 1101.64 Third Party Medical Resources			
§ 1101.64(a) Third-party medical resources (TPR). Other private or governmental health insurance benefits shall be utilized before billing the MA Program. Providers shall make reasonable efforts to secure	§ 1101.64 (a)Third-party medical resources (TPR)	general ledger, PROMISE claims review, copies of insurance cards.	makes reasonable efforts such as asking the participant or the
§ 1101.66 Payment for Rendered, Prescribed or ordered services			
§ 1101.66 (a) The Department pays for compensable services or items rendered, prescribed or ordered by a practitioner or provider if the service or item is:	§ 1101.66 (a) Payment for rendered, prescribed or ordered services		
(1) Within the practitioner's scope of practice.	§ 1101.66 (a) Payment for rendered, prescribed or ordered services	general ledger, PROMISE claims review, TSADF review results, ISP	Y- The provider passes SCOPE on the TSADF review
(2) Medically necessary.	§ 1101.66 (a) Payment for rendered, prescribed or ordered services	general ledger, PROMISE claims review, TSADF review results, ISP	Y- The provider who is not an SC passes a TSADF review for
(3) Not in an amount that exceeds the recipient's needs.	§ 1101.66 (a) Payment for rendered, prescribed or ordered services	general ledger, PROMISE claims review, TSADF review results, ISP	Y- The provider passes amount, duration and

Regulation	Regulation Reference	Documentation Source	Decision Criteria
§ 52.14. Ongoing Responsibilities of Providers.			
52.14(g). The provider shall ensure the following prior to rendering services to a participant:	§ 52.14 (g). Ongoing Responsibilities of Providers.		
	(1) The service plan is approved by the Department.	§ 52.14(g)(1). Ongoing Responsibilities of Providers.	Participant service plan, provider notes, SCE HCSIS or SAMS notes,
	(2) The type, scope, amount, duration and frequency of service to be rendered are listed in the service plan that the provider is assigned to implement.	§ 52.14(g)(2). Ongoing Responsibilities of Providers.	Participant service plan, provider notes, SCE HCSIS or SAMS notes,
52.14(i) Appendix C. Personal Emergency Response System (PERS). PERS installation is covered one time per residential site.	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Participant record.	Y- PERS is installed one time and no more at a residential site OR PERS is installed more than once AND there is
Personal Assistance Services (PAS) Appendix C, The waiver will not pay for services furnished by the participant's spouse.	§ 52.14(l). Ongoing Responsibilities of Providers.	Employee schedules, participant files, service notes	Y- The participant's spouse does not render PAS to the participant. N- The participant's spouse
Personal Assistance Services (PAS) Appendix C, The waiver will not pay for services furnished by a Power of Attorney (PoA). This requirement may be waived under special circumstances, if reviewed	§ 52.14(l). Ongoing Responsibilities of Providers.(PAS) Appendix C.	Employee schedules, participant files, service notes	Y- The participant's PoA does not render PAS to the participant OR The participant's PoA RENDERS PAS to
52.14(m). A provider may not render a service when the participant is unavailable to receive the service.	§ 52.14(m). Ongoing Responsibilities of Providers.	Provider notes, participant complaints, MA billing records for hospitalization	Y- The provider does not render services when the participant is unavailable or disinterested in
52.14(o) A provider which is not an SCE shall cooperate with the participant, the SCE and the Department to resolve delays in service provision.	§ 52.14(o) Ongoing Responsibilities of Providers	notes, participant complaints, EIM incidents, RA-incident@pa.gov	Y= There is a delay in service provision AND the provider contacts the participant and SCE AND works
§ 52.15. Provider records.			
52.15 (a) (2). In addition to the recordkeeping provisions under § 1101.51(d) and (e),a provider shall complete and maintain documentation on service delivery.	§ 52.15(a)(2). Provider records.	Provider notes, HCSIS and SAMS service plans, claims, receipts,	Y- The provider maintains notes on service delivery. The notes MUST reflect type, scope, amount, duration
§ 52.17. Critical incident and risk management.			

52.17(b). A provider shall report a critical incident involving a participant to the Department or the SCE, or both, on a form prescribed by the Department.	§ 52.17(b). Critical incident and risk management. Pa. OLTL Bulletin 05-11-06, 51-	Provider notes, EIM reports, Reports to RA-incident@pa.gov, provider	Y- The provider reports critical incidents within 48 hours of incident or knowledge of the incident
52.17 (e) If the Department requires additional follow-up information to a critical incident, then the provider shall submit additional information as required to the Department.	§ 52.17(e). Critical incident and risk management.	Requests from the EIM manager and RA-incident@pa.gov	Y- The provider was required by OLTL to provide additional information regarding a critical incident AND the

§ 52.29. Confidentiality of records.

§ 52.29. Participant records shall be kept confidential and, except in emergencies, may not be accessible to anyone without the written consent of the participant, or if a court orders disclosure, other than the following:		Provider records that indicate there is no evidence of provider	Y= The provider does not disclose information to parties other than those listed in (1) -(5) OR the provider
(1) The participant.		§ 52.29 (1). Confidentiality of records.	informational only-- not to answer
(2) The participant's legal guardian.		§ 52.29 (2). Confidentiality of records.	informational only-- not to answer
(3) A provider staff member for the purpose of providing a service to the participant.		§ 52.29 (3). Confidentiality of records.	informational only-- not to answer
(4) An agent of the Department.		§ 52.29 (4). Confidentiality of records.	informational only-- not to answer
(5) An individual holding the participant's power of attorney for health care or health care proxy.		§ 52.29 (5). Confidentiality of records.	informational only-- not to answer

§ 1101.51 Ongoing responsibilities of providers

(e)(1) General standards for medical records. A provider, with the exception of pharmacies, laboratories, ambulance services and suppliers of medical goods and equipment shall keep patient records		§ 1101.51(e) (1) Ongoing responsibilities of providers		
(i) The records shall be legible throughout.		§ 1101.51(e) (1) (i) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.
(ii) The record shall identify the patient on each page.		§ 1101.51(e) (1) (ii) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.

(iii) Entries shall be signed and dated by the responsible licensed provider. Care rendered by ancillary personnel shall be countersigned by the responsible licensed	§ 1101.51(e) (1) (iii) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.
(iv) The record shall contain a preliminary working diagnosis as well as a final diagnosis and the elements of a history and physical examination upon which the	§ 1101.51(e) (1) (iv) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.
(v) Treatments as well as the treatment plan shall be entered in the record. Drugs prescribed as part of the treatment, including the quantities and dosages shall be	§ 1101.51(e) (1) (v) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.
(vi) The record shall indicate the progress at each visit, change in diagnosis, change in treatment and response to treatment.	§ 1101.51(e) (1) (vi) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.
(vii) The record shall contain summaries of hospitalizations .	§ 1101.51(e) (1) (vii) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.
(ix) The disposition of the case shall be entered in the record.	§ 1101.51(e) (1)(ix) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.
(x) The record shall contain documentation of the medical necessity of a rendered, ordered or prescribed service.	§ 1101.51(e) (1) (x) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.

Regulation	Regulation Reference	Documentation Source	Decision Criteria
§ 52.14. Ongoing Responsibilities of Providers.			
52.14(g). The provider shall ensure the following prior to rendering services to a participant:	§ 52.14 (g). Ongoing Responsibilities of Providers.		
	(1) The service plan is approved by the Department.	§ 52.14(g)(1). Ongoing Responsibilities of Providers.	Participant service plan, provider notes, SCE HCSIS or SAMS notes,
	(2) The type, scope, amount, duration and frequency of service to be rendered are listed in the service plan that the provider is assigned to implement.	§ 52.14(g)(2). Ongoing Responsibilities of Providers.	Participant service plan, provider notes, SCE HCSIS or SAMS notes,
52.14(i) Appendix C. Personal Emergency Response System (PERS). PERS installation is covered one time per residential site.	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Participant record.	Y- PERS is installed one time and no more at a residential site OR PERS is installed more than once AND there is
Personal Assistance Services (PAS) Appendix C, The waiver will not pay for services furnished by the participant's spouse.	§ 52.14(l). Ongoing Responsibilities of Providers.	Employee schedules, participant files, service notes	Y- The participant's spouse does not render PAS to the participant. N- The participant's spouse
Personal Assistance Services (PAS) Appendix C, The waiver will not pay for services furnished by a Power of Attorney (PoA). This requirement may be waived under special circumstances, if	§ 52.14(l). Ongoing Responsibilities of Providers.(PAS) Appendix C.	Employee schedules, participant files, service notes	Y- The participant's PoA does not render PAS to the participant OR The participant's PoA RENDERS PAS to
52.14(m). A provider may not render a service when the participant is unavailable to receive the service.	§ 52.14(m). Ongoing Responsibilities of Providers.	Provider notes, participant complaints, MA billing records for hospitalization for participants	Y- The provider does not render services when the participant is unavailable or disinterested in
52.14(o) A provider which is not an SCE shall cooperate with the participant, the SCE and the Department to resolve delays in service provision.	§ 52.14(o) Ongoing Responsibilities of Providers	participant complaints, EIM incidents, RA-incident@pa.gov incident reports	Y= There is a delay in service provision AND the provider contacts the participant and SCE AND works
§ 52.15. Provider records.			
52.15 (a) (2). In addition to the recordkeeping provisions under § 1101.51(d) and (e),a provider shall complete and maintain documentation on service delivery.	§ 52.15(a)(2). Provider records.	Provider notes, HCSIS and SAMS service plans, claims, receipts, timesheets	Y- The provider maintains notes on service delivery. The notes MUST reflect type, scope, amount, duration
§ 52.17. Critical incident and risk management.			
52.17(b). A provider shall report a critical incident involving a participant to the Department or the SCE, or both, on a form prescribed by the Department.	§ 52.17(b). Critical incident and risk management. Pa. OLTL Bulletin 05-11-06, 51-11-06, 52-11-06, 54-11-06, 55-	Provider notes, EIM reports, Reports to RA-incident@pa.gov, provider incident reports and	Y- The provider reports critical incidents within 48 hours of incident or knowledge of the incident
52.17 (e) If the Department requires additional follow-up information to a critical incident, then the provider shall submit additional information as required to the Department.	§ 52.17(e). Critical incident and risk management.	Requests from the EIM manager and RA-incident@pa.gov manager for information from the provider,	Y- The provider was required by OLTL to provide additional information regarding a critical incident AND the

§ 52.29. Confidentiality of records.

§ 52.29. Participant records shall be kept confidential and, except in emergencies, may not be accessible to anyone without the written consent of the participant, or if a court orders disclosure, other than the following:		Provider records that indicate there is no evidence of provider releasing confidential records without court	Y= The provider does not disclose information to parties other than those listed in (1) -(5) OR the provider
(1) The participant.	§ 52.29 (1). Confidentiality of records.		informational only-- not to answer
(2) The participant's legal guardian.	§ 52.29 (2). Confidentiality of records.		informational only-- not to answer
(3) A provider staff member for the purpose of providing a service to the participant.	§ 52.29 (3). Confidentiality of records.		informational only-- not to answer
(4) An agent of the Department.	§ 52.29 (4). Confidentiality of records.		informational only-- not to answer
(5) An individual holding the participant's power of attorney for health care or health care proxy.	§ 52.29 (5). Confidentiality of records.		informational only-- not to answer

§ 1101.51 Ongoing responsibilities of providers

(e)(1) General standards for medical records. A provider, with the exception of pharmacies, laboratories, ambulance services and suppliers of medical goods and equipment shall keep patient		§ 1101.51(e) (1) Ongoing responsibilities of providers		
(i) The records shall be legible throughout.	§ 1101.51(e) (1) (i) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.	
(ii) The record shall identify the patient on each page.	§ 1101.51(e) (1) (ii) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.	
(iii) Entries shall be signed and dated by the responsible licensed provider. Care rendered by ancillary personnel shall be countersigned by the	§ 1101.51(e) (1) (iii) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.	
(iv) The record shall contain a preliminary working diagnosis as well as a final diagnosis and the elements of a history and physical examination upon which the	§ 1101.51(e) (1) (iv) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.	
(v) Treatments as well as the treatment plan shall be entered in the record. Drugs prescribed as part of the treatment, including the quantities and dosages shall be	§ 1101.51(e) (1) (v) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.	
(vi) The record shall indicate the progress at each visit, change in diagnosis, change in treatment and response to treatment.	§ 1101.51(e) (1) (vi) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.	

(vii) The record shall contain summaries of hospitalizations .	§ 1101.51(e) (1) (vii) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.
(ix) The disposition of the case shall be entered in the record.	§ 1101.51(e) (1)(ix) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.
(x) The record shall contain documentation of the medical necessity of a rendered, ordered or prescribed service.	§ 1101.51(e) (1) (x) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.

Regulation	Regulation Reference	Documentation Source	Decision Criteria
§ 52.14. Ongoing Responsibilities of Providers.			
52.14(g). The provider shall ensure the following prior to rendering services to a participant:	§ 52.14 (g). Ongoing Responsibilities of Providers.		
	(1) The service plan is approved by the Department.	§ 52.14(g)(1). Ongoing Responsibilities of Providers.	Participant service plan, provider notes, SCE HCSIS or SAMS notes,
	(2) The type, scope, amount, duration and frequency of service to be rendered are listed in the service plan that the provider is assigned to implement.	§ 52.14(g)(2). Ongoing Responsibilities of Providers.	Participant service plan, provider notes, SCE HCSIS or SAMS notes,
52.14(i) Appendix C. Independence, Aging, CommCare, and OBRA Waivers ONLY. Respite services may be provided by a relative or family member as long as the relative or family member	§ 52.14(i) Appendix C. Ongoing Responsibilities of Providers.	Service notes, copies of POA's or guardianship papers, employee files,	Y- If respite services are provided by a relative or family member, the provider must verify
§52.14(i) Appendix C Aging, Independence, CommCare and OBRA Waivers. Respite workers must supervised by a registered nurse.	§ 52.14(i) Appendix C. Ongoing Responsibilities of Providers. Bulletin 03-13-03,	Nurses Documentation, employee files	Y- Respite Service workers are supervised by a registered nurse. N- Respite service workers are
52.14(i) Appendix C. For Independence, CommCare, Aging and OBRA Waivers Adult Day Services (Enhanced) Providers ONLY. In addition to the requirements found in the Older Adults	§ 52.14(i) Appendix C. Ongoing Responsibilities of Providers. Bulletin 03-13-03,		
	Bulletin 03-13-03, 41-13-03, 55-13-03 (effective March 22, 2013) clarified the waiver standard. Bulletin Standard: If a participant is absent from the OADLC for		Provider staffing policy, scheduling requirements, and service notes/ service
	*Bulletin Standard: If an OADLC is closed on a day the RN is scheduled to conduct an observation, then the provider's RN has two participant attendance days to		Provider staffing policy, scheduling requirements, and service notes/ service
	*Bulletin Standard: Each Medicaid Aging Waiver participant, at a minimum, must be observed every other week by the RN with appropriate notations		Provider staffing policy, scheduling, and service notes/ service provision
52.14(i) Appendix C. Personal Emergency Response System (PERS). PERS installation is covered one time per residential site.	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Participant record.	Y- PERS is installed one time and no more at a residential site OR PERS is installed more than
Personal Assistance Services (PAS) Appendix C, The waiver will not pay for services furnished by the participant's spouse.	§ 52.14(l). Ongoing Responsibilities of Providers.	Employee schedules, participant files, service notes	Y- The participant's spouse does not render PAS to the participant. N- The participant's spouse

Personal Assistance Services (PAS) Appendix C , The waiver will not pay for services furnished by a Power of Attorney (PoA). This requirement may be waived under special circumstances, if	§ 52.14(l). Ongoing Responsibilities of Providers.(PAS) Appendix C.	Employee schedules, participant files, service notes	Y- The participant's PoA does not render PAS to the participant OR The participant's PoA RENDERS
52.14(m). A provider may not render a service when the participant is unavailable to receive the service.	§ 52.14(m). Ongoing Responsibilities of Providers.	Provider notes, participant complaints, MA billing records for hospitalization	Y- The provider does not render services when the participant is unavailable or disinterested in
52.14(o) A provider which is not an SCE shall cooperate with the participant, the SCE and the Department to resolve delays in service provision.	§ 52.14(o) Ongoing Responsibilities of Providers	notes, participant complaints, EIM incidents, RA-incident@pa.gov	Y= There is a delay in service provision AND the provider contacts the participant and SCE
§ 52.15. Provider records.			
52.15 (a) (2). In addition to the recordkeeping provisions under § 1101.51(d) and (e), a provider shall complete and maintain documentation on service delivery.	§ 52.15(a)(2). Provider records.	Provider notes, HCSIS and SAMS service plans, claims, receipts,	Y- The provider maintains notes on service delivery. The notes MUST reflect type, scope,
§ 52.17. Critical incident and risk management.			
52.17(b). A provider shall report a critical incident involving a participant to the Department or the SCE, or both, on a form prescribed by the Department.	§ 52.17(b). Critical incident and risk management. Pa. OLTL Bulletin 05-11-06, 51-11-06,	Provider notes, EIM reports, Reports to RA-incident@pa.gov, provider	Y- The provider reports critical incidents within 48 hours of incident or knowledge of the
52.17 (e) If the Department requires additional follow-up information to a critical incident, then the provider shall submit additional information as required to the Department.	§ 52.17(e). Critical incident and risk management.	Requests from the EIM manager and RA-incident@pa.gov manager	Y- The provider was required by OLTL to provide additional information regarding a critical
§ 52.29. Confidentiality of records.			
§ 52.29. Participant records shall be kept confidential and, except in emergencies, may not be accessible to anyone without the written consent of the participant, or if a court orders disclosure, other than the following:		Provider records that indicate there is no evidence of provider	Y= The provider does not disclose information to parties other than those listed in (1) -(5)
(1) The participant.		§ 52.29 (1). Confidentiality of records.	informational only-- not to answer
(2) The participant's legal guardian.		§ 52.29 (2). Confidentiality of records.	informational only-- not to answer
(3) A provider staff member for the purpose of providing a service to the participant.		§ 52.29 (3). Confidentiality of records.	informational only-- not to answer

(4) An agent of the Department.	§ 52.29 (4). Confidentiality of records.	informational only-- not to answer
(5) An individual holding the participant's power of attorney for health care or health care proxy.	§ 52.29 (5). Confidentiality of records.	informational only-- not to answer

§ 1101.51 Ongoing responsibilities of providers

(e)(1) General standards for medical records. A provider, with the exception of pharmacies, laboratories, ambulance services and suppliers of medical goods and equipment shall keep patient	§ 1101.51(e) (1) Ongoing responsibilities of providers		
(i) The records shall be legible throughout.	§ 1101.51(e) (1) (i) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.
(ii) The record shall identify the patient on each page.	§ 1101.51(e) (1) (ii) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.
(iii) Entries shall be signed and dated by the responsible licensed provider. Care rendered by ancillary personnel shall be countersigned by the	§ 1101.51(e) (1) (iii) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.
(iv) The record shall contain a preliminary working diagnosis as well as a final diagnosis and the elements of a history and physical examination upon which the	§ 1101.51(e) (1) (iv) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.
(v) Treatments as well as the treatment plan shall be entered in the record. Drugs prescribed as part of the treatment, including the quantities and dosages shall be	§ 1101.51(e) (1) (v) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.
(vi) The record shall indicate the progress at each visit, change in diagnosis, change in treatment and response to treatment.	§ 1101.51(e) (1) (vi) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.
(vii) The record shall contain summaries of hospitalizations .	§ 1101.51(e) (1) (vii) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.
(ix) The disposition of the case shall be entered in the record.	§ 1101.51(e) (1)(ix) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.
(x) The record shall contain documentation of the medical necessity of a rendered, ordered or prescribed service.	§ 1101.51(e) (1) (x) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.

Regulation	Regulation Reference	Documentation Source	Decision Criteria
§ 52.14. Ongoing Responsibilities of Providers.			
52.14(g). The provider shall ensure the following prior to rendering services to a participant:	§ 52.14 (g). Ongoing Responsibilities of Providers.		
	(1) The service plan is approved by the Department.	§ 52.14(g)(1). Ongoing Responsibilities of Providers.	Participant service plan, provider notes, SCE HCSIS or SAMS notes,
	(2) The type, scope, amount, duration and frequency of service to be rendered are listed in the service plan that the provider is assigned to implement.	§ 52.14(g)(2). Ongoing Responsibilities of Providers.	Participant service plan, provider notes, SCE HCSIS or SAMS notes,
§52.14(i) Appendix C Aging, Independence, CommCare and OBRA Waivers. Respite workers must supervised by a registered nurse.	§ 52.14(i) Appendix C. Ongoing Responsibilities of Providers. Bulletin 03-13-03, 41-13-03, 55-13-03	Nurses Documentation, employee files	Y -Respite Service workers are supervised by a registered nurse. N .
52.14(i) Appendix C. Independence, Aging, CommCare, and OBRA Waivers ONLY. Respite. Respite services may be provided by a relative or family member as long as the relative or family member is not a legal guardian, power of attorney,	§ 52.14(i) Appendix C. Ongoing Responsibilities of Providers.	Service notes, copies of POA's or guardianship papers, employee files, participant files	Y - If respite services are provided by a relative or family member, the
52.14(i) Appendix C. For Independence, CommCare, Aging and OBRA Waivers Adult Day Services (Enhanced) Providers ONLY. In addition to the requirements found in the Older Adults Daily Living Center (OADLC) Regulations	§ 52.14(i) Appendix C. Ongoing Responsibilities of Providers. Bulletin 03-13-03, 41-13-03, 55-13-03		
	Bulletin 03-13-03, 41-13-03, 55-13-03 (effective March 22, 2013) clarified the waiver standard. Bulletin Standard: If a participant is absent from the OADLC for a medical or non-medical reason, there is no		Provider staffing policy, scheduling requirements, and service notes/ service provision documentation.
	*Bulletin Standard: If an OADLC is closed on a day the RN is scheduled to conduct an observation, then the provider's RN has two participant attendance days to complete the nursing observation and notes.		Provider staffing policy, scheduling requirements, and service notes/ service provision documentation.
	*Bulletin Standard: Each Medicaid Aging Waiver participant, at a minimum, must be observed every other week by the RN with appropriate notations recorded in the OADLC's individual service plan,		Provider staffing policy, scheduling, and service notes/ service provision documentation.
52.14(i) Appendix C. Personal Emergency Response System (PERS). PERS installation is covered one time per residential site.	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Participant record.	Y - PERS is installed one time and no more at a residential site OR PERS
52.14(i) Appendix C, Community Integration: The Community Integration service is reviewed quarterly to determine the progress of how the strategies utilized are affecting the participant's ability to independently complete tasks	§ 52.14. (i) Appendix C, Community Integration	Participant ISP, provider notes.	Y = The provider reviews and documents how well the tasks are succeeding
52.14(i) Appendix C, Community Integration: The length of Community Integration service should not exceed thirteen (13) weeks on new plans. If the participant has not reached the goal at the end of 13 weeks, the documentation of			
	Bulletin Standard 1 The SC needs to establish a goal of CI services and progress towards the goal prior to approval of the CI services.	55 Pa. Code § 52.14(i) A provider shall comply with the applicable approved waiver, including approved waiver	Participant ISPs, service notes.
			Y = The CI plan contains a specific goal AND the CI providers documents a

	Bulletin Standard 2: All CI plans must contain specific goals and document progress made toward the goal with the provisions of the CI services.	55 Pa. Code § 52.14(i) A provider shall comply with the applicable approved waiver, including approved waiver	Participant ISPs, service notes.	Y=The CI plan contains a specific goal AND the CI providers documents a
	Bulletin Standard 3: If the participant has not reached the CI goal at the end of the first quarter, then documentation of the justification for continued training on	55 Pa. Code § 52.14(i) A provider shall comply with the applicable approved waiver, including approved waiver	Participant ISPs, service notes.	Y= The CI goal is not met by the end of the first quarter (3 months) of the
52.14(i) Appendix C, Community Integration: Each distinct goal may not remain on the ISP for more than twenty-six (26) weeks. If the participant has not reached his/her Community Integration goals by the end of 26 weeks, the goals need to				
	Bulletin Standard 2: The same goal may not remain on the ISP for more than 26 weeks.	Full Citation for Statement of Findings for Bulletin Standard 2: 55 Pa. Code § 52.14(i) A provider shall	Participant ISPs, service notes.	Y=The CI goal does not extend beyond 26 weeks without specific OLTL
	Bulletin Standard 3: If the participant has not reached his/her CI goals by the end of the second quarter, the goals need to change OR it is concluded that the	55 Pa. Code § 52.14(i)55 Pa. Code § 52.14(i) A provider shall comply with the applicable approved waiver,	Participant ISPs, service notes.	Y=The CI goal is not met by the end of 26 weeks AND the goal is changed,
52.14(i) Appendix C, Community Integration: If the individual can complete the task independently, the goal and CI service is removed from the ISP.		§ 52.14. (i) Appendix C, Community Integration	Provider notes, ISP.	Y= The provider notifies the Service Coordinator that the task can be
52.14(i) Appendix C, Community Integration: The Community Integration Provider shall render services at a 1:1 ratio.		§ 52.14. (i) Appendix C, Community Integration	Provider staffing policy, scheduling requirements, and service notes/ service provision documentation.	Y= The provider renders service to participants in 1:1 ratio. 1:1 ratio means
Personal Assistance Services (PAS) Appendix C, The waiver will not pay for services furnished by the participant's spouse.		§ 52.14(l). Ongoing Responsibilities of Providers.	Employee schedules, participant files, service notes	Y- The participant's spouse does not render PAS to the participant.
Personal Assistance Services (PAS) Appendix C, The waiver will not pay for services furnished to a minor by the participant's parent or step-parent.		§ 52.14(l). Ongoing Responsibilities of Providers.(PAS) Appendix C.	Employee schedules, participant files, service notes	Y= The participant's parent or step-parent do not render PAS to the
Personal Assistance Services (PAS) Appendix C, The waiver will not pay for services furnished by a Power of Attorney (PoA). This requirement may be waived under special circumstances, if reviewed and approved by OLTL.		§ 52.14(l). Ongoing Responsibilities of Providers.(PAS) Appendix C.	Employee schedules, participant files, service notes	Y- The participant's PoA does not render PAS to the participant OR The
52.14(m). A provider may not render a service when the participant is unavailable to receive the service.		§ 52.14(m). Ongoing Responsibilities of Providers.	Provider notes, participant complaints, MA billing records for hospitalization for participants (check with BPS for	Y- The provider does not render services when the participant is unavailable
52.14(o) A provider which is not an SCE shall cooperate with the participant, the SCE and the Department to resolve delays in service provision.		§ 52.14(o) Ongoing Responsibilities of Providers	Provider notes, SCE notes, participant complaints, EIM incidents, RA-incident@pa.gov incident reports	Y= There is a delay in service provision AND the provider contacts the
§ 52.15. Provider records.				
52.15 (a) (2). In addition to the recordkeeping provisions under § 1101.51(d) and (e),a provider shall complete and maintain documentation on service delivery.		§ 52.15(a)(2). Provider records.	Provider notes, HCSIS and SAMS service plans, claims, receipts, timesheets	Y- The provider maintains notes on service delivery. The notes MUST reflect
§ 52.17. Critical incident and risk management.				

52.17(b). A provider shall report a critical incident involving a participant to the Department or the SCE, or both, on a form prescribed by the Department.	§ 52.17(b). Critical incident and risk management. Pa. OLTL Bulletin 05-11-06, 51-11-06, 52-11-06, 54-11-06,	Provider notes, EIM reports, Reports to RA-incident@pa.gov, provider incident reports and investigation notes	Y- The provider reports critical incidents within 48 hours of incident or
52.17 (e) If the Department requires additional follow-up information to a critical incident, then the provider shall submit additional information as required to the Department.	§ 52.17(e). Critical incident and risk management.	Requests from the EIM manager and RA-incident@pa.gov manager for information from the provider, provider	Y- The provider was required by OLTL to provide additional
§ 52.29. Confidentiality of records.			
§ 52.29. Participant records shall be kept confidential and, except in emergencies, may not be accessible to anyone without the written consent of the participant, or if a court orders disclosure, other than the following:		Provider records that indicate there is no evidence of provider releasing confidential records without court order	Y= The provider does not disclose information to parties other than those
(1) The participant.		§ 52.29 (1). Confidentiality of records.	informational only-- not to answer
(2) The participant's legal guardian.		§ 52.29 (2). Confidentiality of records.	informational only-- not to answer
(3) A provider staff member for the purpose of providing a service to the participant.		§ 52.29 (3). Confidentiality of records.	informational only-- not to answer
(4) An agent of the Department.		§ 52.29 (4). Confidentiality of records.	informational only-- not to answer
(5) An individual holding the participant's power of attorney for health care or health care proxy.		§ 52.29 (5). Confidentiality of records.	informational only-- not to answer
§ 1101.51 Ongoing responsibilities of providers			
(e)(1) General standards for medical records. A provider, with the exception of pharmacies, laboratories, ambulance services and suppliers of medical goods and equipment shall keep patient records that meet all of the following standards:	§ 1101.51(e) (1) Ongoing responsibilities of providers		
(i) The records shall be legible throughout.	§ 1101.51(e) (1) (i) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.
(ii) The record shall identify the patient on each page.	§ 1101.51(e) (1) (ii) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.
(iii) Entries shall be signed and dated by the responsible licensed provider. Care rendered by ancillary personnel shall be countersigned by the responsible licensed provider. Alterations of the record shall be	§ 1101.51(e) (1) (iii) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.
(iv) The record shall contain a preliminary working diagnosis as well as a final diagnosis and the elements of a history and physical examination upon which the diagnosis is based.	§ 1101.51(e) (1) (iv) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.

(v) Treatments as well as the treatment plan shall be entered in the record. Drugs prescribed as part of the treatment, including the quantities and dosages shall be entered in the record.	§ 1101.51(e) (1) (v) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.
(vi) The record shall indicate the progress at each visit, change in diagnosis, change in treatment and response to treatment.	§ 1101.51(e) (1) (vi) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.
(vii) The record shall contain summaries of hospitalizations .	§ 1101.51(e) (1) (vii) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.
(ix) The disposition of the case shall be entered in the record.	§ 1101.51(e) (1)(ix) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.
(x) The record shall contain documentation of the medical necessity of a rendered, ordered or prescribed service.	§ 1101.51(e) (1) (x) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.

Regulation	Regulation Reference	Documentation Source	Decision Criteria
§ 52.14. Ongoing Responsibilities of Providers.			
52.14(g). The provider shall ensure the following prior to rendering services to a participant:	§ 52.14 (g). Ongoing Responsibilities of Providers.		
	(1) The service plan is approved by the Department.	§ 52.14(g)(1). Ongoing Responsibilities of Providers.	Participant service plan, provider notes, SCE HCSIS or SAMS notes,
	(2) The type, scope, amount, duration and frequency of service to be rendered are listed in the service plan that the provider is assigned to implement.	§ 52.14(g)(2). Ongoing Responsibilities of Providers.	Participant service plan, provider notes, SCE HCSIS or SAMS notes,
§52.14(i) Appendix C Aging, Independence, CommCare and OBRA Waivers. Respite workers must supervised by a registered nurse.	§ 52.14(i) Appendix C. Ongoing Responsibilities of Providers. Bulletin 03-13-03, 41-13-03, 55-13-03 (effective March	Nurses Documentation, employee files	Y-Respite Service workers are supervised by a registered nurse. N.-Respite service workers are NOT
52.14(i) Appendix C. Independence, Aging, CommCare, and OBRA Waivers ONLY. Respite. Respite services may be provided by a relative or family member as long as the relative or family member is not a legal	§ 52.14(i) Appendix C. Ongoing Responsibilities of Providers.	Service notes, copies of POA's or guardianship papers, employee files, participant files	Y- If respite services are provided by a relative or family member, the provider must verify that the relative
52.14(i) Appendix C. OBRA and Independence Waiver: Personal Assistance Services (PAS) ONLY. The Personal Assistance Service Provider shall render services at a 1:1 ratio.	§ 52.14(i) Appendix C. Ongoing Responsibilities of Providers.	Provider staffing policy, scheduling requirements, and service notes/ service provision documentation.	Y- The provider renders service to participants in 1:1 ratio and bills at a 1:1 ratio. 1:1 ratio means one staff
52.14(i) Appendix C. For Independence, CommCare, Aging and OBRA Waivers Adult Day Services (Enhanced) Providers ONLY. In addition to the requirements found in the Older Adults Daily Living Center (OADLC)	§ 52.14(i) Appendix C. Ongoing Responsibilities of Providers. Bulletin 03-13-03, 41-13-03, 55-13-03 (effective March		
	Bulletin 03-13-03, 41-13-03, 55-13-03 (effective March 22, 2013) clarified the waiver standard. Bulletin Standard: If a participant is absent from the OADLC for a medical or non-medical reason,	Provider staffing policy, scheduling requirements, and service notes/ service provision documentation.	Y= The provider's RN completes an observation within 2 days of the participant's return from his
	*Bulletin Standard: If an OADLC is closed on a day the RN is scheduled to conduct an observation, then the provider's RN has two participant attendance days to complete the nursing	Provider staffing policy, scheduling requirements, and service notes/ service provision documentation.	Y= The provider's RN completes an observation within 2 participant attendance days after the OADLC
	*Bulletin Standard: Each Medicaid Aging Waiver participant, at a minimum, must be observed every other week by the RN with appropriate notations recorded in the OADLC's individual service	Provider staffing policy, scheduling, and service notes/ service provision documentation.	Y= The participant does not meet the exception of being absent or OADLC closure AND the provider's
52.14(i) Appendix C. Personal Emergency Response System (PERS). PERS installation is covered one time per residential site.	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Participant record.	Y- PERS is installed one time and no more at a residential site OR PERS is installed more than once
52.14(i) Appendix C, Community Integration: The Community Integration service is reviewed quarterly to determine the progress of how the strategies utilized are affecting the participant's ability to independently complete tasks	§ 52.14. (i) Appendix C, Community Integration	Participant ISP, provider notes.	Y= The provider reviews and documents how well the tasks are succeeding in assisting the
52.14(i) Appendix C, Community Integration: If the individual can complete the task independently, the goal and CI service is removed from the ISP.	§ 52.14. (i) Appendix C, Community Integration	Provider notes, ISP.	Y= The provider notifies the Service Coordinator that the task can be completed independently.
52.14(i) Appendix C, Community Integration: The length of Community Integration service should not exceed thirteen (13) weeks on new plans. If the participant has not reached the goal at the end of 13 weeks, the			

Bulletin Standard 1 The SC needs to establish a goal of CI services and progress towards the goal prior to approval of the CI services.	55 Pa. Code § 52.14(i) A provider shall comply with the applicable approved waiver, including approved waiver amendments.	Participant ISPs, service notes.	Y= The CI plan contains a specific goal AND the CI providers documents a participant's progress
Bulletin Standard 2: All CI plans must contain specific goals and document progress made toward the goal with the provisions of the CI services.	55 Pa. Code § 52.14(i) A provider shall comply with the applicable approved waiver, including approved waiver amendments.	Participant ISPs, service notes.	Y=The CI plan contains a specific goal AND the CI providers documents a participant's progress
Bulletin Standard 3: If the participant has not reached the CI goal at the end of the first quarter, then documentation of the justification for continued	55 Pa. Code § 52.14(i) A provider shall comply with the applicable approved waiver, including approved waiver amendments.	Participant ISPs, service notes.	Y= The CI goal is not met by the end of the first quarter (3 months) of the goals implementation AND the
52.14(i) Appendix C, Community Integration: Each distinct goal may not remain on the ISP for more than twenty-six (26) weeks. If the participant has not reached his/her Community Integration goals by the end of 26 weeks, the			
Bulletin Standard 2: The same goal may not remain on the ISP for more than 26 weeks.	Full Citation for Statement of Findings for Bulletin Standard 2: 55 Pa. Code § 52.14(i) A provider shall	Participant ISPs, service notes.	Y=The CI goal does not extend beyond 26 weeks without specific OLTL authorization.
Bulletin Standard 3: If the participant has not reached his/her CI goals by the end of the second quarter, the goals need to change OR it is concluded	55 Pa. Code § 52.14(i)55 Pa. Code § 52.14(i) A provider shall comply with the applicable approved waiver, including	Participant ISPs, service notes.	Y=The CI goal is not met by the end of 26 weeks AND the goal is changed, OR the goal is end dated
52.14(i) Appendix C, Community Integration: The Community Integration Provider shall render services at a 1:1 ratio.	§ 52.14. (i) Appendix C, Community Integration	Provider staffing policy, scheduling requirements, and service notes/ service provision documentation.	Y= The provider renders service to participants in 1:1 ratio. 1:1 ratio means one staff member for each
Personal Assistance Services (PAS) Appendix C, The waiver will not pay for services furnished by the participant's spouse.	§ 52.14(l). Ongoing Responsibilities of Providers.	Employee schedules, participant files, service notes	Y- The participant's spouse does not render PAS to the participant. N- The participant's spouse
Personal Assistance Services (PAS) Appendix C, The waiver will not pay for services furnished to a minor by the participant's parent or step-parent.	§ 52.14(l). Ongoing Responsibilities of Providers.(PAS) Appendix C.	Employee schedules, participant files, service notes	Y= The participant's parent or step-parent do not render PAS to the participant AND the participant is a
Personal Assistance Services (PAS) Appendix C, The waiver will not pay for services furnished by a Power of Attorney (PoA). This requirement may be waived under special circumstances, if reviewed and approved by OLTL.	§ 52.14(l). Ongoing Responsibilities of Providers.(PAS) Appendix C.	Employee schedules, participant files, service notes	Y- The participant's PoA does not render PAS to the participant OR The participant's PoA RENDERS
52.14(m). A provider may not render a service when the participant is unavailable to receive the service.	§ 52.14(m). Ongoing Responsibilities of Providers.	Provider notes, participant complaints, MA billing records for hospitalization for participants (check with BPS for	Y- The provider does not render services when the participant is unavailable or disinterested in
52.14(o) A provider which is not an SCE shall cooperate with the participant, the SCE and the Department to resolve delays in service provision.	§ 52.14(o) Ongoing Responsibilities of Providers	Provider notes, SCE notes, participant complaints, EIM incidents, RA-incident@pa.gov incident reports	Y= There is a delay in service provision AND the provider contacts the participant and SCE AND works
§ 52.15. Provider records.			
52.15 (a) (2). In addition to the recordkeeping provisions under § 1101.51(d) and (e),a provider shall complete and maintain documentation on service delivery.	§ 52.15(a)(2). Provider records.	Provider notes, HCSIS and SAMS service plans, claims, receipts, timesheets	Y- The provider maintains notes on service delivery. The notes MUST reflect type, scope, amount,
§ 52.17. Critical incident and risk management.			
52.17(b). A provider shall report a critical incident involving a participant to the Department or the SCE, or both, on a form prescribed by the Department.	§ 52.17(b). Critical incident and risk management. Pa. OLTL Bulletin 05-11-06, 51-11-06, 52-11-06, 54-11-06, 55-11-06, 59-	Provider notes, EIM reports, Reports to RA-incident@pa.gov, provider incident reports and investigation notes	Y- The provider reports critical incidents within 48 hours of incident or knowledge of the incident

52.17 (e) If the Department requires additional follow-up information to a critical incident, then the provider shall submit additional information as required to the Department.	§ 52.17(e). Critical incident and risk management.	Requests from the EIM manager and RA-incident@pa.gov manager for information from the provider, provider	Y- The provider was required by OLTL to provide additional information regarding a critical
§ 52.29. Confidentiality of records.			
§ 52.29. Participant records shall be kept confidential and, except in emergencies, may not be accessible to anyone without the written consent of the participant, or if a court orders disclosure, other than the following:		Provider records that indicate there is no evidence of provider releasing confidential records without court order	Y= The provider does not disclose information to parties other than those listed in (1) -(5) OR the
	(1) The participant.	§ 52.29 (1). Confidentiality of records.	informational only-- not to answer
	(2) The participant's legal guardian.	§ 52.29 (2). Confidentiality of records.	informational only-- not to answer
	(3) A provider staff member for the purpose of providing a service to the participant.	§ 52.29 (3). Confidentiality of records.	informational only-- not to answer
	(4) An agent of the Department.	§ 52.29 (4). Confidentiality of records.	informational only-- not to answer
	(5) An individual holding the participant's power of attorney for health care or health care proxy.	§ 52.29 (5). Confidentiality of records.	informational only-- not to answer
§ 1101.51 Ongoing responsibilities of providers			
(e)(1) General standards for medical records. A provider, with the exception of pharmacies, laboratories, ambulance services and suppliers of medical goods and equipment shall keep patient records that meet all of the following		§ 1101.51(e) (1) Ongoing responsibilities of providers	
	(i) The records shall be legible throughout.	§ 1101.51(e) (1) (i) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes. Y= The provider includes criteria (i) through (x) as applicable.
	(ii) The record shall identify the patient on each page.	§ 1101.51(e) (1) (ii) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes. Y= The provider includes criteria (i) through (x) as applicable.
	(iii) Entries shall be signed and dated by the responsible licensed provider. Care rendered by ancillary personnel shall be countersigned by the responsible licensed provider. Alterations of	§ 1101.51(e) (1) (iii) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes. Y= The provider includes criteria (i) through (x) as applicable.
	(iv) The record shall contain a preliminary working diagnosis as well as a final diagnosis and the elements of a history and physical examination upon which the diagnosis is based.	§ 1101.51(e) (1) (iv) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes. Y= The provider includes criteria (i) through (x) as applicable.
	(v) Treatments as well as the treatment plan shall be entered in the record. Drugs prescribed as part of the treatment, including the quantities and dosages shall be entered in the record.	§ 1101.51(e) (1) (v) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes. Y= The provider includes criteria (i) through (x) as applicable.
	(vi) The record shall indicate the progress at each visit, change in diagnosis, change in treatment and response to treatment.	§ 1101.51(e) (1) (vi) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes. Y= The provider includes criteria (i) through (x) as applicable.

(vii) The record shall contain summaries of hospitalizations .	§ 1101.51(e) (1) (vii) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.
(ix) The disposition of the case shall be entered in the record.	§ 1101.51(e) (1)(ix) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.
(x) The record shall contain documentation of the medical necessity of a rendered, ordered or prescribed service.	§ 1101.51(e) (1) (x) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	<p>Y= The provider includes criteria (i) through (x) as applicable.</p> <p>N= The provider does not include criteria (i) through (x) AND is required to have such criteria.</p> <p>NA= Provider does not render a service which indicates (i) through (x) are applicable. Those services are pharmacies, ambulance services, laboratories, and suppliers or medical goods and equipment.</p>

Regulation	Regulation Reference	Documentation Source	Decision Criteria
§ 52.14. Ongoing Responsibilities of Providers.			
§2.14(g). The provider shall ensure the following prior to rendering services to a participant:	§ 52.14 (g). Ongoing Responsibilities of Providers.		
	(1) The service plan is approved by the Department.	§ 52.14(g)(1). Ongoing Responsibilities of Providers.	Participant service plan, provider notes, SCE HCSIS or SAMS notes,
	(2) The type, scope, amount, duration and frequency of service to be rendered are listed in the service plan that the provider is assigned to implement.	§ 52.14(g)(2). Ongoing Responsibilities of Providers.	Participant service plan, provider notes, SCE HCSIS or SAMS notes,
§52.14(i) Appendix C Aging, Independence, CommCare and OBRA Waivers. Respite workers must supervised by a registered nurse.	§ 52.14(i) Appendix C. Ongoing Responsibilities of Providers. Bulletin 03-13-03, 41-13-03, 55-13-03	Nurses Documentation, employee files	Y-Respite Service workers are supervised by a registered nurse.
§2.14(i) Appendix C. Independence, Aging, CommCare, and OBRA Waivers ONLY. Respite. Respite services may be provided by a relative or family member as long as the relative or family member is	§ 52.14(i) Appendix C. Ongoing Responsibilities of Providers.	Service notes, copies of POA's or guardianship papers, employee files,	Y- If respite services are provided by a relative or family member, the
52.14(i) Appendix C. OBRA and Independence Waiver: Personal Assistance Services (PAS) ONLY. The Personal Assistance Service Provider shall render services at a 1:1 ratio.	§ 52.14(i) Appendix C. Ongoing Responsibilities of Providers.	Provider staffing policy, scheduling requirements, and service notes/ service	Y- The provider renders service to participants in 1:1 ratio and bills at a
52.14(i) Appendix C. For Independence, CommCare, Aging and OBRA Waivers Adult Day Services (Enhanced) Providers ONLY. In addition to the requirements found in the Older Adults Daily Living	§ 52.14(i) Appendix C. Ongoing Responsibilities of Providers. Bulletin 03-13-03, 41-13-03, 55-13-03		
	Bulletin 03-13-03, 41-13-03, 55-13-03 (effective March 22, 2013) clarified the waiver standard. Bulletin Standard: If a participant is absent from the OADLC for a medical or non-		Provider staffing policy, scheduling requirements, and service notes/ service
	*Bulletin Standard: If an OADLC is closed on a day the RN is scheduled to conduct an observation, then the provider's RN has two participant attendance days to complete the		Provider staffing policy, scheduling requirements, and service notes/ service
	*Bulletin Standard: Each Medicaid Aging Waiver participant, at a minimum, must be observed every other week by the RN with appropriate notations recorded in the		Provider staffing policy, scheduling, and service notes/ service provision
52.14(i) Appendix C. Personal Emergency Response System (PERS). PERS installation is covered one time per residential site.	§ 52.14. (i) Appendix C. Ongoing Responsibilities of Providers.	Participant record.	Y- PERS is installed one time and no more at a residential site OR

52.14(i) Appendix C, Community Integration: The Community Integration service is reviewed quarterly to determine the progress of how the strategies utilized are affecting the participant's ability to	§ 52.14. (i) Appendix C, Community Integration	Participant ISP, provider notes.	Y= The provider reviews and documents how well the tasks are succeeding
52.14(i) Appendix C, Community Integration: If the individual can complete the task independently, the goal and CI service is removed from the ISP.	§ 52.14. (i) Appendix C, Community Integration	Provider notes, ISP.	Y= The provider notifies the Service Coordinator that the task can be
52.14(i) Appendix C, Community Integration: The Community Integration service is reviewed quarterly to determine the progress of how the strategies utilized are affecting the participant's ability to	§ 52.14. (i) Appendix C, Community Integration	Participant ISP, provider notes.	Y= The provider reviews and documents how well the tasks are succeeding
52.14(i) Appendix C, Community Integration: The length of Community Integration service should not exceed thirteen (13) weeks on new plans. If the participant has not reached the goal at the end of			
Bulletin Standard 1 The SC needs to establish a goal of CI services and progress towards the goal prior to approval of the CI	55 Pa. Code § 52.14(i) A provider shall comply with the applicable approved waiver, including approved	Participant ISPs, service notes.	Y= The CI plan contains a specific goal AND the CI providers documents
Bulletin Standard 2: All CI plans must contain specific goals and document progress made toward the goal with the provisions of the CI	55 Pa. Code § 52.14(i) A provider shall comply with the applicable approved waiver, including approved	Participant ISPs, service notes.	Y=The CI plan contains a specific goal AND the CI providers documents
Bulletin Standard 3: If the participant has not reached the CI goal at the end of the first quarter, then documentation of the justification for	55 Pa. Code § 52.14(i) A provider shall comply with the applicable approved waiver, including approved	Participant ISPs, service notes.	Y= The CI goal is not met by the end of the first quarter (3 months)
52.14(i) Appendix C, Community Integration: Each distinct goal may not remain on the ISP for more than twenty-six (26) weeks. If the participant has not reached his/her Community Integration goals by the			
Bulletin Standard 2: The same goal may not remain on the ISP for more than 26 weeks.	Full Citation for Statement of Findings for Bulletin Standard 2: 55 Pa. Code § 52.14(i) A provider	Participant ISPs, service notes.	Y=The CI goal does not extend beyond 26 weeks without specific OLTL
Bulletin Standard 3: If the participant has not reached his/her CI goals by the end of the second quarter, the goals need to change OR it	55 Pa. Code § 52.14(i)55 Pa. Code § 52.14(i) A provider shall comply with the applicable approved waiver,	Participant ISPs, service notes.	Y=The CI goal is not met by the end of 26 weeks AND the goal is
52.14(i) Appendix C, Community Integration: The Community Integration Provider shall render services at a 1:1 ratio.	§ 52.14. (i) Appendix C, Community Integration	scheduling requirements, and service notes/ service provision documentation.	Y= The provider renders service to participants in 1:1 ratio. 1:1 ratio means
Personal Assistance Services (PAS) Appendix C, The waiver will not pay for services furnished by the participant's spouse.	§ 52.14(l). Ongoing Responsibilities of Providers.	Employee schedules, participant files, service notes	Y- The participant's spouse does not render PAS to the participant.
Personal Assistance Services (PAS) Appendix C, The waiver will not pay for services furnished to a minor by the participant's parent or step-parent.	§ 52.14(l). Ongoing Responsibilities of Providers.(PAS) Appendix C.	Employee schedules, participant files, service notes	Y= The participant's parent or step-parent do not render PAS to the

<p>Personal Assistance Services (PAS) Appendix C, The waiver will not pay for services furnished by a Power of Attorney (PoA). This requirement may be waived under special circumstances, if reviewed</p>	<p>§ 52.14(l). Ongoing Responsibilities of Providers.(PAS) Appendix C.</p>	<p>Employee schedules, participant files, service notes</p>	<p>Y- The participant's PoA does not render PAS to the participant OR The</p>
<p>52.14(m). A provider may not render a service when the participant is unavailable to receive the service.</p>	<p>§ 52.14(m). Ongoing Responsibilities of Providers.</p>	<p>Provider notes, participant complaints, MA billing records for hospitalization for</p>	<p>Y- The provider does not render services when the participant is</p>
<p>52.14(o) A provider which is not an SCE shall cooperate with the participant, the SCE and the Department to resolve delays in service provision.</p>	<p>§ 52.14(o) Ongoing Responsibilities of Providers</p>	<p>participant complaints, EIM incidents, RA-incident@pa.gov incident</p>	<p>Y= There is a delay in service provision AND the provider contacts the</p>
<p>§ 52.15. Provider records.</p>			
<p>52.15 (a) (2). In addition to the recordkeeping provisions under § 1101.51(d) and (e), a provider shall complete and maintain documentation on service delivery.</p>	<p>§ 52.15(a)(2). Provider records.</p>	<p>Provider notes, HCSIS and SAMS service plans, claims, receipts, timesheets</p>	<p>Y- The provider maintains notes on service delivery. The</p>
<p>§ 52.17. Critical incident and risk management.</p>			
<p>52.17(b). A provider shall report a critical incident involving a participant to the Department or the SCE, or both, on a form prescribed by the Department.</p>	<p>§ 52.17(b). Critical incident and risk management. Pa. OLTL Bulletin 05-11-06, 51-11-06, 52-11-06, 54-11-06,</p>	<p>Provider notes, EIM reports, Reports to RA-incident@pa.gov, provider</p>	<p>Y- The provider reports critical incidents within 48 hours of incident or</p>
<p>52.17 (e) If the Department requires additional follow-up information to a critical incident, then the provider shall submit additional information as required to the Department.</p>	<p>§ 52.17(e). Critical incident and risk management.</p>	<p>Requests from the EIM manager and RA-incident@pa.gov manager for</p>	<p>Y- The provider was required by OLTL to provide additional</p>
<p>§ 52.29. Confidentiality of records.</p>			
<p>§ 52.29. Participant records shall be kept confidential and, except in emergencies, may not be accessible to anyone without the written consent of the participant, or if a court orders disclosure, other than the following:</p>		<p>Provider records that indicate there is no evidence of provider releasing</p>	<p>Y= The provider does not disclose information to parties other than</p>
<p>(1) The participant.</p>	<p>§ 52.29 (1). Confidentiality of records.</p>	<p>informational only-- not to answer</p>	
<p>(2) The participant's legal guardian.</p>	<p>§ 52.29 (2). Confidentiality of records.</p>	<p>informational only-- not to answer</p>	
<p>(3) A provider staff member for the purpose of providing a service to the participant.</p>	<p>§ 52.29 (3). Confidentiality of records.</p>	<p>informational only-- not to answer</p>	

(4) An agent of the Department.	§ 52.29 (4). Confidentiality of records.	informational only-- not to answer
(5) An individual holding the participant's power of attorney for health care or health care proxy.	§ 52.29 (5). Confidentiality of records.	informational only-- not to answer

§ 1101.51 Ongoing responsibilities of providers

(e)(1) General standards for medical records. A provider, with the exception of pharmacies, laboratories, ambulance services and suppliers of medical goods and equipment shall keep patient records	§ 1101.51(e) (1) Ongoing responsibilities of providers		
(i) The records shall be legible throughout.	§ 1101.51(e) (1) (i) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.
(ii) The record shall identify the patient on each page.	§ 1101.51(e) (1) (ii) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.
(iii) Entries shall be signed and dated by the responsible licensed provider. Care rendered by ancillary personnel shall be countersigned by the responsible licensed	§ 1101.51(e) (1) (iii) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.
(iv) The record shall contain a preliminary working diagnosis as well as a final diagnosis and the elements of a history and physical examination upon which the diagnosis	§ 1101.51(e) (1) (iv) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.
(v) Treatments as well as the treatment plan shall be entered in the record. Drugs prescribed as part of the treatment, including the quantities and dosages shall be	§ 1101.51(e) (1) (v) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.
(vi) The record shall indicate the progress at each visit, change in diagnosis, change in treatment and response to treatment.	§ 1101.51(e) (1) (vi) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.
(vii) The record shall contain summaries of hospitalizations .	§ 1101.51(e) (1) (vii) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.
(ix) The disposition of the case shall be entered in the record.	§ 1101.51(e) (1)(ix) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.
(x) The record shall contain documentation of the medical necessity of a rendered, ordered or prescribed service.	§ 1101.51(e) (1) (x) Ongoing responsibilities of providers	Service notes, ISP, progress notes, provider notes.	Y= The provider includes criteria (i) through (x) as applicable.

Regulation	Regulation Reference	Documentation Source	Decision Criteria
Regulation § 52.23 Corrective Action Plan			
(a) The provider shall respond to the written statement of findings under § 52.22 (relating to provider monitoring) with a CAP when requested by the Department	§ 52.23(a) Corrective Action Plan	Approved statement of findings and corrective action plan for provider.	Y= Provider submits a CAP upon request to the Office of Long Term
(b) The provider shall submit a CAP to the Department on a form prescribed by the Department.	§ 52.23(b) Corrective Action Plan	Approved statement of findings and corrective action plan template.	Y= Provider is issued a statement of findings AND returns the CAP
(c) The CAP must contain at least the following:	§ 52.23(c) Corrective Action Plan		
(1) The provider's name.	§ 52.23(c)(1) Corrective Action Plan	Completed CAP	Y= The provider completes the items listed in 55 Pa. Code §
(2) The provider's address.	§ 52.23(c)(2) Corrective Action Plan	Completed CAP	Y= The provider completes the items listed in 55 Pa. Code §
(3) The provider's MA identification number.	§ 52.23(c)(3) Corrective Action Plan	Completed CAP	Y= The provider completes the items listed in 55 Pa. Code §
(4) The action steps to address a specific finding.	§ 52.23(c)(4) Corrective Action Plan	Completed CAP	Y= The provider completes the items listed in 55 Pa. Code §
(5) The dates action steps will be completed.	§ 52.23(c)(5) Corrective Action Plan	Completed CAP	Y= The provider completes the items listed in 55 Pa. Code §
(6) An explanation on how the action steps will remediate the finding.	§ 52.23(c)(6) Corrective Action Plan	Completed CAP	Y= The provider completes the items listed in 55 Pa. Code §
(7) The date when a finding will be remediated.	§ 52.23(c)(7) Corrective Action Plan	Completed CAP	Y= The provider completes the items listed in 55 Pa. Code §
(8) The provider's signature indicating the provider will implement the CAP.	§ 52.23(c)(8) Corrective Action Plan	Completed CAP	Y= The provider completes the items listed in 55 Pa. Code §

(g) The provider shall implement a Department-approved CAP.	§ 52.23(g) Corrective Action Plan	Completed CAP and Follow-Up monitoring documentation, reports of	Y= The provider implements all components of its CAP.
§ 52.14 Ongoing Responsibilities of Providers			
(p) A provider shall complete and comply with a CAP as required by the Department or other Federal or State agency.	§ 52.14(p) Ongoing Responsibilities of Providers	Provider CAP, documentation to verify provider is implementing	Y= The provider has a CAP AND implements the CAP as written.