

QMET Monitoring

Provider:	Provider ABC
Review Dates:	April 17-April 20, 2012
Monitoring Team Members:	Carly Reed, Jim Stevens, Staci Barnes

Links:

[EPLS \(SAM\)](#)

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Regulation	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	Y= The provider provides a copy of it's MA provider agreement with waiver addendums. N= The provider does not provide a copy of's it MA provider
(b)Within 180 days from date of enrollment, a provider shall attend new provider training provided by the Department.	§ 52.14(b). Ongoing Responsibilities of Providers.	Provider date of enrollment in PROMISE, New provider training dates and	Y= The provider was enrolled after May 19, 2012 AND has documentation from OLTL verifying at least one staff member attended the new
The Following cells are divided between Having a Policy, and Implementing such policy. Row H refers to the act of having a			
(c)A provider shall implement the policies under § 52.11(a)(5) (relating to prerequisites for participation).	§ 52.14(c) Ongoing Responsibilities of Providers.		
	(i) Compliance with this chapter.	§ 52.14(c)(i). Ongoing Responsibilities of Providers.	provider policy and procedures, provider interviews
	(ii) Provision of services in a non discriminatory manner.	§ 52.14(c)(ii). Ongoing Responsibilities of Providers.	provider policy and procedures, provider interviews
	(iii) Compliance with the Americans with Disabilities Act (42 U.S.C.A. §§ 12101-12213).	§ 52.14.(c)(iii). Ongoing Responsibilities of Providers. §52.11(a)(5)	provider policy and procedures, provider interviews
	(iv) Compliance with the Health Insurance Portability and Accountability Act (Pub. L. 104-191).	§ 52.14.(c)(iv) Ongoing Responsibilities of Providers. §52.11(a)(5)	provider policy and procedures, provider interviews
			<ul style="list-style-type: none"> • Policy statement that states the provider will meet provisions of 55 Pa. Code Chapter 52. • Outlines how billing is conducted. • Policy statement that the provider provides services to participants without discrimination. • Preferences because of a • Policy statement that provider understands and complies with its responsibilities under the Americans with Disabilities Act of 1990 (ADA). • Policy statement that provider understands and complies with its responsibilities under the Health Insurance Portability and Accountability Act of 1996

(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)(v). Prerequisites for participation. §52.11(a)(5), §52.21 Staff	provider policy and procedures, provider interviews, provider training	• General requirements for staff training are listed under 55 Pa. Code § 52.21 (relating to staff training). At minimum, the provider's policy must indicate it
(vi) Participant complaint management process.	§ 52.14.(c)(vi) Ongoing Responsibilities of Providers. §52.11(a)(5)Prere	provider policy and procedures, provider interviews, provider	• The elements of a complaint management process are outlined in 55 Pa .Code § 52. 18 (relating to complaint management). If a provider fails to implement an
(vii) Critical Incident Management.	§ 52.14.(c)(vii) Ongoing Responsibilities of Providers. §52.11(a)(5)Prere quisites for participation : PA	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,
(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)(viii) Ongoing Responsibilities of Providers. § 52.24 Quality	provider policy and procedures, provider interviews, provider QMP	• The provider implements a policy statement which includes the development of the quality management plan, and the elements of the quality
(ix) Staff member screening for criminal history.	§ 52.14(c)(ix). 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 history requirements as outlined in 55 Pa. Code § 52.19 (relating
(x) Employee Social Security Number verification.	§ 52.14(c)(x). Ongoing Responsibilities of Providers. §52.11(a)(5)Prere	provider policy and procedures, provider interviews	The provider implements a policy for verifying the employee's social security number (SSN). The policy may include checking the federal database for validation of

ONLY (52.14(c)(xi)) is to be addressed as follows: Column H indicates that the Provider completes a monthly check, whereas Column J will indicate that there were no Employees on the EPLS, LEIE or Medichcek list.

(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 LEIE, EPLS and Medichcek.	§ 52.14(c)(xi). Ongoing Responsibilities of Providers.	provider policy and procedures, provider interviews, records regarding	<u>The Office of Medical Assistance issued a bulleting clarifying expectations of providers to check the LEIE, EPLS and Medichcek.</u> <u>The provider implements a policy</u>
(xii) Process for participants with limited English proficiency to access language services.	§ 52.14(c)(xii). Ongoing Responsibilities of Providers. §52.11(a)(5)Prere	provider policy and procedures, provider interviews	The provider does not have to provide language services directly, but must be able to direct the participant to appropriate translation and interpretation

<p>(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 least every two years.</p>	<p>§ 52.14(d) Ongoing Responsibilities of Providers</p>	<p>Provider tax returns, provider monthly balance sheets, provider articles of</p>	<p>Y= The provider presents its tax return, monthly balance sheets, articles of incorporation (if applicable), partnership agreement (if applicable), most</p>	
	<p>§52.14 (d) as referring to §52.11 (a)(3) 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 least every two years.</p>	<p>§52.14 (d) / §52.11 (a)(3) Ongoing Responsibilities of Providers</p>	<p>Provider tax returns, provider monthly balance sheets, provider articles of</p>	<p>Y= The provider presents its most recent tax return, most recent monthly balance sheets, articles of incorporation (if applicable), partnership agreement (if</p>
	<p>§52.14 (d) as referring to §52.11 (a)(5) 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 least every two years.</p>	<p>§52.14 (d) / §52.11 (a)(5) Ongoing Responsibilities of Providers</p>	<p>Provider tax returns, provider monthly balance sheets, provider articles of</p>	<p>Y= The provider has policies regarding the following and implements its policies regarding the following: o The provider is in compliance</p>
	<p>§52.14 (d) as referring to §52.11 (a)(7) 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 least every two years.</p>	<p>§52.14 (d) / §52.11 (a)(7) Ongoing Responsibilities of Providers</p>	<p>Provider tax returns, provider monthly balance sheets, provider articles of</p>	<p>Y= The provider has a policy to maintain and actually maintains worker's compensation insurance, commercial general liability insurance, and professional</p>
<p>(i) The AAA maintains its own tickler system to complete timely reevaluations.</p>		<p>§52.14(i) A provider shall comply with the applicable approved waiver,</p>	<p>Provider records</p>	<p>Y-The AAA maintains its own tickler system to complete timely reevaluations AND the system results in timely completion of reevaluations . N- The AAA</p>
<p>(i) FOR ACW ONLY: The SCE maintains its own tickler system to complete timely reevaluations. System must be separate from HCSIS</p>		<p>52.14(i) and Appendix B-6.</p>	<p>Provider records</p>	<p>Y- The SCE maintains its own tickler system to complete timely reevaluations AND the system results in timely completion of reevaluations AND the system is</p>
<p>(i) The Service Coordination Agency has Registered Nurse (RN) consulting services available, either by a staffing arrangement or through a contracted consulting arrangement.</p>		<p>§ 52.14(i) Appendix C. Service Coordination</p>	<p>Service notes/ service provision documentation, contract with RN staffing agency or</p>	<p>Y= The provider has an RN is available either as a staff member or through a contract arrangement. N= The provider does not have</p>
<p>52.14(j)The provider shall notify the Department at least 30 business days prior to any of the following occurrences:</p>		<p>§ 52.14.(j) Ongoing Responsibilities of Providers.</p>		
	<p>(1) Changes in the provider's address, telephone number, fax number, email address, provider name change or provider's designated contact person.</p>	<p>§ 52.14(j)(1). Ongoing Responsibilities of Providers.</p>	<p>Documentation submitted to Division of Provider Operations during</p>	<p>Y= The provider contacts the Division of Provider Operations that its address, telephone number, fax number, e-mail address, name has changed or its</p>

	(2) Creation, changes or revocation of the provider's articles of incorporation or partnership agreements.	§ 52.14(j)(2). Ongoing Responsibilities of Providers.	Documentation submitted to Division of Provider Operations during	Y= The provider contacts the Division of Provider Operations that its address, telephone number, fax number, e-mail address, name has changed or its
	(4) Revocation or provisional status of a license or certification..	§ 52.14(j)(4). Ongoing Responsibilities of Providers.	Documentation submitted to Division of Provider Operations during	Y- The provider is licensed or certified AND reports the revocation or provisional status of the license or certification to Division of Provider Operations
	(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 Division of Provider Operations during	Y-commercial general liability insurance cancelled,and the Dept was notified 30 business days in advance N -not an option, N/A -no insurance cancellations
	ii. Workers' compensation insurance.	§ 52.14(j)(5)(ii). Ongoing Responsibilities of Providers.	Documentation submitted to Division of Provider Operations during	Y-Worker Compensation insurance,and the Dept was notified 30 business days in advance N -not an option, N/A -no insurance cancellations
	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 Division of Provider Operations during	Y-professional liability insurance cancelled,and the Dept was notified 30 business days in advance N -not an option, N/A -no insurance cancellations
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 change.		§ 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 emergency AND reports the change within 2 days of the
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	Y= The provider attends all mandated trainings issued within the monitoring period. Mandated trainings since 10/2013: Abuse, Neglect, Abandonment and

§ 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 State requirements governing electronic record retention. Providers are
	(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 the electronic record the original, AND has fail-safes to ensure the
	(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, §52.43(i) Audit Requirements	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 can review the records.
	(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 enter information into the electronic record and how staff
	(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	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 of 1996 (Pub. L. No. 104- 191)..		§ 52.15(c). Provider records.	provider policy and procedures, provider interviews	Y= The provider has a policy statement that it understands and complies with its responsibilities under the Health Insurance Portability and Accountability Act
§ 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 one or more of the following:		§ 52.16(a). Abuse.	OLTL Critical Incident Management policy, provider policies, provider	
	(1) Sexual harassment of a participant.	§ 52.16(a). Abuse.	OLTL Critical Incident Management policy, provider policies, provider	Y= The provider's policy prohibits abuse including sexual harassment of a participant. N= The provider does not have listed as prohibited in its policy:

(2) Sexual contact between a staff member and a participant.	§ 52.16(a). Abuse.	OLTL Critical Incident Management policy, provider policies, provider	Y= The provider's policy prohibits abuse including Sexual contact between a staff member and a participant. N= The provider does not have
(3) Restraining a participant.	§ 52.16(a). Abuse.	OLTL Critical Incident Management policy, provider policies, provider	Y= The provider's policy prohibits abuse including Restraining a participant. N= The provider does not have listed as prohibited in its policy:
(4) Financial exploitation of a participant.	§ 52.16(a). Abuse.	OLTL Critical Incident Management policy, provider policies, provider	Y= The provider's policy prohibits abuse including Financial exploitation of a participant. N= The provider does not have listed as prohibited in its policy:
(5) Humiliating a participant.	§ 52.16(a). Abuse.	OLTL Critical Incident Management policy, provider policies, provider	Y = The provider's policy prohibits abuse including Humiliating a participant. N = The provider does not have listed as prohibited in its policy:
(6) Withholding regularly scheduled meals from a participant.	§ 52.16(a). Abuse.	OLTL Critical Incident Management	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	Y= The provider's policy prohibits. N= The provider does not have a policy prohibiting abuse. NA is not an option
§ 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.	policy and procedures	Y= The provider's critical incident policy includes steps on the prevention, reporting, notification, investigation and management of critical incidents AND the provider
(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	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 provider has a QMP that does not contain steps to reduce 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's policies and procedures; documentation of complaints including provider	Y- provider can show evidence that complaints are being recorded, responded to, and resolved. N- provider can not show evidence that complaints
(b)The provider complaint system must contain all of the following:		§ 52.18(b). Complaint management.		
	(1) Name of the participant.	§ 52.18(b). Complaint management.	Provider complaint system	Y= The provider complaint system includes documentation of the name of the participant. N= The provider complaint system does not include one of
	(2) Nature of the complaint.	§ 52.18(b). Complaint management.	Provider complaint system	Y= The provider complaint system includes documentation of the name of the nature of the complaint. N= The provider complaint
	(3) Date of the complaint.	§ 52.18(b). Complaint management.	Provider complaint system	Y= The provider complaint system includes documentation of the date of the complaint. N= The provider complaint system does not include the
	(4) Provider's actions to resolve the complaint.	§ 52.18(b). Complaint management.	Provider complaint system	Y= The provider complaint system includes documentation of the name of the provider's actions to resolve the complaint. N= The provider complaint
	(5) Participant's satisfaction to the resolution of the complaint	§ 52.18(b). Complaint management.	Provider complaint system	Y= The provider complaint system includes documentation of the participant's satisfaction to the resolution of the complaint. N= The provider complaint
(c) The provider shall review the complaints 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). Complaint management.	Provider complaints, EIM and RA-incident@pa.gov complaints for the	Y= The provider counts and reviews the number of complaints resolved to a participant's satisfaction AND counts and reviews complaints quarterly, OR
	(2) Analyze the number of complaints not resolved to the participant's satisfaction.	§ 52.18(c). Complaint management.	Provider complaints, EIM and RA-incident@pa.gov complaints for the	Y= The provider counts and reviews the number of complaints not resolved to a participant's satisfaction AND counts and reviews complaints quarterly, OR
	(3) Measuring the number of complaints referred to the Department for resolution.	§ 52.18(c). Complaint management.	Provider complaints, EIM and RA-incident@pa.gov complaints for the	Y= The provider counts and reviews the number of complaints forwarded to OLTL for review or received from OLTL for resolution AND counts and reviews
(d)	The provider shall develop a 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 complaints not resolved to a participant's satisfaction AND
(e)	The provider shall submit a copy of the provider's complaint system procedures to the Department upon request.	§ 52.18(e). Complaint management.	Provider complaint logs, complaint reports	Y= The provider demonstrates and discloses its complaint management process and
(f)	The provider shall submit 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 Management Efficiency Team during its review.
§ 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. 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 that person, under 18 Pa. C.S. §§ 9101-9183 (relating to the criminal history record information act), if the employee has been a resident of the Commonwealth for 2 years immediately	§ 52.19. Criminal history checks.	Policy	Y= The provider has a policy outlining the regulation AND implements the policy. N= The provider DOES NOT have a policy outlining 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 employee has not been a resident of the Commonwealth for the 2 years immediately preceding the date of application.	§ 52.19. Criminal history checks.	Policy	Y= The provider has a policy outlining the regulation. N= The provider DOES NOT have a policy outlining the regulation. NA= not an option.

(c) Criminal history checks shall be in accordance with the Older Adults Protective Services Act (35 P.S. §§ 10225.1 - 10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).	§ 52.19(c). Criminal history checks.	Policy	Y - The provider's policy regarding OAPSA and the employee record contains an appropriate criminal history record or statement OR the provider has a clear policy of
(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 http://www.portal.state.pa.us/portal/server.pt?openUnmet=514&obiID=616725&mode=2 .	§ 52.19(d). Criminal history checks.	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. N = The provider's policies DO NOT indicate the provider files the

§ 52.21. Staff training.

(c) A provider shall maintain documentation of the following:	§ 52.21(c). Staff training.		
(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. N = Provider does not document what information was delivered

§ 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 requ	Y = Provider submits information upon request to the Office of Long Term Living's monitoring agent. N = Provider refuses to submit information upon request to the

(2) The MA provider agreement, including waiver addendum.	§ 52.22(c)(1)-(5) Provider monitoring	all documents requ	Y= Provider submits information upon request to the Office of Long Term Living's monitoring agent. N= Provider refuses to submit information upon request to the
(3) Chapter 1101 (relating to general provisions).	§ 52.22(c)(1)-(5) Provider monitoring	all documents requ	Y= Provider submits information upon request to the Office of Long Term Living's monitoring agent. N= Provider refuses to submit information upon request to the
(4) The approved applicable waiver, including approved waiver amendments.	§ 52.22(c)(1)-(5) Provider monitoring	all documents requ	Y= Provider submits information upon request to the Office of Long Term Living's monitoring agent.
(5) A State or Federal requirement.	§ 52.22(c)(1)-(5) Provider monitoring	all documents requ	Y= Provider submits information upon request to the Office of Long Term Living's monitoring agent. N= Provider refuses to submit information upon request to the

§ 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 implement a QMP.
(b) The QMP must contain at least the following:	§ 52.24(b) 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 of	Y= The provider develops its own QMP AND the QMP includes Measureable Goals, Data Driven outcomes AND includes a plan for compliance with 55 Pa Code
(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 of	Y= The provider develops its own QMP AND the QMP includes Measureable Goals, Data Driven outcomes AND includes a plan for compliance with 55 Pa Code
(3) The current Department-approved CAP, if the provider has a CAP.	§ 52.24(b)(3) Quality Management	Provider's QMP, Provider CAP, Provider licensina	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 include more than a date change.
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§ 52.26 Service coordination Services

(e) If the SCE is an OHCDs, then the SCE shall be a direct service provider of at least one vendor good or service.	§ 52.26(e) Service coordination Services	Provider billing, provider organizational charts, staff job descriptions, provider notes	Y= The SCE operates as an OHCDs AND provides a vendor service using its own staff. N= The SCE operates as an OHCDs AND does not provide a
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(f) If services are not being delivered by a provider to a participant in the type, scope, amount, duration and frequency as required by the participant's service plan, then the SCE shall work with the provider to do either of the following:			
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(1) Ensure that services are being delivered to the participant in the type, scope, amount, duration and frequency required by the participant's service plan.	§ 52.26(f)(1) Service coordination	Provider notes, participant service plan, SCE	Y= The service coordinator discovers a discrepancy between the services delivered and the
(2) Transition the participant to a provider who is willing and qualified to provide services to the participant in accordance with the participant's service plan.	§ 52.26(f)(2) Service coordination Services	Provider notes, participant service plan, SCE notes	Y= The service coordinator discovers a discrepancy between the services delivered and the type, scope, amount, duration and frequency listed on the

§ 52.28. Conflict free service coordination.

(a) An SCE may not provide other waiver or Act 150 services if the SCE provides service coordination services unless one of the following is applicable:			Y= The provider is a service coordination entity AND does not provide other waiver services directly OR the provider is a service coordination entity and
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(1) The SCE is providing the services as an OHCDs under § 52.23 (relating to organized health care delivery system).	§ 52.28(a)(1). Conflict free service coordination.	Provider notes, HCSIS, SAMs, PROMISE claims and enrollment	This is an exception to the rule! For information only !
(2) The SCE is providing community transition services to a participant transitioning from a nursing facility or an ICF/ORC.	§ 52.28(a)(2). Conflict free service coordination.	Provider notes, HCSIS, SAMs, PROMISE claims and enrollment	This is an exception to the rule! For information only !

	(3) The SCE is providing financial management services to a participant.	§ 52.28(a)(3). Conflict free service coordination.	Provider notes, HCSIS, SAMs,PROMISe claims and enrollment	This is an exception to the rule! For information only !
(d) An SCE and a provider of a service other than service coordination may not share any of the following:		§ 52.28(d). Conflict free service coordination.		
	(1) Chief executive officer or equivalent.	§ 52.28(d). Conflict free service coordination.	Organizational charts, bank account numbers, Tax ID numbers, and provider	Y= The SCE does not share a chief executive officer or equivalent, any member of its executive board, its bank account, any member of its supervisory
	(2) Executive board.	§ 52.28(d). Conflict free service coordination.	Organizational charts, bank account numbers, Tax ID numbers, and provider	Y= The SCE does not share a chief executive officer or equivalent, any member of its executive board, its bank account, any member of its supervisory
	(3) Bank account.	§ 52.28(d). Conflict free service coordination.	Organizational charts, bank account numbers, Tax ID numbers, and provider	Y= The SCE does not share a chief executive officer or equivalent, any member of its executive board, its bank account, any member of its supervisory
	(4) Supervisory staff.	§ 52.28(d). Conflict free service coordination.	Organizational charts, bank account numbers, Tax ID numbers, and provider	Y= The SCE does not share a chief executive officer or equivalent, any member of its executive board, its bank account, any member of its supervisory
	(5) Tax identification number.	§ 52.28(d). Conflict free service coordination.	Organizational charts, bank account numbers, Tax ID numbers, and provider	Y= The SCE does not share a chief executive officer or equivalent, any member of its executive board, its bank account, any member of its supervisory
	(6) MA provider agreement.	§ 52.28(d). Conflict free service coordination.	Organizational charts, bank account numbers, Tax ID numbers, and provider	Y= The SCE does not share a chief executive officer or equivalent, any member of its executive board, its bank account, any member of its supervisory
	(7) Master provider index number.	§ 52.28(d). Conflict free service coordination.	Organizational charts, bank account numbers, Tax ID numbers, and provider	Y= The SCE does not share a chief executive officer or equivalent, any member of its executive board, its bank account, any member of its supervisory
§ 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 following:	§ 52.29. Confidentiality of records.	Location of participant records, participant records,	Y= The provider has a policy that indicates they do not disclose information to parties other than those listed in paragraphs (1) -(5) OR the provider discloses to a
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§ 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 documentation of	Y= The provider has a change in ownership over 5% AND the provider notified the Office of Long Term Living (OLTL) in writing (email or letter) of the	
(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 shall report the change as soon as possible, but no later than 2 business days after the effective date of the change. The provider shall also inform the Department as to why the provider was unable to report the change 30 days prior to the change's occurrence.	§ 52.44(d). Reporting requirements for ownership change.	Letters or emails to OLTL reporting the change of ownership, legal documentation of	Y= The provider has a change in ownership over 5% AND the provider notified the Office of Long Term Living (OLTL) in writing (email or letter) of the	
(c) The provider assuming ownership shall report 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	Letters or emails to OLTL reporting the change of	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 documentation of	Y= The provider written notice includes the date of sale AND a copy of the sales agreement, or other documents, implementing or outlining the change.

§ 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.	Division of Provider Operations list of OHCDs providers,	Y= The provider is a valid OHCDs AND has a written agreement which outlines the duties, responsibilities and compensation of the provider and
(b) Only a vendor good or service may be subcontracted.	§ 52.52(b). Subcontracting for a vendor good or	Provider billing information, provider notes.	Y= The provider only subcontracts vendor goods and services.
(c) If an OHCDs subcontracts with an entity to provide a vendor good or service, the OHCDs shall ensure the entity complies with § 52.51(a) (relating to vendor good or service payment)..	§ 52.52(c). Subcontracting for a vendor good or service.	Provider billing information, provider notes, contracts of subcontracting	Y= The OHCDs provider monitors its subcontracting parties for compliance with 55 Pa. Code § 52.51 AND the monitoring matches the criteria in this manual

§ 52.53. Organized health care delivery system.

(a) An OHCDS shall be an SCE in compliance with this chapter.	§ 52.53(a). Organized health care delivery system.	Results of monitoring for sections 52.25, 52.26, 52.27, and 52.28.	Y= The OHCDS provider is in compliance with 55 Pa. Code §§ 52.25, 52.26, 52.27, and 52.28. N= The OHCDS provider is not in compliance with 55 Pa. Code §§
(b) An OHCDS may not be reimbursed for rendering service coordination service if it contracts with an entity which is listed on the LEIE, EPLS or Medichex list.	§ 52.53(b). Organized health care delivery system.	http://www.oig.hhs.gov/exclusions/index.asp LEIE; https://www.epls.gov/ EPLS;	Y= The subcontracting agencies ARE NOT listed on the LEIE, EPLS or Medichex lists. N= The subcontracting agencies ARE listed on the LEIE, EPLS or
(c) An OHCDS may not be reimbursed for rendering service coordination services if the OHCDS contracts with an entity which employs a person who is listed on the LEIE or EPLS.	§ 52.53(c). Organized health care delivery system.	http://www.oig.hhs.gov/exclusions/index.asp LEIE;	Y= The subcontracting agencies' employees ARE NOT listed on the LEIE or EPLS.
(d) An OHCDS shall complete and sign an OHCDS enrollment form.	§ 52.53(d). Organized health care delivery system.	Division of Provider Operations OHCDS list, review of provider	Y= The provider is operating as an OHCDS and is listed on the Division of Provider Operations OHCDS list. N= The provider is operating as

§ 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 the provider ceasing services.	§ 52.61(a)(1) Provider Cessation of Services	Disenrollment letter and documentation, documentation of consumer receipt	Y- The provider presents a copy of the notification sent to the participants and the Department AND the notice was sent 30 days prior to the end of Services.
(2) Notify licensing or certifying entities as required.	§ 52.61(a)(2) Provider Cessation of Services	Disenrollment letter and documentation, documentation of consumer receipt	Y= The provider presents a copy of the notification sent to the participants and the Department AND the notice was sent 30 days prior to the end of Services.
(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 participants or service providers, a single copy of the notification is acceptable.	§ 52.61(a)(3) Provider Cessation of Services	Disenrollment letter and documentation, documentation of consumer receipt	Y= The provider presents a copy of the notification sent to the participants and the Department AND the notice was sent 30 days prior to the end of Services.

	(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 receipt	Y= The provider presents a copy of the notification sent to the participants and the Department AND the notice was sent 30 days prior to the end of Services.
§ 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 indirect referral arrangements between practitioners and other providers of medical services or supplies but may recommend the services of another provider or practitioner; automatic referrals between providers are, however, prohibited.	1101.51(a) Ongoing responsibilities of providers	Provider Choice Form, Service Plan Agreement and Provider's Policy and	Y= The provider has a policy against pre-arranged referrals AND does not automatically refer participants to a particular agency because of an existing	
(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 504 of the Rehabilitation Act of 1973 (29 U.S.C.A. § 794), and the Pennsylvania Human Relations Act (43 P. S. § § 951—963). Providers are prohibited from denying services or otherwise discriminating against an MA recipient on the grounds of race, color, national origin or handicap.	§ 1101.51(b). Ongoing responsibilities of providers	Provider policies.	Y= The provider has a policy statement that the provider provides services to participants without discrimination. Preferences because of a	
(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 consideration in exchange for referrals.
	(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 participants (offer referrals) in exchange for payment.
	(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 another provider in a provider's office. This does not preclude a provider from owning or investing in a building in which space is leased for adequate and fair consideration to other providers	§ 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 office to another provider AND the provider does not allow another
	(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 or arranging for or recommending purchasing, leasing or ordering a good, facility, service or item for which payment is made under MA. This does not preclude discounts or other reductions in	§ 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, gifts, bribes or rebates for purchasing, leasing, ordering or
	(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 which the practitioner or professional	§ 1101.51(c) (5) Ongoing responsibilities of	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 extent of the services rendered to MA recipients and that meet the criteria established in this	§ 1101.51(e) Ongoing responsibilities of	Policies, procedures, records	Y= The provider retains records for at least 4 years AND provider makes the records available for
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Regulation	Regulation Reference	Documentation Source	Decision Criteria
§ 52.14. Ongoing Responsibilities of Providers.			
(i) ACW and Aging ONLY: An Area Agency on Aging Assessor must meet one of the following qualifications:	§52.14(i) A provider shall comply with the applicable approved waiver, including approved waiver		
1) One year experience in public/private social work, AND EITHER a bachelor's degree which includes or is supplemented by 12 semester credit hours in sociology, social welfare, psychology, gerontology or other related social sciences OR a Bachelor's degree in a social welfare major.	§52.14(i) A provider shall comply with the applicable approved waiver, including approved waiver	Employee Files	Y- AAA Assessor meets one of the criteria established N- AAA Assessor DOES NOT meet one of the criteria
2) Two years of case work experience INCLUDING one year of experience performing assessment's of client's functional ability to determine the need for institutional or community based services AND a bachelor's degree which includes or is supplemented by 12 semester credit hours in sociology, social welfare, psychology,	§52.14(i) A provider shall comply with the applicable approved waiver, including approved waiver	Employee Files	Y- AAA Assessor meets one of the criteria established N- AAA Assessor DOES NOT meet one of the criteria
3) One year assessment experience AND a bachelor's degree with a social welfare major.	§52.14(i) A provider shall comply with the applicable approved waiver, including approved waiver	Employee Files	Y- AAA Assessor meets one of the criteria established N- AAA Assessor DOES NOT meet one of the criteria
4) Any equivalent combination of experience or training INCLUDING successful completion of 12 semester credit hours in sociology, social welfare, psychology, gerontology or other related social sciences. One year of case work experience may be substituted for one year assessment experience. [NOTE: The equivalency	§52.14(i) A provider shall comply with the applicable approved waiver, including approved waiver	Employee Files	Y- AAA Assessor meets one of the criteria established N- AAA Assessor DOES NOT meet one of the criteria
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 participant's home), then

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 the card, OR sees the SSN
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§ 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 does not contain information relating to the person, under 18 Pa.C.S.	§ 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, provider policy, Employee documentation of residency including a Y- The employee record indicates that the employee has been a resident of the Commonwealth for at
	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, provider policy, Employee documentation of residency including a Y- The employee record indicates that the employee has been a resident of the Commonwealth for at
	(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 employee has not been a resident of this Commonwealth for the 2 years immediately preceding the date of application.	§ 52.19(b)(2). Criminal history checks.	PATCH records, provider policy, Employee documentation of residency including a Y- The employee has been a PA resident for less than two years AND the employee file has a federal criminal history
(c) Criminal history checks shall be in accordance with the Older Adults Protective Services Act (35 P.S. §§ 10225.1 - 10225.5102) 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.	Y- The provider's policy regarding OAPSA and the employee record contains an appropriate criminal history or statement AND

(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 http://www.portal.state.pa.us/portal/server.pt?opeUnmet=514&objID=616725&m ode=2 .	§ 52.19(c). Criminal history checks.	PATCH records, Copy of FBI background checks, list of OAPSA precluded offenses (listed in discussion of §52.19(c),	Y- The employee's file reflects the provider took actions listed below if the employee's criminal records reflects a violation
(e) A copy of the final report received from the Pennsylvania State Police or the Federal Bureau of Investigation, as applicable, shall be kept in accordance with § 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 Police or the Federal Bureau of

§ 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 that the following are met:	§ 52.20(a). Provisional hiring.		
(1) The provider is in the process of obtaining a criminal history check as required under § 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 employee, provider	Y= The provider presents information that it has submitted for the appropriate criminal history check (PA State
(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 or information).	§ 52.20(a)(2). Provisional hiring.	PATCH records, Copy of FBI background checks, employee employment record, sworn statement from employee, provider	Y= Through a provider interview of staff member(s) responsible for hiring, there is no indication that the staff
(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, provider	Y= A statement signed by the employee is in the employee's file which states that the employee is not disqualified for
(4) A provider shall monitor the provisionally-hired person awaiting a criminal history check through random, direct observation and participant feedback. The results of the monitoring must be in the	§ 52.20(a)(4). Provisional hiring.	PATCH records, Copy of FBI background checks, employee employment	

	a. Direct observation	§ 52.20(a)(4). Provisional hiring.	PATCH records, Copy of FBI background checks, employee employment record, sworn statement from employee, provider	Y-The provider conducts random reviews of the provisionally hired employee's work by directly observing the
	b. Participant feedback	§ 52.20(a)(4). Provisional hiring.	PATCH records, Copy of FBI background checks, employee employment record, sworn statement from employee, provider	Y-The provider solicits feedback from participants on the employee's work performance AND
	(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 employee, provider	Y- The applicant's criminal history is not available AND the applicant is hired to work THEN the criminal history
	(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 employee, provider	Y- The applicant's criminal history is not available AND the applicant is hired to work THEN EITHER the
(b) If the information obtained from the criminal history check reveals that the person is disqualified from employment under § 52.19, 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 provisionally-hired person violates 55 Pa.
§ 52.21. Staff training.				
(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 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 the training on the critical incidents is held
(3) Participant complaint resolution.	§ 52.21(d)(3). Staff training.	Provider employee training records	Y- The provider training includes information on participant complaint resolution AND the training on participant
(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 procedures AND the training on
(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 management plan AND the training on the
(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 AND the training on fraud and
§ 52.27. Service coordinator qualifications and training.			
(a) To provide service coordination services, a service coordinator shall meet either of the following:	§ 52.27(a). Service coordinator qualifications and training.		
(1) Have a bachelor's degree including or supplemented by at least 12 college-level credit hours in sociology, social welfare, psychology, gerontology or another behavioral science.	§ 52.27(a)(1). Service coordinator qualifications and training.	Employee file, employee college transcript, employee's resume, employee's current job description, employee	Y= The service coordinator has bachelor's degree in any major AND 12 semester credit hours in hours in

	(2) A combination of experience and training which adds up to 4 years of experience, and education which includes at least 12 semester hours of college-level courses in sociology, social work, social welfare, psychology, gerontology or other social science.	§ 52.27(a)(2). Service coordinator qualifications and training.		
	(a) At least 12 college-level credit hours in sociology, social welfare, psychology, gerontology or other behavioral science.	§ 52.27(a)(2)(a) Service coordinator qualifications and training.		Y= The service coordinator has bachelor's degree in any major AND 12 semester credit hours in hours in
	(b). Experience includes the following:	§ 52.27(a)(2)(b). Service coordinator qualifications and training.		
	(i) Providing hands-on personal care for people with disabilities or individuals over the age of 60.	§ 52.27(a)(2)(b)(i). Service coordinator qualifications and training.	work experience documentation	Y-evidence of providing hands-on personal care for people with disabilities or individuals over the age of 60, N -no evidence of
	(ii) Coordinating assigned services as part of an individual's treatment plans.	§ 52.27(a)(2)(b)(ii). Service coordinator qualifications and training.	work experience documentation	Y-evidence of coordinating assigned services as part of an individual's treatment plans, N -no evidence of
	(iii) Teaching individuals living skills.	§ 52.27(a)(2)(b)(iii). Service coordinator qualifications and training.	work experience documentation	Y- evidence of teaching individuals living skills, N -no evidence of teaching individuals living skills, N/A -has other relevant
	(iv) Aiding in therapeutic activities.	§ 52.27(a)(2)(b)(iv). Service coordinator qualifications and training.	work experience documentation	Y- evidence of aiding in therapeutic activities, N -no evidence of aiding in therapeutic activities, N/A -has other relevant
	(v) Providing socialization opportunities for individuals.	§ 52.27(a)(2)(b)(v). Service coordinator qualifications and training.	work experience documentation	Y- evidence of providing socialization opportunities for individuals, N - no evidence of providing socialization opportunities

c. Experience does not include the following:		§ 52.27(a)(2)(c). Service coordinator qualifications and training.		FYI, NO NEED TO MONITOR !!
	(i) Maintenance of the individual's home, room, or environment.	§ 52.27(a)(2)(c)(i). Service coordinator qualifications and training.	work experience documentation	Y-provider didn't accept maintenance of the individual's home, room, or environment as relevant experience, N-
	(ii) Aiding in adapting the physical facilities of the individual's home.	§ 52.27(a)(2)(c)(ii). Service coordinator qualifications and training.	work experience documentation	Y-provider didn't accept aiding in adapting the physical facilities of the individual's home, N-provider accepted aiding
(b) To supervise staff providing service coordination services, a service coordinator supervisor shall meet either of the following:		§ 52.27(b). Service coordinator qualifications and training.		
	(1) Have at least three years of experience in public and private social work and a bachelor's degree.	§ 52.27(b)(1). Service coordinator qualifications and training.	Employee file, employee college transcript, employee's resume, employee's current job description, employee	Y= The service coordinator supervisor has bachelor's degree in any major AND three years of experience
	(2) Have an equivalent to paragraph (1) of experience and training including completion of 12 semester hours of college-level courses in sociology, social work, social welfare, psychology, gerontology, or other related social sciences. Graduate coursework in the behavioral sciences may be substituted for up to 2 years of the required	§ 52.27(b)(2). Service coordinator qualifications and training.	Employee file, employee college transcript, employee's resume, employee's current job description, employee	Y= The service coordinator supervisor has bachelor's degree in any major AND three years of experience
(c) A service coordinator shall have at least 40 hours of training within the first year of employment. The training shall include at least the following:		§ 52.27(c). Service coordinator qualifications and training.		
	(1) at least 40 hrs of training within first year	§ 52.27(c)(1). Service coordinator qualifications and training.		Y= The provider provided 40 hours of training to the service coordinator within 365 days of hire. N= The provider does not

	(2) does training include all of the following topics:	§ 52.27(c)(2). Service coordinator qualifications and training.		
	1. Conducting a person-centered assessment.	§ 52.27(c)(2)(1). Service coordinator qualifications and training.	Employee file, employee's training record, provider's training program descriptions, employee	Y- topic is included, N- topic isn't included, N/A- Employee is not a service coordinator or service coordinator supervisor or
	2. Developing and modifying a participant's service plan.	§ 52.27(c)(2)(2). Service coordinator qualifications and training.	Employee file, employee's training record, provider's training program descriptions, employee	Y- topic is included, N- topic isn't included, N/A- Employee is not a service coordinator or service coordinator supervisor or
	3. Utilizing the Department's data systems.	§ 52.27(c)(2)(3). Service coordinator qualifications and training.	Employee file, employee's training record, provider's training program descriptions, employee	Y- topic is included, N- topic isn't included, N/A- Employee is not a service coordinator or service coordinator supervisor or
	4. Improving communication skills.	§ 52.27(c)(2)(4). Service coordinator qualifications and training.	Employee file, employee's training record, provider's training program descriptions, employee	Y- topic is included, N- topic isn't included, N/A- Employee is not a service coordinator or service coordinator supervisor or
	5. Acquiring conflict resolution skills.	§ 52.27(c)(2)(5). Service coordinator qualifications and training.	Employee file, employee's training record, provider's training program descriptions, employee	Y- topic is included, N- topic isn't included, N/A- Employee is not a service coordinator or service coordinator supervisor or
	6. Completing documentation.	§ 52.27(c)(2)(6). Service coordinator qualifications and training.	Employee file, employee's training record, provider's training program descriptions, employee	Y- topic is included, N- topic isn't included, N/A- Employee is not a service coordinator or service coordinator supervisor or
	7. Understanding the disabilities of participants served.	§ 52.27(c)(2)(7). Service coordinator qualifications and training.	Employee file, employee's training record, provider's training program descriptions, employee	Y- topic is included, N- topic isn't included, N/A- Employee is not a service coordinator or service coordinator supervisor or

(d) A service coordinator shall have at least 20 hours of training annually that includes the training topics under subsection (c).		§ 52.27(d). Service coordinator qualifications and training.		
	(1) at least 20 hours of training annually	§ 52.27(d). Service coordinator qualifications and training.	Employee file, employee's training record, provider's training program descriptions, employee	Y= The provider gives 20 hours of training to service coordinators and their supervisors after the first year of employment
	(2) does training include all of the following topics:	§ 52.27(d). Service coordinator qualifications and training.		
	a. Conducting a person-centered assessment.	§ 52.27(d). Service coordinator qualifications and training.	Employee file, employee's training record, provider's training program descriptions, employee	Y- topic is included, N- topic isn't included, N/A- Employee is not a service coordinator or service coordinator supervisor or
	b. Developing and modifying a participant's service plan.	§ 52.27(d). Service coordinator qualifications and training.	Employee file, employee's training record, provider's training program descriptions, employee training with OLTL.	Y- topic is included, N- topic isn't included, N/A- Employee is not a service coordinator or service coordinator supervisor or the service coordinator is in his/her first year of employment..
	c. Utilizing the Department's data systems.	§ 52.27(d). Service coordinator qualifications and training.	Employee file, employee's training record, provider's training program descriptions, employee training with OLTL.	Y- topic is included, N- topic isn't included, N/A- Employee is not a service coordinator or service coordinator supervisor or the service coordinator is in his/her first year of employment..

d. Improving communication skills.	§ 52.27(d). Service coordinator qualifications and training.	Employee file, employee's training record, provider's training program descriptions, employee training with OLTL.	Y - topic is included, N -topic isn't included, N/A - Employee is not a service coordinator or service coordinator supervisor or the service coordinator is in his/her first year of employment..
e. Acquiring conflict resolution skills.	§ 52.27(d). Service coordinator qualifications and training.	Employee file, employee's training record, provider's training program descriptions, employee training with OLTL.	Y - topic is included, N -topic isn't included, N/A - Employee is not a service coordinator or service coordinator supervisor or the service coordinator is in his/her first year of employment..
f. Completing documentation.	§ 52.27(d). Service coordinator qualifications and training.	Employee file, employee's training record, provider's training program descriptions, employee training with OLTL.	Y - topic is included, N -topic isn't included, N/A - Employee is not a service coordinator or service coordinator supervisor or the service coordinator is in his/her first year of employment..
g. Understanding the disabilities of participants served.	§ 52.27(d). Service coordinator qualifications and training.	Employee file, employee's training record, provider's training program descriptions, employee training with OLTL.	Y - topic is included, N -topic isn't included, N/A - Employee is not a service coordinator or service coordinator supervisor or the service coordinator is in his/her first year of employment..

Regulation	Regulation Reference	Documentation Source	Decision Criteria
§ 52.14. Ongoing Responsibilities of Providers.			
(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.		
	(3) Revisions to an audit previously submitted to the Department under § 52.11(a).	§ 52.14(j)(3). Ongoing Responsibilities of Providers.	provider interview, audit records
(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.	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 has no negative results
§ 52.26. Service coordination services.			
(c) The SCE shall ensure a waiver or Act 150 service assigned to a participant is a service offered under the waiver or Act 150 service in which the participant is enrolled.	§ 52.26(c). Service coordination services.	The service listing for each waiver, the participant's service plan	Y= The waiver paid services listed on the participant's service plan are available in the waiver or Act 150 program in
§ 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 (a). Provider billing.	Claims dates in PROMISE, provider notes, service plan notes (HCSIS or SAMS)	Y- In reviewing the provider's claim information, the provider's actual date of service delivery does not precede
§ 52.42. Payment policies.			

52.42(e) A provider who accepts supplementary payment for an Act 150 service from a source other than the Department shall return the Act 150 payment to the Department. If the supplementary payment pays only a portion of the cost of the Act 150 service, the provider shall return an amount equal to the supplementary payment to the Department. This	§ 52.42(e). Payment policies.	Provider policy review & Financial review	Y- If provider is an ACT 150 provider, then Y- Provider has accepted supplementary payments AND returned Act 150
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§ 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 statements, general ledger, invoices	Y= The provider maintains records of billing services sufficient for an auditor to determine if the service
(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 statements, general ledger, invoices	Y= The provider maintains documentation of the services actually rendered by the provider AND the documentation
(2) The dates of service provision.	§ 52.43(h)(2). Audit requirements.	Provider billing records, claims, timesheets, provider notes, bank statements, general ledger, invoices	Y= The provider documents the actual dates of service. N= The provider does not
(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 statements, general ledger, invoices	Y= The provider maintains documentation of the money collected from the Department for services rendered. This
(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 statements, general ledger, invoices	Y= The provider produces appropriate and complete records. N= The provider does not produce appropriate and

(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 documents, provider billing records, claims, timesheets,	Y= The provider meets 55 Pa. Code § 52.15 AND makes the electronic records accessible to the Quality Management
(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 documents	Y= The provider presents audit documentation to QMET upon request. N= The provider refuses
(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. N= The provider has not maintained records since
(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 of provider, whichever is longer.	§ 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 AND retains the service documentation for at least
(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 exception, until the litigation, claim or exceptions have reached final disposition or a period of at least 5 years from the provider's fiscal year-end, whichever is greater.	§ 52.43(n). Audit requirements.	Provider claims, provider documentation of billing, provider notes, Division of Provider Operations notification.	Y= The provider is involved in a claims dispute as identified by OLTL Division of Provider Operations AND retains
(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 regards to monitoring 55 Pa. Code 52.43(a)- (n).

§ 52.51. Vendor good or service payment.

(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> , PROMISE claims, verification of the cost of	Y- The provider renders a vendor good or service AND charges the Department less than or the exact amount of the
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(b) A provider shall retain documentation of the amount charged for the vendor good or service.	§ 52.51(b). Vendor good or service payment.	The provider vendor good or service listing from the <i>Pennsylvania Bulletin</i> , PROMISe claims, verification of the cost of	Y- The provider maintains documentation of the amount charged for the vendor good or service. N- The provider does not
(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> , PROMISe claims, verification of the cost of	Y- The provider permits QMET to review the documentation. N- The provider does not permit QMET to review

§ 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 include, but is not necessarily limited to, purchase invoices, prescriptions, the pricing system used for services rendered to patients who are not on MA,	§ 1101.51(e)(2) Ongoing responsibilities of providers	General ledger, PROMISe claims, documentation which verifies MA services were rendered.	Y= The provider has fiscal records. N= The provider does not have 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 subsection b.	§ 1101.63 (a) Payment in Full	Policies, procedures, general ledger, staff interviews.	Y= The provider has a policy which states that the provider accepts only payments from the Department for services
§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 payment. 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	§ 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 accepts only payments from the Department for services
§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 payment. 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	§ 1101.63 (b) Payment in Full	Any Documentation source that verifies MA services rendered.	Y= The participant receives additional services to those listed on the ISP, AND the provider notified the Service
§ 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 plus any copayment required to be paid by a recipient shall constitute full reimbursement to the provider for covered services rendered.	§ 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 accepts only payments from the Department for services

§ 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 payment.	§ 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 accepts only payments from the Department for services
§ 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 listed on the ISP, AND the provider notified the Service

§ 1101.64 Third-party medical resources (TPR)

(a) General. Other private or governmental health insurance benefits shall be utilized before billing the MA Program. Providers shall make reasonable efforts to secure from the recipient sufficient information regarding the primary coverages necessary to bill the insurers or programs. The medical resources which are primary third parties to MA	§ 1101.64(a) Third-party medical resources (TPR)	Policies, procedures, general ledger, PROMISE claims review, copies of insurance cards.	Y= The provider makes reasonable efforts such as asking the participant or the Service Coordination entity for
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§ 1101.66 Payment for rendered, prescribed or ordered services

(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)(1) Payment for rendered, prescribed or ordered services	Policies, procedures, general ledger, PROMISE claims review, TSADF review results, ISP signature page.	Y= The provider passes SCOPE on the TSADF review AND renders a service which requires a license.
(2) Medically necessary.	§ 1101.66(a)(2) Payment for rendered, prescribed or ordered services	Policies, procedures, general ledger, PROMISE claims review, TSADF review results, ISP signature page.	Y= The provider who is not an SC passes a TSADF review for type, scope, amount, duration and frequency. The
(3) Not in an amount that exceeds the recipient's needs.	§ 1101.66(a)(3) Payment for rendered, prescribed or ordered services	Policies, procedures, general ledger, PROMISE claims review, TSADF review results, ISP signature page.	Y= The provider passes amount, duration and frequency on the TSADF review.

(4) Not ordered or prescribed solely for the recipient's convenience.	§ 1101.66(a)(4) Payment for rendered, prescribed or ordered services	Policies, procedures, general ledger, PROMISE claims review, TSADF review results, ISP signature page.	Y= The service matches the goal on the needs assessment. Only a Service Coordination entity is reviewed for §
(5) Ordered with the recipient's knowledge.	§ 1101.66(a)(5) Payment for rendered, prescribed or ordered services	Policies, procedures, general ledger, PROMISE claims review, TSADF review results, ISP signature page.	Y= The participant signs the ISP. Only a Service Coordination entity is reviewed for § 1101.66(a)(5).

Regulation	Regulation Reference	Documentation Source	Decision Criteria
§ 52.14. Ongoing Responsibilities of Providers.			
(g)The provider shall ensure all of 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,	Y- Service coordination entities must verify that the service plan is approved by OLTL prior to rendering and billing for service coordination services. N- Service coordination entities do not verify that the service plan is approved by OLTL prior to rendering and
(2) The type, scope, amount, duration and frequency of the service to be rendered is 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,	Y- Service coordination entities must verify that the service plan is approved by OLTL prior to rendering and billing for service coordination services. N- Service coordination entities do not verify that the service plan is approved by OLTL prior to rendering and
§ 52.14. (i) Appendix A, Oltl oversees the performance of the annual reevaluation function delegated to Service Coordination Agencies.			
1) Bulletin Standard: All SCE's are required to provide the 'Rights of the Participant' component of the informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins attached. N= The service coordinator DOES NOT provide each
2) Bulletin Standard: All SCE's are required to provide a 'Responsibilities of the Participant' informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins attached. N= The service coordinator DOES NOT provide each
3) Bulletin Standard: All SCE's are required to provide a 'Participant Choice' informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins attached. N= The service coordinator DOES NOT provide each
4) Bulletin Standard: All SCE's are required to provide an 'Applying for Home and Community-Based Service Programs' informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins attached. N= The service coordinator DOES NOT provide each
5) Bulletin Standard: All SCE's are required to provide a 'Role of the Service Coordinator' informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins attached. N= The service coordinator DOES NOT provide each
6) Bulletin Standard: All SCE's are required to provide a 'Participant Complaints' informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins attached. N= The service coordinator DOES NOT provide each

	7) Bulletin Standard: All SCE's are required to provide a <u>'How can I find other Resources in my Community'</u> informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins attached. N= The service coordinator DOES NOT provide each
	8) Bulletin Standard: All SCE's are required to provide a <u>'Medicaid (MA) Fraud and Abuse'</u> informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins attached. N= The service coordinator DOES NOT provide each
	9) Bulletin Standard: All SCE's are required to provide a <u>'Who do I contact if...'</u> informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins attached. N= The service coordinator DOES NOT provide each
	10) Bulletin Standard: All SCE's are required to provide a <u>'Abuse, Neglect, and Exploitation Informational Materials'</u> informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins attached. N= The service coordinator DOES NOT provide each
	11) Bulletin Standard: All SCE's are required to provide a <u>'Self-Directed Services Informational Materials'</u> informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins attached. N= The service coordinator DOES NOT provide each
	12) Bulletin Standard: All SCE's are required to provide a <u>'Your Appeal and Fair Hearing Rights'</u> informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins attached. N= The service coordinator DOES NOT provide each
§ 52.14. (i) Appendix B, AAA conducts the initial component of the Level of Care Assessment.		§52.14(i) A provider shall comply with the applicable approved waiver, including approved waiver amendments. Appendix B-6	LOCA	Y- LOCA completed for each participant. N- LOCA not completed for each participant. NA- Provider is not an AAA.
§ 52.14. (i) Appendix B, The AAA utilizes the Level of Care Assessment tool to determine the individual's disability, age of onset, and functional limitations.		§52.14(i) Appendix B. A provider shall comply with the applicable approved waiver, including approved waiver amendments. Appendix B-6	LOCA, Service Notes	Y- AAA uses LOCA and determines the individual's disability, age of onset, and functional limitations. N- AAA DOES NOT use the LOCA OR uses the LOCA and DOES NOT determine the individual's disability, age of onset, and functional limitations. NA- Provider is not a
§ 52.14. (i) Appendix B, The AAA Assessor visits the participant to administer the Level of Care Assessment.		§52.14(i) Appendix B. A provider shall comply with the applicable approved waiver, including approved waiver amendments. Appendix B-6	LOCA, Service Notes	Y- AAA Assessor conducts a face to face visit to administer the LOCA. N- AAA Assessor conducts a face to face visit to administer the LOCA. NA- Provider is not a AAA.
§ 52.14. (i) Appendix B, The AAA makes a final Level of Care Assessment decision.		§52.14(i) Appendix B. A provider shall comply with the applicable approved waiver, including approved waiver amendments. Appendix B-6	LOCA, Service Notes	Y- AAA makes a final Level of Care Assessment decision. N- AAA DOES NOT make a final Level of Care Assessment decision. NA- Provider is not a AAA
§ 52.14. (i) Appendix B. The AAA assists the participant with obtaining a completed MA-51 or prescription from the participant's physician.		§52.14(i) Appendix B.	Service Notes	Y- The AAA assists the participant to obtain the MA 51 or script OR the AAA documents that the participant does not require assistance in obtaining the MA 51 or script. N-The AAA DOES NOT assist the participant obtain the MA 51 or script.

<p>§ 52.14(i) Appendix B. The AAA assist the participant with obtaining a completed MA-51 or prescription from the participant's physician.</p>	<p>§52.14(i) A provider shall comply with the applicable approved waiver, including approved waiver amendments. Appendix B-6</p>	<p>Service Notes</p>	<p>Y- The AAA assists the participant obtain the MA 51 or script OR the AAA documents that the participant does not require assistance in obtaining the MA-51 or script. N- The AAA assists the participant obtain the MA 51 or script. NA- The provider is not a AAA.</p>	
<p>§ 52.14. (i) Appendix B, The SCE compares the information in the Reassessment Summary form to the initial evaluation or most recent evaluation.</p>	<p>§52.14(i) Appendix B. A provider shall comply with the applicable approved waiver, including approved waiver amendments. Appendix B-6</p>	<p>LOCA, Service Notes</p>	<p>Y- The SCE compares the information in the Reassessment Summary form to the initial evaluation or most recent evaluation. N- The SCE DOES NOT compare the information in the Reassessment Summary form to the initial evaluation or most recent</p>	
<p>§ 52.14. (i) Appendix B, After the Reassessment Summary Form is completed, the Service Coordinator enters the information into a service note into HCSIS.</p>	<p>§52.14(i) Appendix B. A provider shall comply with the applicable approved waiver, including approved waiver amendments. Appendix B-6</p>	<p>HCSIS</p>	<p>Y- The Service Coordinator completes the Reassessment Summary Form AND enters the information into HCSIS. N- The Service Coordinator DOES NOT complete the Reassessment Summary Form OR DOES NOT enter the information into HCSIS. NA- Participant is the first year</p>	
<p>§ 52.14. (i) Appendix B, Service Coordination. The participant is given the choice of receiving institutional (ICF/ORC) services, waiver services, or no services.</p>	<p>§ 52.14. (i) Appendix B, Service Coordination.</p>	<p>Participant record.</p>	<p>Y= The service coordinator documents that the participant was informed that he/ she has choice between institutional services, waiver services or no services. N= The service coordinator does not document that the participant was informed that he/ she has choice between</p>	
<p>§ 52.14. (i) Appendix C, Service Coordination. The Service Coordinator provides information and assistance to participants regarding self-direction.</p>	<p>§ 52.14. (i) Appendix C, Service Coordination.</p>	<p>Participant record.</p>	<p>Y= The service coordinator documents that the participant was informed that he/ she has information regarding self-direction AND if the participant chooses self-direction, the SC assists participant with self-direction needs as requested by participant.</p>	
<p>§ 52.14. (i) Appendix C, Service Coordination. Prior to meeting(s), the Service Coordinator collaborates with the participant to coordinate invitations and ISP/Annual Review meetings, dates, times and locations. The process of coordinating invitations includes the participant's input as to who to invite to the meeting(s).</p>	<p>§ 52.14. (i) Appendix C, Service Coordination.</p>			
	<p>Prior to meeting(s), the Service Coordinator collaborates with the participant to coordinate invitations and ISP/Annual Review meetings, dates, times and locations.</p>	<p>§ 52.14. (i) Appendix C, Service Coordination.</p>	<p>Participant ISP, Service notes.</p>	<p>Y= The Service Coordinator works with the participant to set a time, date, and location of the ISP/ Annual Meeting. N= The Service Coordinator DOES NOT with the participant to set a time, date, OR location of the ISP annual meeting.</p>
	<p>The process of coordinating invitations includes the participant's input as to who to invite to the meeting(s).</p>	<p>§ 52.14. (i) Appendix C, Service Coordination.</p>	<p>Participant ISP, Service notes.</p>	<p>Y= The Service Coordinator works with the participant to invite people the participant wants to attend the ISP/ Annual Meeting. N= The Service Coordinator DOES NOT work with the participant to invite people the participant wants to attend</p>
<p>§ 52.14. (i) Appendix C, Service Coordination. Service Coordination activities include maintaining current documentation of the participant's eligibility for waiver services.</p>	<p>§ 52.14. (i) Appendix C, Service Coordination.</p>	<p>Participant files</p>	<p>Y= The provider maintains a copy of the DPW Form 162 or has a policy to utilize IEVS in determining financial eligibility. HCSIS maintains programmatic eligibility. The DPW form 162 is a form that notifies providers and participants of MA eligibility.</p>	
<p>§ 52.14. (i) Appendix C, Participants are informed at the time of reevaluation that in order to request a fair hearing they should contact their Service Coordination agency.</p>	<p>§ 52.14(i). Appendix C. Service Coordination</p>	<p>Service notes.</p>	<p>Y= The Service Coordination Entity (SCE) informs the participant at reevaluation that if the participant wants a fair hearing, then he/she should contact the SCE. N= The Service Coordination Entity (SCE) DOES NOT inform the participant at reevaluation that if the</p>	
<p>§ 52.14. (i) Appendix C, Service Coordination. The Service Coordination Agency has Registered Nurse (RN) consulting services available, either by a staffing arrangement or through a contracted consulting arrangement.</p>	<p>§ 52.14(i). Appendix C. Service Coordination</p>	<p>Service notes/ service provision documentation, contract with RN staffing agency or RN directly.</p>	<p>Y= The provider has an RN available either as a staff member or through a contract arrangement. N= The provider does not have an RN available as a staff member or through a contract arrangement. NA= The provider does not render SC.</p>	

<p>§ 52.14. (i) Appendix D, Service Coordination. If the participant utilizes an alternative means of communication or whose primary language is not English, then the Supports Coordinator utilizes the participant's primary means of communication, an interpreter, or someone identified by the participant that has a close enough relationship with the participant to accurately speak on his/her</p>	<p>§ 52.14(i). Appendix D. Service Coordination</p>	<p>Participant ISP, Service Notes.</p>	<p>Y= The participant utilizes an alternative means of communication OR his/her primary language is not English AND the Supports Coordinator utilizes the participant's primary means of communication OR an interpreter or someone identified by the participant that</p>	
<p>§ 52.14. (i) Appendix E, Service Coordination. The ISP reflects the participant's choice of Agency Model, Employer Authority Model or a combination of both models.</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>	<p>Participant ISP.</p>	<p>Y= The ISP indicates the participant's choice of service model. N= The ISP DOES NOT indicate the participant's choice of service model OR the participant was not given a choice of service model.</p>	
<p>§ 52.14. (i) Appendix E, Service Coordination Involuntary termination from the consumer model would only occur after a thorough review by the participant's Service Coordinator of the participant's health and welfare needs as identified in the service plan.</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>	<p>Participant ISP, Service notes.</p>	<p>Y= The participant is involuntary terminated from consumer model services AND the Service Coordinator reviewed the participant's health and welfare needs prior to termination. N= The participant is involuntary terminated from</p>	
<p>§ 52.14. (i) Appendix E, Termination from the Employer Authority Model would occur only after a team meeting with the participant, the participant's Service Coordinator, and any family, friends and advocate if requested by the participant and a review of the recommendations by the OLTL.</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>	<p>Participant ISP, Service notes.</p>	<p>Y= The participant is involuntary terminated from consumer model services AND the participant, the Service Coordinator, and individuals that the participant requests meet to review the situation AND OLTL's recommendations are reviewed.</p>	
<p>§ 52.14. (i) Appendix E, The Service Coordinator will assist the participant in the transfer to the Agency model of service and to ensure that there is not a break in service during the transition period.</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>	<p>Participant ISP, Service notes.</p>	<p>Y= The participant is involuntary terminated from consumer model services AND the Service Coordinator assists the participant transfer to the Agency model of services AND ensures there is not break in service. N= The participant is involuntary terminated from</p>	
<p>§ 52.14. (i) Appendix E, The personal representative must be willing and able to fulfill the responsibilities as outlined in the Personal Representative Agreement and must:</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>			
	<p>(1) Demonstrate a strong personal commitment to the participant.</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>	<p>Participant ISP, Service notes, SC interviews.</p>	<p>Y= The Service Coordinator has the personal representative complete the Personal Representative Agreement and determines the perspective personal representative demonstrates all criteria listed in the standard.</p>
	<p>(2) Assist the participant in identifying/ obtaining back up services when a support worker does not show</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>	<p>Participant ISP, Service notes, SC interviews.</p>	<p>Y= The Service Coordinator has the personal representative complete the Personal Representative Agreement and determines the perspective personal representative demonstrates all criteria listed in the standard.</p>
	<p>(3) Demonstrate knowledge of the participant's preferences</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>	<p>Participant ISP, Service notes, SC interviews.</p>	<p>Y= The Service Coordinator has the personal representative complete the Personal Representative Agreement and determines the perspective personal representative demonstrates all criteria listed in the standard.</p>
	<p>(4) Agree to predetermined frequency of contact with the participant;</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>	<p>Participant ISP, Service notes, SC interviews.</p>	<p>Y= The Service Coordinator has the personal representative complete the Personal Representative Agreement and determines the perspective personal representative demonstrates all criteria listed in the standard.</p>
	<p>(5) Be at least 18 years of age.</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>	<p>Participant ISP, Service notes, SC interviews.</p>	<p>Y= The Service Coordinator has the personal representative complete the Personal Representative Agreement and determines the perspective personal representative demonstrates all criteria listed in the standard.</p>

<p>§ 52.14. (i) Appendix E, A personal representative will be required for any individual who has impaired judgment as identified on the LOCA or is unable to:</p> <p>(1) Understand his/her own personal care needs;</p> <p>(2) Make decisions about his/her own care;</p> <p>(3) Manage his/her lifestyle and environment by making these choices;</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>	<p>Participant ISP, Service notes, LOCA.</p>	<p>Y= The participant is interested in exercising consumer direction AND the Service Coordinator determines the participant is unable to meet one of the five criteria listed in the standard OR has impaired judgment as determined by the LOCA AND the Service Coordinator ensure the</p>
<p>§ 52.14. (i) Appendix E, The Service Coordination agency informs participants of the opportunity to request a fair hearing under the provisions of 42 CFR Part 431, Subpart E, to beneficiaries in the following situations:</p> <p>(1) When a participant is not given the choice of home or community-based services as an alternative to the institutional care;</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>	<p>Participant ISP, Service notes, Statement signed by the participant that he/ she reviewed and understands he/she can appeal each of the actions listed in the standard.</p>	<p>Y= The Service Coordinator informs the participant that he/she has the right to appeal any of the actions listed in the standard.</p> <p>N= The Service Coordinator DOES NOT inform the participant that he/she has the right to appeal each of the</p>
<p>§ 52.14. (i) Appendix E, The Service Coordination agency informs participants of the opportunity to request a fair hearing under the provisions of 42 CFR Part 431, Subpart E, to beneficiaries including the right to appeal the local enrollment broker's or Service Coordination agency's failure to act per the Regulations at 55 PA Code §275.1(a) (i) (E).</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>	<p>Participant ISP, Service notes, Statement signed by the participant that he/ she reviewed and understands he/she can appeal the failure of the SC or the enrollment</p>	<p>Y= The Service Coordinator informs the participant that he/she has the right to appeal its failure to act or the enrollment broker's failure to act.</p> <p>N= The Service Coordinator DOES NOT inform the participant that he/she has the right to appeal its failure to</p>
<p>§ 52.14. (i) Appendix E, Service Coordinators shall offer all participants who have chosen to self-direct their services provider-managed services until the individual's support workers are hired.</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>	<p>Service notes, Participant ISP</p>	<p>Y= The Service Coordinator (SC) offers the consumer model participant provider managed services (agency) until the participant's support workers are hired.</p> <p>N= The Service Coordinator (SC) does not offer the consumer model participant provider managed services</p>
<p>§ 52.14. (i) Appendix E, The participant receives information on self-direction, participation in decision-making and independent living philosophy regardless of which service model they choose.</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>	<p>Service Notes, Statement signed by participant indicating he/she understood and reviewed information regarding self-direction, participation in decision-making and independent</p>	<p>Y= The provider gives each participant information on self-direction, participation in decision-making and independent living philosophy.</p> <p>N= The provider does not give each participant information on self-direction, participation in decision-</p>
<p>§ 52.14. (i) Appendix E, Participants are advised that they have the opportunity to choose Employer Authority on an ongoing basis.</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>	<p>Service Notes, Statement signed by participant indicating he/she understood and reviewed information on choosing Employer Authority.</p>	<p>Y= The provider gives each participant the opportunity to choose Employer Authority at least at each reevaluation and reminds participant of his/ her right to choose Employer Authority at each quarterly contact.</p> <p>N= The provider does not give each participant the</p>
<p>§ 52.14. (i) Appendix E, Participants may choose to self-direct their services during the development of the initial Individual Service Plan (ISP), at <u>reassessment or at any time.</u></p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>	<p>Participant ISP, Service notes, consumer complaints</p>	<p>Y= The participant requests to self-direct his/her services and the Service Coordinator assists the participant to <u>begin self-direction.</u></p>
<p>§ 52.14. (i) Appendix E, Information about participant-direction is shared with participants on an annual basis and at the request of the participant.</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>	<p>Participant ISP, Service notes, consumer complaints.</p>	<p>Y= The participant receives information on self-direction on an annual basis OR at his/her request.</p> <p>N= The participant DOES NOT receive information on self-direction on an annual basis OR at his/her request.</p> <p>NA= The provider does not render SC.</p>
<p>§ 52.14. (i) Appendix F, The Service Coordination agency is responsible to provide the participant with at least ten days advance notice when an action will be taken regarding existing services that is subject to appeal.</p>	<p>§ 52.14(i). Appendix F. Service Coordination</p>	<p>Participant ISP, Service notes, consumer complaints.</p>	<p>Y= The Service Coordination agency provides at least 10 days written notice prior to an action being taken. An action is defined as a reduction, suspension or termination of services.</p> <p>N= The Service Coordination agency provider less than</p>
<p>§ 52.14. (i) Appendix F, If the participant files an appeal prior to the date the action is to become effective, the services must continue pending the resolution of the appeal.</p>	<p>§ 52.14(i). Appendix F. Service Coordination</p>	<p>Participant ISP, Service notes, consumer complaints.</p>	<p>Y= The participant files an appeal prior to the effective date of the action AND the Service Coordination agency continues services pending resolution of the appeal.</p> <p>N= The participant files an appeal prior to the effective date of the action AND the Service Coordination agency</p>
<p>§ 52.14. (i) Appendix F, The Service Coordination agency must send a written notice to the individual when services are denied, suspended, reduced, or <u>terminated.</u></p>	<p>§ 52.14(i). Appendix F. Service Coordination</p>	<p>Copies of notices, service notes indicating action taken and date <u>notice was sent. policy.</u></p>	<p>Y= The provider has a policy and sends written notice to the participant when services are denied, suspended, <u>reduced or terminated.</u></p>
<p>§ 52.14. (i) Appendix F, The Service Coordination agency retains copies of written notices.</p>	<p>§ 52.14(i). Appendix F. Service Coordination</p>	<p>Copies of notices.</p>	<p>Y= The provider maintains copies of notices it sends.</p> <p>N= The provider DOES NOT maintains copies of notices it sends.</p> <p>NA= The provider does not render SC.</p>

§ 52.14. (i) Appendix F , If advance notice is not provided, the participant has the right to maintain services at the current level if the appeal request is made within ten days of the participant being informed of the action.	§ 52.14(i). Appendix F. Service Coordination	Copies of notices.	Y= The Service Coordinator (SC) fails to provide advance notice of the action, AND the participant appeals within 10 days of being informed of the action AND the SC continues services pending the outcome of the appeal. An action is defined as a reduction,
§ 52.14. (i) Appendix G , During enrollment and at reevaluation the Service Coordination Agency reviews the process for reporting the use of Restraints and Restrictive Interventions with the participant which includes reporting the use of	§ 52.14(i). Appendix G. Service Coordination	Service Notes, Statement signed by participant indicating he/she understood and reviewed the process	Y= The provider documents it reviewed the process for reporting the use of Restraints and Restrictive Interventions with the participant at both enrollment AND
§ 52.14. (i) Appendix G , The Service Coordinator informs participants of rights, responsibilities, and liabilities when choosing a service model.	§ 52.14(i). Appendix G. Service Coordination	Service Notes, Statement signed by participant indicating he/she understood and reviewed rights, responsibilities and liabilities regarding the service model he/she	Y= The provider documents it reviewed the participant's rights, responsibilities and liabilities in regards to the service model selected by the participant. N= The provider did not document it reviewed the participant's rights, responsibilities OR liabilities in
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.(PAS) Appendix C.	Employee schedules, participant files, service notes	Y- The participant's spouse does not render PAS to the participant. N- The participant's spouse RENDERS PAS to the participant. NA- The participant does not receive PAS.
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 PAS to the participant AND the SCE/ PAS Agency has prior authorization for the PoA to render PAS to the participant from OLTL.
(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 Division of Provider Operations for individual's MA billing)	Y= The provider does not render services when the participant is unavailable or disinterested in receiving services. N= The provider renders services when the participant is
(r) A provider shall document the participant's progress towards outcomes and goals in the Department's designated information systems.	§ 52.14 (r). Ongoing Responsibilities of Providers.	Participant Service Plan, service notes, provider notes	Y= The service coordinator documents the participant's outcomes and goals AND monitors the progress towards those outcomes and goals by contacting the participant and providers of direct services AND documents the progress towards the outcomes and goals OR

§ 52.15. Provider records.

(a) The following requirements are in addition to the recordkeeping provisions under § 1101.51(d) and (e) (relating to ongoing responsibilities of providers):	§ 52.15 (a). Provider records.		
(1) A provider shall use the Department's designated information system to record service plan information regarding the participant as required.	§ 52.15 (a)(1). Provider records.	Provider notes, HCSIS and SAMS service plans, claims, receipts, timesheets	Y= The Service Coordination Entity enters service plan information into SAMS and HCSIS. N= The Service Coordination Entity does not enter service plan information into SAMS or HCSIS. NA= The provider is not a Service Coordination Entity.
(2) 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 and frequency to be complete. Please see Module 5, 55 Pa. Code § 52.14(q) for a description of type, scope, amount, duration and frequency.

§ 52.17. Critical incident and risk management.

(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. Critical incident and risk management. Pa. OLTL Bulletin 05-11-06, 51-11-06, 52-11-06, 54-11-06, 55-11-06, 59-11-06.	QMP and reported preventable incidents in EIM. Example of preventable incidents: falls. Preventable incident: A critical incident that could be avoided	Y = The provider reports critical incidents within 48 hours of incident or knowledge of the incident AND The provider reports the critical incident to the service coordination agency or OLTL that
(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 notes	Y = The provider was required by OLTL to provide additional information regarding a critical incident AND the provider rendered the information. N = The provider was required by OLTL to provide additional information regarding a critical incident AND

§ 52.25. Service plan.

(a) A service plan must be developed for each participant that contains the following:	§ 52.25. (a) Service plan.		
(1) The participant need as identified on a standardized needs assessment provided by the Department.	§ 52.25. (a) (1) Service plan.	Participant service plan, service notes, participant file	Y - The provider drafts a service plan that contains the participant need as identified on a standardized needs assessment provided by the Department. N -The provider does not draft a service plan OR the provider drafts a service plan that does not contain :
(2) the participant goal.	§ 52.25. (a)(2) Service plan.	Participant service plan, service notes, participant file	Y - The provider drafts a service plan that contains the participant goal. N -The provider does not draft a service plan OR the provider drafts a service plan that does not contain :
(3) the participant outcome.	§ 52.25.(a)(3) Service plan.	Participant service plan, service notes, participant file	Y - The provider drafts a service plan that contains the participant outcome. N -The provider does not draft a service plan OR the provider drafts a service plan that does not contain :
(4) the service, TPR or informal community support that meets the participant need, participant goal or participant outcome.	§ 52.25.(a)(4) Service plan.	Participant service plan, service notes, participant file	Y - The provider drafts a service plan that contains, the service, TPR or informal community support that meets the participant need, participant goal or participant outcome.
(5) The type, scope, amount, duration, and frequency of services needed by the participant.	§ 52.25.(a)(5) Service plan.	Participant service plan, service notes, participant file	Y - The provider drafts a service plan that contains the type, scope, amount, duration, and frequency of services needed by the participant. N -The provider does not draft a service plan OR the
(6) the provider of each service.	§ 52.25.(a)(6) Service plan.	Participant service plan, service notes, participant file	Y - The provider drafts a service plan that contains the provider of each service,. N -The provider does not draft a service plan OR the provider drafts a service plan that does not contain :
(7) the participant's signature.	§ 52.25.(a)(7) Service plan.	Participant service plan, service notes, participant file	Y - The provider drafts a service plan that contains the participant's signature. N -The provider does not draft a service plan OR the provider drafts a service plan that does not contain :

	(8) Risk mitigation strategies.	§ 52.25.(a)(8) Service plan.	Participant service plan, service notes, participant file	Y- The provider drafts a service plan that contains risk mitigation strategies. N-The provider does not draft a service plan OR the provider drafts a service plan that does not contain : (8) Risk mitigation strategies.
	(9) the participant's back-up plan.	§ 52.25.(a)(9) Service plan.	Participant service plan, service notes, participant file	Y- The provider drafts a service plan that contains the participant's back-up plan. N-The provider does not draft a service plan OR the provider drafts a service plan that does not contain :
(b) The participant's back-up plan must contain an individualized back-up plan and an emergency back-up plan.		§ 52.25. (b) Service plan.	Participant service plan, service notes	Y- The SCE writes a participant back-up plan AND the participant back-up plan includes an individualized back-up plan AND an emergency back-up plan. N- The SCE does not write a participant back-up plan OR
(c) Each participant need must be addressed by an informal community support, TPR, or service unless the participant chooses for a need not be addressed.		§ 52.25.(c) Service plan.	Participant service plan, service notes, the person-centered assessment	Y- The provider lists the identified needs from the person-centered assessment AND each need is addressed by an informal community support, a TPR, a service OR by the participant stating he/she does not want the need to be addressed.
(d) If a participant refuses to have a need addressed, then the SCE shall document when the participant refused to have the need addressed and why the participant chose for the need to remain unaddressed.		§ 52.25(d). Service plan.	Participant service plan, service notes, the person-centered assessment	Y- The participant refuses to have an identified needs addressed AND the SCE documents when the participant refused to have the need addressed AND the SCE documents why the participant did not want the need addressed.
(e) The following services require a physician's prescription prior to being added to a participant's service plan:		§ 52.25(e). Service plan.		
	(1) Physical therapy.	§ (e)(1) Service plan.	Participant service plan, service notes, the person-centered assessment, participant file, participant prescriptions, CMS Form 485	Y= The participant's service plan lists physical therapy AND the participant's file contains a script for the service AND The provider obtains a new physician's order every sixty days for the continuation of physical therapy. N= The participant's service plan lists physical therapy
	(2) Occupational therapy.	§ 52.25 (e)(2). Service plan.	Participant service plan, service notes, the person-centered assessment, participant file, participant prescriptions, CMS Form 485	Y= The participant's service plan lists , occupational therapy AND the participant's file contains a script for the service , AND the provider obtains a new physician's order every sixty days for the continuation of , occupational therapy.
	(3) Speech and language therapy.	§ 52.25 (e)(3). Service plan.	Participant service plan, service notes, the person-centered assessment, participant file, participant prescriptions, CMS Form 485	Y= The participant's service plan lists speech and language therapy AND the participant's file contains a script for the service AND The provider obtains a new physician's order every sixty days for the continuation of speech and language therapy.
	(4) Nursing services.	§ 52.25(e)(4). Service plan.	Participant service plan, service notes, the person-centered assessment, participant file, participant prescriptions, CMS Form 485	Y= The participant's service plan lists nursing services AND the participant's file contains a script for the service AND The provider obtains a new physician's order every sixty days for the continuation of nursing services. N= The participant's service plan lists nursing services
	(5) Telecare health status and monitoring services.	§ 52.25(e)(5). Service plan.	Participant service plan, service notes, the person-centered assessment, participant file, participant prescriptions, CMS Form 485	Y= The participant's service plan lists telecare health status and monitoring services AND the participant's file contains a script for the service. N= The participant's service plan lists telecare health status and monitoring services AND the participant's file
	(6) Durable medical equipment.	§ 52.25 (e)(6). Service plan.	Participant service plan, service notes, the person-centered assessment, participant file, participant prescriptions, CMS Form 486	Y= The participant's service plan durable medical equipment AND the participant's file contains a script for the service. N= The participant's service plan lists durable medical equipment AND the participant's file does not contain a

(f) An SCE or the Department's designee shall use a person-centered approach to develop a participant's service plan.	§ 52.25. (f) Service plan.	Provider notes, participant interviews, participant complaints, comparison of participant service plans, participant service plans; provider interview, provider policies	Y= The provider uses a person-centered approach to develop the participant's service plan. N= The provider does not use a person-centered approach to develop the participant's service plan. The
(g) An SCE or the Department's designee shall use the Department's person-centered assessment and risk assessment to develop the participant's service plan.	§ 52.25. (g) Service plan.	CMI, LOCA, participant's file, participant's ISP	Y= The SCE uses the CMI and LOCA to develop the participant's service plan. N= The SCE DOES NOT USE the CMI or the LOCA to develop the participant's service plan. NA= The provider is not the SCE.
(h) An SCE or the Department's designee shall complete the participant's service plan on the format prescribed by the Department and enter the service plan into the Department's designated information system.	§ 52.25(h). Service plan.	Participant service plans	Y= The provider completes the service plan in HCSIS or SAMs as appropriate. N= The provider does not complete the service plan OR the service plan is not completed in HCSIS or SAMS as
(j) An SCE or the Department's designee shall review the participant need, participant goal and participant outcome documented on the service plan at least annually with the participant.	§ 52.25(j). Service plan.	Provider notes, participant interviews, participant complaints, comparison of participant service plans, participant service plans, incident reports	Y= The provider reviews the participant's needs, goals and outcomes with the participant AND the review occurs at least annually. N= The provider does not review the participant's needs,
(k) An SCE or the Department's designee shall review and modify, if necessary, the participant need, participant goal, and participant outcome each time a participant has a significant change in medical or social condition.	§ 52.25(k). Service plan.	Participant service plans, service notes, incident reports	Y= The provider develops a service plan AND the service plan if modified is the participant experiences a significant medical or social change OR the SCE reviews the service plan with the participant after a significant medical or social change AND documents not change is
(l) If there has been a significant change in the medical or social condition of a participant, an SCE or the Department's designee shall use the Department's person-centered assessment and risk assessment to determine if changes are needed in the service plan.	§ 52.25(l). Service plan.	Participant service plans, service notes, risk assessments, person-centered assessments	Y= The provider reassessed the participant using the standardized person-centered assessment and risk assessment after the participant experienced a significant medical or social change.

§ 52.26. Service coordination services.

(a) To be paid for rendering services service coordination services, an SCE shall:	§ 52.26(a). Service coordination services.		
(1) Complete a person-centered assessment.	§ 52.26(a)(1). Service coordination services.	service coordination files, billing records, participant records, complaints, participant interviews, provider notes, service notes, etc.	Y= The provider performs the CMI (assessment) to determine the participant's needs. N= The provider does not perform the CMI of the participant's needs.
(2) Complete a level of care re-evaluation at least annually.	§ 52.26(a)(2). Service coordination services.	service coordination files, billing records, participant records, complaints, participant interviews, provider notes, service notes, etc.	Y= The provider performs a re-evaluation of the level of care AND the re-evaluation is conducted within 365 days of the initial or previous level of care, as applicable. N= The provider does not perform a re-evaluation of the
(3) Develop a service plan for each participant for whom the SCE renders service coordination services. The provider shall complete the following:	§ 52.26(a)(3). Service coordination services.		

	(i) Develop and modify the participant's service plan at least annually.	§ 52.26(a)(3)(i). Service coordination services.	HCSIS ISP. Plan-Plan Admin-Print-Individ Srch:General Srch-Srch-Print Entire Plan and/or select desired info	Y= The provider develops a service plan AND the service plan is modified at least annually AND the service plan is modified if the participant experiences a significant medical or social change OR the SCE reviews the service plan with the participant after a significant
	(ii) Modify the participant's service plan, if necessary, when the participant has a significant medical or social change.	§ 52.26(a)(3)(ii). Service coordination services.	HCSIS service notes, ISP: Plan-Plan Admin-Print-Individ Srch:General Srch-Srch-Print Entire Plan and/or select desired info and Plan-Serv&Supp-Serv Dtls and Ind-	Y= The provider develops a service plan AND the service plan is modified at least annually AND the service plan is modified if the participant experiences a significant medical or social change OR the SCE reviews the service plan with the participant after a significant
	(4) Review the participant need, the participant goal and participant outcome with the participant and other persons that the participant requests to be part of the review as required by conducting the following:	§ 52.26(a)(4). Service coordination services.		
	(i) At least one telephone call or face-to-face visit per calendar quarter. At least two face-to-face visits are required per calendar year.	§ 52.26(a)(4)(i). Service coordination services.	HCSIS service notes, ISP: Plan-Plan Admin-Print-Individ Srch:General Srch-Srch-Print Entire Plan and/or select desired info and Plan-Serv&Supp-Serv Dtls and Ind-	Y= The provider reviews the participant's needs, goals and outcomes AND meets with the participant 4 times a year AND 2 of the 4 meetings occur face to face. N= The provider does not review the participant's needs,
	(ii) More frequent calls or visits if the service coordinator or the Department determines more frequent calls or visits are necessary to ensure the participant's health and safety.	§ 52.26(a)(4)(ii). Service coordination services.	HCSIS service notes, ISP: Plan-Plan Admin-Print-Individ Srch:General Srch-Srch-Print Entire Plan and/or select desired info and Plan-Serv&Supp-Serv Dtls and Ind-	Y= The provider conducts more frequent reviews of the participant's needs, goals and outcomes because it or the Department deems it necessary. N= The provider does not conduct more frequent reviews
	(5) Coordinate a service, TPR and informal community supports with the participant to ensure the participant need, the participant goal and the participant outcome are met.	§ 52.26(a)(5). Service coordination services.	service coordination files, billing records, participant records, complaints, participant interviews, provider notes, service notes, etc.	Y= The provider coordinates (including researching and pursuing the availability) waiver services, informal supports, and TPRs. N= The provider does not coordinate (including
	(6) Provide the participant with a list of providers in the participant's service location area that are enrolled to render the service that meets the participant's needs.	§ 52.26(a)(6). Service coordination services.	service coordination files, billing records, participant records, complaints, participant interviews, provider notes, service notes, etc. The List of approved providers can	Y= The provider gives the participant the approved list of available providers. N= The provider does not give the participant the approved list of available providers.
	(7) Inform the participant of the participant's right to choose any willing and qualified provider to provide a service on the participant's service plan.	§ 52.26(a)(7). Service coordination services.	service coordination files, billing records, participant records, complaints, participant interviews,	Y= The participant signs the provider choice form AND the provider demonstrates that it has provided the SSD list
	(8) Confirm with the participant's selected provider that the provider is able to provide the service in the type, scope, amount, duration, and frequency as listed on the participant's service plan.	§ 52.26(a)(8). Service coordination services.	service coordination files, billing records, participant records, complaints, participant interviews, provider notes, service notes, etc.	Y= The SCE shares the type, scope, amount, duration and frequency of service provision information with the potential provider of services AND receives assurances from the provider that the service can be provided in the type, scope, amount, duration and frequency as specified
For the next two rows, the rows operate individually. In case of a violation, they are cited as §52.26(a)(9). If two yes's are entered, the cells will turn RED.				
	(9) USE FOR DOCS DATED 7/11/13 or Earlier: Provide information regarding the authorized type, scope, amount, duration and frequency of service as listed in the participant's service plan to the provider	§ 52.26(a)(9). Service coordination services. PA OLTL Bulletin 51-13-05, 55-13-05, 59-13-05.	service coordination files, billing records, participant records, complaints, participant interviews,	Y= The SCE shares the type, scope, amount, duration and frequency of service provision information with the potential provider of services
	(9) USE FOR DOCS DATED 7/12/13 or Later: Provide information regarding the authorized type, scope, amount, duration and frequency of service as listed in the participant's service plan to the provider rendering the service.	§ 52.26(a)(9). Service coordination services. PA OLTL Bulletin 51-13-05, 55-13-05, 59-13-05.	service coordination files, billing records, participant records, complaints, participant interviews, provider notes, service notes, etc.	Y= The SCE provides the direct service provider with a copy of the OLTL Service Authorization Form AND the form is completed (no blank areas; must use N/A as required by bulletin). N= The SCE DOES NOT provide the direct service

(10) Ensure and document at least on a quarterly basis that the participant's services are being delivered in the type, scope, amount, duration and frequency as required by the participant's service plan.	§ 52.26(a)(10). Service coordination services.	service coordination files, billing records, participant records, complaints, participant interviews, provider notes, service notes, etc.	Y= The SCE contacts the participant or provider AND receives adequate assurances that services are being provided in the type, scope, amount, duration and frequency as specified on the service plan.
(11) Evaluate if the participant need, participant goal and participant outcome are being met by the service.	§ 52.26(a)(11). Service coordination services.	service coordination files, billing records, participant records, complaints, participant interviews, provider notes, service notes, etc.	Y= The SCE reviews the participant's needs, goals and outcomes. N= The SCE does not review the participant's needs, goals and outcomes.
(12) Ensure a participant exercising participant-directed budget authority does not exceed the number of service hours approved in the participant's service plan.	§ 52.26(a)(12). Service coordination services.	service coordination files, billing records, participant records, complaints, participant interviews, provider notes, service notes, etc.	Y= The SCE regularly reviews the number of hours available to the participant utilizing participant budget authority AND does not submit a critical revision for the participant's service plan solely based on the participant running out of hours at the end of the year.

For the next two rows, the rows operate individually. In case of a violation, they are cited as §52.26(b).

(b) If additional information is necessary to ensure that services are provided to a participant in the type, scope, amount, duration or frequency as required by the participant's service plan, the SCE shall convey the additional information to the provider.	§ 52.26(b). Service coordination services. PA OLTL Bulletin 51-13-05, 55-13-05, 59-13-05.	Participant service plan, service notes, provider notes	Y= The SCE provides sufficient information that the provider can deliver service in the type, scope, amount, duration, and frequency as specified on the service plan AND the SCE responds to the provider's request for additional information in a timely, constructive and
(b) If additional information is necessary to ensure that services are provided to a participant in the type, scope, amount, duration or frequency as required by the participant's service plan, the SCE shall convey the additional information to the	§ 52.26(b). Service coordination services. PA OLTL Bulletin 51-13-05, 55-13-05, 59-13-05.	Participant service plan, service notes, provider notes	Y= The SCE provides a copy of a Script every sixty (60) days for Occupational Therapy, Occupational therapy-assist, Physical therapy, Physical therapy assistance.
(j) If the service is also offered as a Medicaid State Plan service, then the Medicaid State Plan service shall be accessed prior to another Departmental program to provide the service.	§ 52.26(j). Service coordination services.	List of state plan services, provider files, participant files, documentation from another party rejecting service	Y= The service is available through the state plan and the SCE accesses the service through the state plan or has a denial as to why the state plan service is unavailable to the participant. A statement or notation in service notes that the service was denied is insufficient.
(k) The SCE or the Department's designee shall assist a participant to collect and send information to the Department to determine the participant's continued eligibility for the waiver or Act 150 program, including financial eligibility.	§ 52.26(k). Service coordination services.	Service notes, participant files, participant interviews, review of eligibility status and reasons for denial of eligibility	Y= The SCE assists the participant to gather and send information to determine eligibility AND explains the eligibility process to the participant. N= The SCE does not assist the participant to gather

§ 52.28 Conflict free services

(b) If an SCE operates as an OHCDs, then the SCE may not require a participant to use that OHCDs as a condition to receive the service coordination services of the SCE.	§ 52.28(b). Conflict free service coordination.	Provider notes, SCE notes, participant interviews, signed provider choice forms.	Y= The provider is an SCE AND has the participant sign the provider choice form AND the provider clearly indicates the participant may choose any OHCDs or for its vendor services or a direct provider of a vendor service.
(c) An SCE may not require a participant to choose the SCE as the participant's community transition service provider as a condition to receive service coordination services.	§ 52.28(c). Conflict free service coordination.	Provider notes, SCE notes, participant interviews, signed provider choice forms.	Y= The provider is an SCE AND has the participant sign the provider choice form AND the provider clearly indicates the participant may choose any community transition provider.

§ 52.29. Confidentiality of records.

<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>§ 52.29. Confidentiality of records.</p>	<p>Provider records that indicate there is no evidence of provider releasing confidential records without court order or consent of participant.</p>	<p>Y= The provider does not disclose information to parties other than those listed in (1) -(5) OR the provider discloses to a party not listed in (1)- (5) with the consent of the participant, AND the provider demonstrates compliance through policy, implementation of policy,</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>
	<p>(4) An agent of the Department.</p>	<p>§ 52.29 (4). Confidentiality of records.</p>		<p>informational only-- not to answer</p>
	<p>(5) An individual holding the participant's power of attorney for health</p>	<p>§ 52.29 (5). Confidentiality of records.</p>		<p>informational only-- not to answer</p>
<p>§ 1101.51 Ongoing responsibilities of providers</p>				
<p>(e)(1) General standards for medical records. A provider, with the exception of pharmacies, laboratories, ambulance services and suppliers of medical goods and</p>		<p>§ 1101.51(e) (1) Ongoing responsibilities of providers</p>		
	<p>(i) The records shall be legible throughout.</p>	<p>§ 1101.51(e) (1) (i) Ongoing responsibilities of providers</p>	<p>Service notes, ISP, progress notes, provider notes.</p>	<p>Y= The provider includes criteria (i) through (x) as applicable. N= The provider does not include criteria (i) through (x) AND is required to have such criteria. 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>
	<p>(ii) The record shall identify the patient on each page.</p>	<p>§ 1101.51(e) (1) (ii) Ongoing responsibilities of providers</p>	<p>Service notes, ISP, progress notes, provider notes.</p>	<p>Y= The provider includes criteria (i) through (x) as applicable. N= The provider does not include criteria (i) through (x) AND is required to have such criteria. 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>

<p>(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 signed and dated.</p>	<p>§ 1101.51(e) (1) (iii) Ongoing responsibilities of providers</p>	<p>Service notes, ISP, progress notes, provider notes.</p>	<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>
<p>(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.</p>	<p>§ 1101.51(e) (1) (iv) Ongoing responsibilities of providers</p>	<p>Service notes, ISP, progress notes, provider notes.</p>	<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>
<p>(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.</p>	<p>§ 1101.51(e) (1) (v) Ongoing responsibilities of providers</p>	<p>Service notes, ISP, progress notes, provider notes.</p>	<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>
<p>(vi) The record shall indicate the progress at each visit, change in diagnosis, change in treatment and response to treatment.</p>	<p>§ 1101.51(e) (1) (vi) Ongoing responsibilities of providers</p>	<p>Service notes, ISP, progress notes, provider notes.</p>	<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>

(vii) The record shall contain summaries of hospitalizations .	§ 1101.51(e) (1) (vii) 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>
(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.	<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>
(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.			
(g)The provider shall ensure all of 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, Y- Service coordination entities must verify that the service plan is approved by OLTL prior to rendering and billing for service coordination services. N- Service coordination entities do not verify that the service plan is approved by OLTL prior to rendering and billing for service coordination
	(2) The type, scope, amount, duration and frequency of the service to be rendered is 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, Y- Service coordination entities must verify that the service plan is approved by OLTL prior to rendering and billing for service coordination services. N- Service coordination entities do not verify that the service plan is approved by OLTL prior to rendering and billing for service coordination
(i) If the participant utilizes an alternative means of communication or whose primary language is not English, then the Supports Coordinator utilizes the participant's primary means of communication, an interpreter, or someone identified by the participant that has a close enough relationship with the participant to accurately speak on his/her	§ 52.14(i). Appendix C. Service Coordination	Participant ISP, Service Notes.	Y= The participant utilizes an alternative means of communication OR his/her primary language is not English AND the Supports Coordinator utilizes the participant's primary means of communication OR an interpreter or someone identified by the
(i) The participant is given the choice of receiving institutional (ICF/ORC) services, waiver services, or no services.	§ 52.14(i). Appendix B. Service Coordination	Participant record.	Y= The service coordinator documents that the participant was informed that he/ she has choice between institutional services, waiver services or no services. N= The service coordinator does not document that
(i) The Service Coordinator provides information and assistance to participants regarding self-direction.	§ 52.14(i). Appendix C. Service Coordination	Participant record.	Y= The service coordinator documents that the participant was informed that he/ she has information regarding self-direction AND if the participant chooses self-direction, the SC assists participant with self-direction needs as requested by
§ 52.14. (i) Appendix A, Oltl oversees the performance of the annual reevaluation function delegated to 'Service Coordination Agencies'.	§ 52.14. (i) Appendix A, Service Coordination.		
	1) Bulletin Standard: All SCE's are required to provide the ' Rights of the Participant ' component of the informational	§ 52.14. (i) Appendix A, Service	Service notes. Participant File. Participant Y= The service coordinator provides each component of the informational packet to the

	2) Bulletin Standard: All SCE's are required to provide a 'Responsibilities of the Participant' informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins attached. N= The service coordinator DOES NOT provide
	3) Bulletin Standard: All SCE's are required to provide a 'Participant Choice' informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins attached. N= The service coordinator DOES NOT provide
	4) Bulletin Standard: All SCE's are required to provide an 'Applying for Home and Community-Based Service Programs' informational packet, along with any future	§ 52.14. (i) Appendix A, Service Coordination. Bulletin	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The
	5) Bulletin Standard: All SCE's are required to provide a 'Role of the Service Coordinator' informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins attached. N= The service coordinator DOES NOT provide
	6) Bulletin Standard: All SCE's are required to provide a 'Participant Complaints' informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins attached. N= The service coordinator DOES NOT provide
	7) Bulletin Standard: All SCE's are required to provide a 'How can I find other Resources in my Community' informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins attached. N= The service coordinator DOES NOT provide
	8) Bulletin Standard: All SCE's are required to provide a 'Medicaid (MA) Fraud and Abuse' informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins attached. N= The service coordinator DOES NOT provide
	9) Bulletin Standard: All SCE's are required to provide a 'Who do I contact if...' informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins attached. N= The service coordinator DOES NOT provide

	10) Bulletin Standard: All SCE's are required to provide a 'Abuse, Neglect, and Exploitation Informational Materials' informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins attached. N= The service coordinator DOES NOT provide
	11) Bulletin Standard: All SCE's are required to provide a 'Self-Directed Services Informational Materials' informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins attached. N= The service coordinator DOES NOT provide
	12) Bulletin Standard: All SCE's are required to provide a 'Your Appeal and Fair Hearing Rights' informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins attached. N= The service coordinator DOES NOT provide
§ 52.14. (i) Appendix C, Service Coordination. The Service Coordination Agency has Registered Nurse (RN) consulting services available, either by a staffing arrangement or through a contracted consulting arrangement.		§ 52.14(i). Appendix C. Service Coordination	Service notes/ service provision documentation, contract with RN staffing agency or RN directly.	Y= The provider has an RN available either as a staff member or through a contract arrangement. N= The provider does not have an RN available as a staff member or through a contract arrangement. NA= The provider does not render SC.
(i) Prior to meeting(s), the Service Coordinator collaborates with the participant to coordinate invitations and ISP/Annual Review meetings, dates, times and locations. The process of coordinating invitations includes the participant's input as to who to invite to the meeting(s).		§ 52.14(i). Appendix C. Service Coordination		
	(1) Prior to meeting(s), the Service Coordinator collaborates with the participant to coordinate invitations and ISP/Annual Review meetings, dates, times and locations	§ 52.14(i). Appendix C. Service Coordination	Participant ISP, Service notes.	Y= The Service Coordinator works with the participant to set a time, date, and location of the ISP/ Annual Meeting. N= The Service Coordinator DOES NOT with the participant to set a time, date, OR location of the ISP annual meeting.
	(2) The process of coordinating invitations includes the participant's input as to who to invite to the meeting(s).	§ 52.14(i). Appendix C. Service Coordination	Participant ISP, Service notes.	Y= The Service Coordinator works with the participant to invite people the participant wants to attend the ISP/ Annual Meeting. N= The Service Coordinator DOES NOT work with the participant to invite people the participant wants to attend the ISP/ Annual Meeting.
(i) Service Coordination activities include maintaining current documentation of the participant's eligibility for waiver services.		§ 52.14(i). Appendix C. Service Coordination	Participant ISP.	Y= The provider maintains a copy of the DPW Form 162 or has a policy to utilize IEVS in determining financial eligibility. HCSIS maintains programmatic eligibility. The DPW form 162 is a form that notifies providers and participants of MA eligibility.

(i) The ISP reflects the participant's choice of Agency Model, Employer Authority Model or a combination of both models.	§ 52.14(i). Appendix C. Service Coordination	Participant ISP.	<p>Y= The ISP indicates the participant's choice of service model.</p> <p>N= The DOES NOT ISP indicates the participant's choice of service model OR the participant was not given a choice of service model.</p> <p>NA= The provider does not render SC.</p>	
(i) Involuntary termination from the consumer model would only occur after a thorough review by the participant's Service Coordinator of the participant's health and welfare needs as identified in the service plan.	§ 52.14(i). Appendix C. Service Coordination	Participant ISP, Service notes.	<p>Y= The participant is involuntary terminated from consumer model services AND the Service Coordinator reviewed the participant's health and welfare needs prior to termination.</p> <p>N= The participant is involuntary terminated from consumer model services AND the Service</p>	
(i) Termination from the Employer Authority Model would occur only after a team meeting with the participant, the participant's Service Coordinator, and any family, friends and advocate if requested by the participant and a review of the recommendations by the OLTL.	§ 52.14(i). Appendix C. Service Coordination	Participant ISP, Service notes.	<p>Y= The participant is involuntary terminated from consumer model services AND the participant, the Service Coordinator, and individuals that the participant requests meet to review the situation AND OLTL's recommendations are reviewed.</p> <p>N= The participant is involuntary terminated from</p>	
(i) The Service Coordinator will assist the participant in the transfer to the Agency model of service and to ensure that there is not a break in service during the transition period.	§ 52.14(i). Appendix C. Service Coordination	Participant ISP, Service notes.	<p>Y= The participant is involuntary terminated from consumer model services AND the Service Coordinator assists the participant transfer to the Agency model of services AND ensures there is not break in service.</p> <p>N= The participant is involuntary terminated from</p>	
(i) The personal representative must be willing and able to fulfill the responsibilities as outlined in the Personal Representative Agreement and must:	§ 52.14(i). Appendix C. Service Coordination			
	(1) Demonstrate a strong personal commitment to the participant.	§ 52.14(i). Appendix C. Service Coordination	Participant ISP, Service notes, SC interviews.	<p>Y= The Service Coordinator has the personal representative complete the Personal Representative Agreement and determines the perspective personal representative demonstrates all criteria listed in the standard.</p> <p>N= The Service Coordinator DOES NOT have the</p>
	(2) Assist the participant in identifying/ obtaining back up services when a support worker does not show	§ 52.14(i). Appendix C. Service Coordination	Participant ISP, Service notes, SC interviews.	<p>Y= The Service Coordinator has the personal representative complete the Personal Representative Agreement and determines the perspective personal representative demonstrates all criteria listed in the standard.</p> <p>N= The Service Coordinator DOES NOT have the</p>
	(3) Demonstrate knowledge of the participant's preferences	§ 52.14(i). Appendix C. Service Coordination	Participant ISP, Service notes, SC interviews.	<p>Y= The Service Coordinator has the personal representative complete the Personal Representative Agreement and determines the perspective personal representative demonstrates all criteria listed in the standard.</p> <p>N= The Service Coordinator DOES NOT have the</p>

	(4) Agree to predetermined frequency of contact with the participant;	§ 52.14(i). Appendix C. Service Coordination	Participant ISP, Service notes, SC interviews.	Y= The Service Coordinator has the personal representative complete the Personal Representative Agreement and determines the perspective personal representative demonstrates all criteria listed in the standard. N= The Service Coordinator DOES NOT have the
	(5) Be at least 18 years of age.	§ 52.14(i). Appendix C. Service Coordination	Participant ISP, Service notes, SC interviews.	Y= The Service Coordinator has the personal representative complete the Personal Representative Agreement and determines the perspective personal representative demonstrates all criteria listed in the standard. N= The Service Coordinator DOES NOT have the
(i)	A personal representative will be required for any individual who has impaired judgment as identified on the LOCA or is unable to: (1) Understand his/her own personal care needs; (2) Make decisions about his/her own care; (3) Manage his/her lifestyle and environment by making these choices; (4) Understand or have the ability to learn how to recruit, hire, train,	§ 52.14(i). Appendix C. Service Coordination	Participant ISP, Service notes, LOCA.	Y= The participant is interested in exercising consumer direction AND the Service Coordinator determines the participant is unable to meet one of the five criteria listed in the standard OR has impaired judgment as determined by the LOCA AND the Service Coordinator ensure the participant
(i)	The Service Coordination agency informs participants of the opportunity to request a fair hearing under the provisions of 42 CFR Part 431, Subpart E, to beneficiaries in the following situations: (1) When a participant is not given the choice of home or community-based services as an alternative to the institutional care; (2) When a participant is denied the service(s) of their choice;	§ 52.14(i). Appendix C. Service Coordination	Participant ISP, Service notes, Statement signed by the participant that he/she reviewed and understands he/she can appeal each of the	Y= The Service Coordinator informs the participant that he/she has the right to appeal any of the actions listed in the standard. N= The Service Coordinator DOES NOT inform the participant that he/she has the right to appeal each of the actions listed in the standard.
(i)	The Service Coordination agency informs participants of the opportunity to request a fair hearing under the provisions of 42 CFR Part 431, Subpart E, to beneficiaries including the right to appeal the local enrollment broker's or Service Coordination agency's failure to act per the Regulations at 55 PA Code §275.1(a) (i) (E).	§ 52.14(i). Appendix C. Service Coordination	Participant ISP, Service notes, Statement signed by the participant that he/she reviewed and understands he/she can appeal the failure of the	Y= The Service Coordinator informs the participant that he/she has the right to appeal its failure to act or the enrollment broker's failure to act. N= The Service Coordinator DOES NOT inform the participant that he/she has the right to appeal its failure to act or the enrollment broker's failure to
(i)	Service Coordinators shall offer all participants who have chosen to self-direct their services provider-managed services until the individual's support workers are hired.	§ 52.14(i). Appendix C. Service Coordination	Service notes, Participant ISP	Y= The Service Coordinator (SC) offers the consumer model participant provider managed services (agency) until the participant's support workers are hired. N= The Service Coordinator (SC) does not offer the consumer model participant provider managed
(i)	The participant receives information on self-direction, participation in decision-making and independent living philosophy regardless of which service model they choose.	§ 52.14(i). Appendix C. Service Coordination	Service Notes, Statement signed by participant indicating he/she understood and reviewed information regarding self-direction, participation in	Y= The provider gives each participant information on self-direction, participation in decision-making and independent living philosophy. N= The provider does not give each participant information on self-direction, participation in decision-making OR independent living philosophy.
(i)	Participants are advised that they have the opportunity to choose Employer Authority on an ongoing basis.	§ 52.14(i). Appendix C. Service Coordination	Service Notes, Statement signed by participant indicating he/she understood and reviewed information on choosing Employer Authority.	Y= The provider gives each participant the opportunity to choose Employer Authority at least at each reevaluation and reminds participant of his/her right to choose Employer Authority at each quarterly contact. N= The provider does not give each participant the

(i) Participants may choose to self-direct their services during the development of the initial Individual Service Plan (ISP), at reassessment, or at any time.	§ 52.14(i). Appendix C. Service Coordination	Participant ISP, Service notes, consumer complaints	Y= The participant requests to self-direct his/her services and the Service Coordinator assists the participant to begin self-direction. N= The participant requests to self-direct his/her services and the Service Coordinator DOES NOT assist the participant to begin self-direction.
(i) Information about participant-direction is shared with participants on an annual basis and at the request of the participant.	§ 52.14(i). Appendix C. Service Coordination	Participant ISP, Service notes, consumer complaints.	Y= The participant receives information on self-direction on an annual basis OR at his/her request. N= The participant DOES NOT receive information
(i) The Service Coordination agency is responsible to provide the participant with at least ten days advance notice when an action will be taken regarding existing services that is subject to appeal.	§ 52.14(i). Appendix C. Service Coordination	Participant ISP, Service notes, consumer complaints.	Y= The Service Coordination agency provides at least 10 days written notice prior to an action being taken. An action is defined as a reduction, suspension or termination of services. N= The Service Coordination agency provider less than 10 days written notice prior to an action being
(i) If the participant files an appeal prior to the date the action is to become effective, the services must continue pending the resolution of the appeal.	§ 52.14(i). Appendix C. Service Coordination	Participant ISP, Service notes, consumer complaints.	Y= The participant files an appeal prior to the effective date of the action AND the Service Coordination agency continues services pending resolution of the appeal. N= The participant files an appeal prior to the effective date of the action AND the Service
(i) The Service Coordination agency must send a written notice to the individual when services are denied, suspended, reduced, or terminated.	§ 52.14(i). Appendix C. Service Coordination	Copies of notices, service notes indicating action taken and date notice was sent, policy.	Y= The provider has a policy and sends written notice to the participant when services are denied, suspended, reduced or terminated. N= The provider DOES NOT have a policy or DOES NOT send written notice to the participant when services are denied, suspended, reduced or
(i) The Service Coordination agency retains copies of written notices.	§ 52.14(i). Appendix C. Service Coordination	Copies of notices.	Y= The provider maintains copies of notices it sends. N= The provider DOES NOT maintain copies of
(i) If advance notice is not provided, the participant has the right to maintain services at the current level if the appeal request is made within ten days of the participant being informed of the action.	§ 52.14(i). Appendix C. Service Coordination	Copies of notices.	Y= The Service Coordinator (SC) fails to provide advance notice of the action, AND the participant appeals within 10 days of being informed of the action AND the SC continues services pending the outcome of the appeal. An action is defined as a reduction, suspension or termination of services.
(i) During enrollment and at reevaluation the Service Coordination Agency reviews the process for reporting the use of Restraints and Restrictive Interventions with the participant which includes reporting the use of Restraints and/or Restrictive Interventions to the Service Coordinator.	§ 52.14(i). Appendix C. Service Coordination	Service Notes, Statement signed by participant indicating he/she understood and reviewed the process for report the use of Restraints and	Y= The provider documents it reviewed the process for reporting the use of Restraints and Restrictive Interventions with the participant at both enrollment AND at each reevaluation. N= The provider does not document that it reviews the process for reporting the use of Restraints and
(i) The Service Coordinator informs participants of rights, responsibilities, and liabilities when choosing a service model.	§ 52.14(i). Appendix C. Service Coordination	Service Notes, Statement signed by participant indicating he/she	Y= The provider documents it reviewed the participant's rights, responsibilities and liabilities in regards to the service model selected by the
(i) Participants are informed at the time of reevaluation that in order to request a fair hearing they should contact their Service Coordination agency.	§ 52.14(i). Appendix C. Service Coordination	Service notes.	Y= The Service Coordination Entity (SCE) informs the participant at reevaluation that if the participant wants a fair hearing, then he/she should contact the SCE. N= The Service Coordination Entity (SCE) DOES

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 RENDERS PAS to the participant. NA- The participant does not receive PAS.
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 PAS to the participant AND the SCE/ PAS Agency has prior authorization for the PoA to render PAS to the participant from OLTL.
(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	Y= The provider does not render services when the participant is unavailable or disinterested in receiving services. N= The provider renders services when the
(r) A provider shall document the participant's progress towards outcomes and goals in the Department's designated information systems.	§ 52.14 (r). Ongoing Responsibilities of Providers.	SNs in HCSIS speak to progress on goals and outcomes listed in the ISP.	Y= The service coordinator documents the participant's outcomes and goals AND monitors the progress towards those outcomes and goals by contacting the participant and providers of direct services AND documents the progress towards the

§ 52.15. Provider records.

(a) The following requirements are in addition to the recordkeeping provisions under § 1101.51(d) and (e) (relating to ongoing responsibilities of providers):	§ 52.15 (a). Provider records.		
(1) A provider shall use the Department's designated information system to record service plan information regarding the participant as required.	§ 52.15 (a)(1). Provider records.	Provider notes, HCSIS and SAMS service plans, claims, receipts, timesheets	Y= The Service Coordination Entity enters service plan information into SAMS and HCSIS. N= The Service Coordination Entity does not enter service plan information into SAMS or HCSIS. NA= The provider is not a Service Coordination
(2) 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 and frequency to be complete. Please see Module 5, 55 Pa. Code § 52.14(q) for a description of type, scope, amount, duration and

§ 52.17. Critical incident and risk management.

(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. Critical incident and risk management. Pa. OLTL Bulletin 05-11-06, 51-11-06, 52-11-	QMP and reported preventable incidents in EIM. Example of preventable incidents: falls. Preventable	Y= The provider reports critical incidents within 48 hours of incident or knowledge of the incident AND The provider reports the critical incident to the service coordination agency or OLTL that
(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 provider rendered the information. N= The provider was required by OLTL to provide additional information regarding a critical incident

§ 52.25. Service plan.

(a) A service plan must be developed for each participant that contains the following:	§ 52.25. (a) Service plan.		
(1) The participant need as identified on a standardized needs assessment provided by the Department.	§ 52.25. (a) (1) Service plan.	Participant service plan, service notes, participant file	Y- The provider drafts a service plan that contains the participant need as identified on a standardized needs assessment provided by the Department. N- The provider does not draft a service plan OR the provider drafts a service plan that does not
(2) the participant goal.	§ 52.25. (a)(2) Service plan.	Participant service plan, service notes, participant file	Y- The provider drafts a service plan that contains the participant goal. N- The provider does not draft a service plan OR the provider drafts a service plan that does not
(3) the participant outcome.	§ 52.25.(a)(3) Service plan.	Participant service plan, service notes, participant file	Y- The provider drafts a service plan that contains the participant outcome. N- The provider does not draft a service plan OR the provider drafts a service plan that does not
(4) the service, TPR or informal community support that meets the participant need, participant goal or participant outcome.	§ 52.25.(a)(4) Service plan.	Participant service plan, service notes, participant file	Y- The provider drafts a service plan that contains, the service, TPR or informal community support that meets the participant need, participant goal or participant outcome.
(5) The type, scope, amount, duration, and frequency of services needed by the participant.	§ 52.25.(a)(5) Service plan.	Participant service plan, service notes, participant file	Y- The provider drafts a service plan that contains the type, scope, amount, duration, and frequency of services needed by the participant. N- The provider does not draft a service plan OR

	(6) the provider of each service.	§ 52.25.(a)(6) Service plan.	Participant service plan, service notes, participant file	<p>Y- The provider drafts a service plan that contains the provider of each service,.</p> <p>N-The provider does not draft a service plan OR the provider drafts a service plan that does not</p>
	(7) the participant's signature.	§ 52.25.(a)(7) Service plan.	Participant service plan, service notes, participant file	<p>Y- The provider drafts a service plan that contains the participant's signature.</p> <p>N-The provider does not draft a service plan OR the provider drafts a service plan that does not</p>
	(8) Risk mitigation strategies.	§ 52.25.(a)(8) Service plan.	Participant service plan, service notes, participant file	<p>Y- The provider drafts a service plan that contains risk mitigation strategies.</p> <p>N-The provider does not draft a service plan OR the provider drafts a service plan that does not contain :</p>
	(9) the participant's back-up plan.	§ 52.25.(a)(9) Service plan.	Participant service plan, service notes, participant file	<p>Y- The provider drafts a service plan that contains the participant's back-up plan.</p> <p>N-The provider does not draft a service plan OR the provider drafts a service plan that does not</p>
	(b) The participant's back-up plan must contain an individualized back-up plan and an emergency back-up plan.	§ 52.25. (b) Service plan.	Participant service plan, service notes	<p>Y- The SCE writes a participant back-up plan AND the participant back-up plan includes an individualized back-up plan AND an emergency back-up plan.</p>
	(c) Each participant need must be addressed by an informal community support, TPR, or service unless the participant chooses for a need not be addressed.	§ 52.25.(c) Service plan.	Participant service plan, service notes, the person-centered assessment	<p>Y- The provider lists the identified needs from the person-centered assessment AND each need is addressed by an informal community support, a TPR, a service OR by the participant stating he/she does not want the need to be addressed.</p>
	(d) If a participant refuses to have a need addressed, then the SCE shall document when the participant refused to have the need addressed and why the participant chose for the need to remain unaddressed.	§ 52.25(d). Service plan.	Participant service plan, service notes, the person-centered assessment	<p>Y- The participant refuses to have an identified needs addressed AND the SCE documents when the participant refused to have the need addressed AND the SCE documents why the participant did not want the need addressed.</p>
	(e) The following services require a physician's prescription prior to being added to a participant's service plan:	§ 52.25(e). Service plan.		
	(1) Physical therapy.	§ (e)(1) Service plan.	Participant service plan, service notes, the person-centered assessment, participant file, participant prescriptions, CMS Form 485	<p>Y= The participant's service plan lists physical therapy AND the participant's file contains a script for the service AND The provider obtains a new physician's order every sixty days for the continuation of physical therapy.</p> <p>N= The participant's service plan lists physical</p>

	(2) Occupational therapy.	§ 52.25 (e)(2). Service plan.	Participant service plan, service notes, the person-centered assessment, participant file, participant prescriptions, CMS Form 485	Y= The participant's service plan lists , occupational therapy AND the participant's file contains a script for the service , AND the provider obtains a new physician's order every sixty days for the continuation of , occupational therapy. N= The participant's service plan lists ,
	(3) Speech and language therapy.	§ 52.25 (e)(3). Service plan.	Participant service plan, service notes, the person-centered assessment, participant file, participant prescriptions, CMS Form 485	Y= The participant's service plan lists speech and language therapy AND the participant's file contains a script for the service AND The provider obtains a new physician's order every sixty days for the continuation of speech and language therapy. N= The participant's service plan lists speech and
	(4) Nursing services.	§ 52.25(e)(4). Service plan.	Participant service plan, service notes, the person-centered assessment, participant file, participant prescriptions, CMS Form 485	Y= The participant's service plan lists nursing services AND the participant's file contains a script for the service AND The provider obtains a new physician's order every sixty days for the continuation of nursing services. N= The participant's service plan lists nursing
	(5) Telecare health status and monitoring services.	§ 52.25(e)(5). Service plan.	Participant service plan, service notes, the person-centered assessment, participant file, participant prescriptions, CMS Form 485	Y= The participant's service plan lists telecare health status and monitoring services AND the participant's file contains a script for the service. N= The participant's service plan lists telecare health status and monitoring services AND the participant's file does not contain a script for the
	(6) Durable medical equipment.	§ 52.25 (e)(6). Service plan.	Participant service plan, service notes, the person-centered assessment, participant file, participant prescriptions, CMS Form 486	Y= The participant's service plan durable medical equipment AND the participant's file contains a script for the service. N= The participant's service plan lists durable medical equipment AND the participant's file does not contain a script for the service.
(f) An SCE or the Department's designee shall use a person-centered approach to develop a participant's service plan.		§ 52.25. (f) Service plan.	Provider notes, participant interviews, participant complaints, comparison of participant service plans, participant service plans; provider	Y= The provider uses a person-centered approach to develop the participant's service plan. N= The provider does not use a person-centered approach to develop the participant's service plan. The provider dictates how the plan is going to
(g) An SCE or the Department's designee shall use the Department's person-centered assessment and risk assessment to develop the participant's service plan.		§ 52.25. (g) Service plan.	CMI, LOCA, participant's file, participant's ISP	Y= The SCE uses the CMI and LOCA to develop the participant's service plan. N= The SCE DOES NOT USE the CMI or the LOCA to develop the participant's service plan. NA= The provider is not the SCE.
(h) An SCE or the Department's designee shall complete the participant's service plan on the format prescribed by the Department and enter the service plan into the Department's designated information system.		§ 52.25(h). Service plan.	Participant service plans	Y= The provider completes the service plan in HCSIS or SAMs as appropriate. N= The provider does not complete the service plan OR the service plan is not completed in HCSIS or SAMS as appropriate OR the provider drafts a

(j) An SCE or the Department's designee shall review the participant need, participant goal and participant outcome documented on the service plan at least annually with the participant.	§ 52.25(j). Service plan.	Provider notes, participant interviews, participant complaints, comparison of participant service plans, participant service plans, incident	Y= The provider reviews the participant's needs, goals and outcomes with the participant AND the review occurs at least annually. N= The provider does not review the participant's needs, goals and outcomes OR the review occurs
(k) An SCE or the Department's designee shall review and modify, if necessary, the participant need, participant goal, and participant outcome each time a participant has a significant change in medical or social condition.	§ 52.25(k). Service plan.	Participant service plans, service notes, incident reports	Y= The provider develops a service plan AND the service plan if modified is the participant experiences a significant medical or social change OR the SCE reviews the service plan with the participant after a significant medical or social change AND documents not change is needed.
(l) If there has been a significant change in the medical or social condition of a participant, an SCE or the Department's designee shall use the Department's person-centered assessment and risk assessment to determine if changes are needed in the service plan.	§ 52.25(l). Service plan.	Participant service plans, service notes, risk assessments, person-centered assessments	Y= The provider reassessed the participant using the standardized person-centered assessment and risk assessment after the participant experienced a significant medical or social change. N= The participant experienced a change in his/her

§ 52.26. Service coordination services.

(a) To be paid for rendering services service coordination services, an SCE shall:	§ 52.26(a). Service coordination services.		
(1) Complete a person-centered assessment.	§ 52.26(a)(1). Service coordination services.	service coordination files, billing records, participant records, complaints, participant interviews, provider notes, service notes, etc.	Y= The provider performs an assessment of the participant's needs AND the assessment is person-centered. N= The provider does not perform an assessment of the participant's needs OR the assessment is not
(2) Complete a level of care re-evaluation at least annually.	§ 52.26(a)(2). Service coordination services.	service coordination files, billing records, participant records, complaints, participant interviews, provider notes, service notes, etc.	Y= The provider performs a re-evaluation of the level of care AND the re-evaluation is conducted within 365 days of the initial or previous level of care, as applicable. N= The provider does not perform a re-evaluation
(3) Develop a service plan for each participant for whom the SCE renders service coordination services. The provider shall complete the following:	§ 52.26(a)(3). Service coordination services.		

	(i) Develop and modify the participant's service plan at least annually.	§ 52.26(a)(3)(i). Service coordination services.	HCSIS ISP. Plan-Plan Admin-Print-Individ Srch:General Srch-Srch-Print Entire Plan and/or select desired info	Y= The provider develops a service plan AND the service plan is modified at least annually AND the service plan is modified if the participant experiences a significant medical or social change OR the SCE reviews the service plan with the participant after a significant medical or social
	(ii) Modify the participant's service plan, if necessary, when the participant has a significant medical or social change.	§ 52.26(a)(3)(ii). Service coordination services.	HCSIS service notes, ISP: Plan-Plan Admin-Print-Individ Srch:General Srch-Srch-Print Entire Plan and/or select desired info and	Y= The provider develops a service plan AND the service plan is modified at least annually AND the service plan is modified if the participant experiences a significant medical or social change OR the SCE reviews the service plan with the participant after a significant medical or social
	(4) Review the participant need, the participant goal and participant outcome with the participant and other persons that the participant requests to be part of the review as required by conducting the following:	§ 52.26(a)(4). Service coordination services.		
	(i) At least one telephone call or face-to-face visit per calendar quarter. At least two face-to-face visits are required per calendar year.	§ 52.26(a)(4)(i). Service coordination services.	HCSIS service notes, ISP: Plan-Plan Admin-Print-Individ Srch:General Srch-Srch-Print Entire Plan and/or select desired info and	Y= The provider reviews the participant's needs, goals and outcomes AND meets with the participant 4 times a year AND 2 of the 4 meetings occur face to face. N= The provider does not review the participant's
	(ii) More frequent calls or visits if the service coordinator or the Department determines more frequent calls or visits are necessary to ensure the participant's health and safety.	§ 52.26(a)(4)(ii). Service coordination services.	HCSIS service notes, ISP: Plan-Plan Admin-Print-Individ Srch:General Srch-Srch-Print Entire Plan and/or select desired info and	Y= The provider conducts more frequent reviews of the participant's needs, goals and outcomes because it or the Department deems it necessary. N= The provider does not conduct more frequent reviews of the participant's needs, goals and
	(5) Coordinate a service, TPR and informal community supports with the participant to ensure the participant need, the participant goal and the participant outcome are met.	§ 52.26(a)(5). Service coordination services.	service coordination files, billing records, participant records, complaints, participant interviews, provider notes, service notes, etc.	Y= The provider coordinates (including researching and pursuing the availability) waiver services, informal supports, and TPRs. N= The provider does not coordinate (including researching and pursuing the availability) waiver
	(6) Provide the participant with a list of providers in the participant's service location area that are enrolled to render the service that meets the participant's needs.	§ 52.26(a)(6). Service coordination services.	service coordination files, billing records, participant records, complaints, participant interviews, provider notes, service notes, etc.	Y= The provider gives the participant the approved list of available providers. N- The provider does not give the participant the approved list of available providers.
	(7) Inform the participant of the participant's right to choose any willing and qualified provider to provide a service on the participant's service plan.	§ 52.26(a)(7). Service coordination services.	service coordination files, billing records, participant records, complaints,	Y= The participant signs the provider choice form AND the provider demonstrates that it has provided the SSD list

(8) Confirm with the participant's selected provider that the provider is able to provide the service in the type, scope, amount, duration, and frequency as listed on the participant's service plan.	§ 52.26(a)(8). Service coordination services.	service coordination files, billing records, participant records, complaints, participant interviews, provider notes, service notes, etc.	Y= The SCE shares the type, scope, amount, duration and frequency of service provision information with the potential provider of services AND receives assurances from the provider that the service can be provided in the type, scope, amount, duration and frequency as specified on the
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For the next two rows, the rows operate individually. In case of a violation, they are cited as §52.26(a)(9). If two yes's are entered, the cells will turn RED.

(9) USE FOR DOCS DATED 7/11/13 or Earlier: Provide information regarding the authorized type, scope, amount, duration and frequency of service as listed in the	§ 52.26(a)(9). Service coordination services. PA OLTL Bulletin 51-	service coordination files, billing records, participant records, complaints,	Y= The SCE shares the type, scope, amount, duration and frequency of service provision information with the potential provider of services.
(9) USE FOR DOCS DATED 7/12/13 or Later: Provide information regarding the authorized type, scope, amount, duration and frequency of service as listed in the	§ 52.26(a)(9). Service coordination services. PA OLTL Bulletin 51-	service coordination files, billing records, participant records, complaints,	Y= The SCE provides the direct service provider with a copy of the OLTL Service Authorization Form AND the form is completed (no blank areas: must
(10) Ensure and document at least on a quarterly basis that the participant's services are being delivered in the type, scope, amount, duration and frequency as required by the participant's service plan.	§ 52.26(a)(10). Service coordination services.	service coordination files, billing records, participant records, complaints, participant interviews, provider notes, service notes, etc.	Y= The SCE contacts the participant or provider AND receives adequate assurances that services are being provided in the type, scope, amount, duration and frequency as specified on the service plan.
(11) Evaluate if the participant need, participant goal and participant outcome are being met by the service.	§ 52.26(a)(11). Service coordination services.	service coordination files, billing records, participant records, complaints, participant interviews, provider notes, service notes, etc.	Y= The SCE reviews the participant's needs, goals and outcomes. N= The SCE does not review the participant's needs, goals and outcomes.
(12) Ensure a participant exercising participant-directed budget authority does not exceed the number of service hours approved in the participant's service plan.	§ 52.26(a)(12). Service coordination services.	service coordination files, billing records, participant records, complaints, participant interviews, provider notes, service notes, etc.	Y= The SCE regularly reviews the number of hours available to the participant utilizing participant budget authority AND does not submit a critical revision for the participant's service plan solely based on the participant running out of hours at the end of the year.

For the next two rows, the rows operate individually. In case of a violation, they are cited as §52.26(b).

(b) If additional information is necessary to ensure that services are provided to a participant in the type, scope, amount, duration or frequency as required by the participant's service plan, the SCE shall convey the additional information to the provider.	§ 52.26(b). Service coordination services. PA OLTL Bulletin 51-13-05, 55-13-05, 59-13-05.	Participant service plan, service notes, provider notes	Y= The SCE provides sufficient information that the provider can deliver service in the type, scope, amount, duration, and frequency as specified on the service plan AND the SCE responds to the provider's request for additional information in a timely, constructive and informative manner.
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(b) If additional information is necessary to ensure that services are provided to a participant in the type, scope, amount, duration or frequency as required by the participant's service plan, the SCE shall	§ 52.26(b). Service coordination services. PA OLT Bulletin 51-	Participant service plan, service notes, provider notes	Y= The SCE provides a copy of a Script every sixty (60) days for Occupational Therapy, Occupational therapy-assist, Physical therapy, Physical therapy
(j) If the service is also offered as a Medicaid State Plan service, then the Medicaid State Plan service shall be accessed prior to another Departmental program to provide the service.	§ 52.26(j). Service coordination services.	List of state plan services, provider files, participant files, documentation from another party rejecting service	Y= The service is available through the state plan and the SCE accesses the service through the state plan or has a denial as to why the state plan service is unavailable to the participant. A statement or notation in service notes that the service was denied is insufficient. Documentation
(k) The SCE or the Department's designee shall assist a participant to collect and send information to the Department to determine the participant's continued eligibility for the waiver or Act 150 program, including financial eligibility.	§ 52.26(k). Service coordination services.	Service notes, participant files, participant interviews, review of eligibility status and reasons for denial of	Y= The SCE assists the participant to gather and send information to determine eligibility AND explains the eligibility process to the participant. N= The SCE does not assist the participant to

§ 52.28 Conflict free services

(b) If an SCE operates as an OHCDS, then the SCE may not require a participant to use that OHCDS as a condition to receive the service coordination services of the SCE.	§ 52.28(b). Conflict free service coordination.	Provider notes, SCE notes, participant interviews, signed provider choice forms.	Y= The provider is an SCE AND has the participant sign the provider choice form AND the provider clearly indicates the participant may choose any OHCDS or for its vendor services or a direct provider of a vendor service.
(c) An SCE may not require a participant to choose the SCE as the participant's community transition service provider as a condition to receive service coordination services.	§ 52.28(c). Conflict free service coordination.	Provider notes, SCE notes, participant interviews, signed provider choice forms.	Y= The provider is an SCE AND has the participant sign the provider choice form AND the provider clearly indicates the participant may choose any community transition provider.

§ 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:	§ 52.29. Confidentiality of records.	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 discloses to a party not listed in (1)- (5) with the consent of the participant, AND the provider demonstrates compliance through policy,
(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.	<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 of medical goods and equipment.</p>
(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.	<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 of medical goods and equipment.</p>

<p>(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 signed and dated.</p>	<p>§ 1101.51(e) (1) (iii) Ongoing responsibilities of providers</p>	<p>Service notes, ISP, progress notes, provider notes.</p>	<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>
<p>(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.</p>	<p>§ 1101.51(e) (1) (iv) Ongoing responsibilities of providers</p>	<p>Service notes, ISP, progress notes, provider notes.</p>	<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>
<p>(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.</p>	<p>§ 1101.51(e) (1) (v) Ongoing responsibilities of providers</p>	<p>Service notes, ISP, progress notes, provider notes.</p>	<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>

<p>(vi) The record shall indicate the progress at each visit, change in diagnosis, change in treatment and response to treatment.</p>	<p>§ 1101.51(e) (1) (vi) Ongoing responsibilities of providers</p>	<p>Service notes, ISP, progress notes, provider notes.</p>	<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>
<p>(vii) The record shall contain summaries of hospitalizations .</p>	<p>§ 1101.51(e) (1) (vii) Ongoing responsibilities of providers</p>	<p>Service notes, ISP, progress notes, provider notes.</p>	<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>
<p>(ix) The disposition of the case shall be entered in the record.</p>	<p>§ 1101.51(e) (1)(ix) Ongoing responsibilities of providers</p>	<p>Service notes, ISP, progress notes, provider notes.</p>	<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>

	<p>(x) The record shall contain documentation of the medical necessity of a rendered, ordered or prescribed service.</p>	<p>§ 1101.51(e) (1) (x) Ongoing responsibilities of providers</p>	<p>Service notes, ISP, progress notes, provider notes.</p>	<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>
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Regulation	Regulation Reference	Documentation Source	Decision Criteria
§ 52.14. Ongoing Responsibilities of Providers.			
(g)The provider shall ensure all of 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,	Y- Service coordination entities must verify that the service plan is approved by OLTL prior to rendering and billing for service coordination services. N- Service coordination entities do not verify that
(2) The type, scope, amount, duration and frequency of the service to be rendered is 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,	Y- Service coordination entities must verify that the service plan is approved by OLTL prior to rendering and billing for service coordination services. N- Service coordination entities do not verify that
§ 52.14. (i) Appendix A, Oltl oversees the performance of the annual reevaluation function delegated to 'Service Coordination Agencies'.	§ 52.14. (i) Appendix A, Service Coordination.		
1) Bulletin Standard: All SCE's are required to provide the 'Rights of the Participant' component of the informational packet.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins attached. N= The service coordinator DOES NOT provide each component of the informational packet to the participant at the participant's redetermination OR
2) Bulletin Standard: All SCE's are required to provide a 'Responsibilities of the Participant' informational packet.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins attached.
3) Bulletin Standard: All SCE's are required to provide a 'Participant Choice' informational packet.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins attached.
4) Bulletin Standard: All SCE's are required to provide an 'Applying for Home and Community-Based Service Programs' informational packet.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins attached.

	5) Bulletin Standard: All SCE's are required to provide a <u>'Role of the Service Coordinator'</u> informational packet.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins attached.
	6) Bulletin Standard: All SCE's are required to provide a <u>'Participant Complaints'</u> informational packet.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins attached.
	7) Bulletin Standard: All SCE's are required to provide a <u>'How can I find other Resources in my Community'</u> informational packet.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins attached.
	8) Bulletin Standard: All SCE's are required to provide a <u>'Medicaid (MA) Fraud and Abuse'</u> informational packet.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins attached.
	9) Bulletin Standard: All SCE's are required to provide a <u>'Who do I contact if...'</u> informational packet.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins attached.
	10) Bulletin Standard: All SCE's are required to provide a <u>'Abuse, Neglect, and Exploitation Informational Materials'</u> informational packet.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins attached.
	11) Bulletin Standard: All SCE's are required to provide a <u>'Self-Directed Services Informational Materials'</u> informational packet.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins attached.
	12) Bulletin Standard: All SCE's are required to provide a <u>'Your Appeal and Fair Hearing Rights'</u> informational packet.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins attached.
	§ 52.14. (i) Appendix B , AAA conducts the initial component of the Level of Care Assessment.	§52.14(i) A provider shall comply with the applicable approved waiver, including approved waiver	LOCA	Y- LOCA completed for each participant. N- LOCA not completed for each participant. NA- Provider is not an AAA.
	§ 52.14. (i) Appendix B , The AAA utilizes the Level of Care Assessment tool to determine the individual's disability, age of onset, and functional limitations.	§52.14(i) Appendix B. A provider shall comply with the applicable approved waiver. including	LOCA, Service Notes	Y- AAA uses LOCA and determines the individual's disability, age of onset, and functional limitations. N- AAA DOES NOT use the LOCA OR uses the LOCA and DOES NOT determine the individual's disability, age of onset, and functional limitations

§ 52.14. (i) Appendix B, The AAA Assessor visits the participant to administer the Level of Care Assessment.	§52.14(i) Appendix B. A provider shall comply with the applicable approved waiver, including	LOCA, Service Notes	Y- AAA Assessor conducts a face to face visit to administer the LOCA. N- AAA Assessor conducts a face to face visit to administer the LOCA. NA- Provider is not a AAA.
§ 52.14. (i) Appendix B, The AAA makes a final Level of Care Assessment decision.	§52.14(i) Appendix B. A provider shall comply with the applicable approved waiver, including	LOCA, Service Notes	Y- AAA makes a final Level of Care Assessment decision. N- AAA DOES NOT make a final Level of Care Assessment decision. NA- Provider is not a AAA
§ 52.14(i) Appendix B. The AAA compares the most recent LOCA to the initial LOCA or most recent LOCA.	§52.14(i) A provider shall comply with the applicable approved waiver, including approved waiver	LOCA	Y- The AAA compares the information in the LOCA to the initial evaluation or most recent LOCA. N- The AAA DOES NOT compare the information in the LOCA to the initial evaluation or most recent LOCA. NA- Provider is not a AAA
§ 52.14(i) Appendix B. The AAA assessor meets with the participant within 365 days from the initial evaluation at the participant's home.	§52.14(i) A provider shall comply with the applicable approved waiver, including approved waiver	LOCA, Service Notes	Y- AAA Assessor conducts a face to face visit with the participant to administer the LOCA AND the assessment is completed within 365 days of the previous LOCA (initial or reevaluation). N- AAA Assessor DOES NOT conduct a face to face visit
§ 52.14(i) Appendix B. The AAA assist the participant with obtaining a completed MA-51 or prescription from the participant's physician.	§52.14(i) A provider shall comply with the applicable approved waiver, including approved waiver	Service Notes	Y- The AAA assists the participant obtain the MA 51 or script OR the AAA documents that the participant does not require assistance in obtaining the MA-51 or script. N- The AAA assists the participant obtain the MA 51 or script. NA- The
§ 52.14(i) Appendix B. After the LOCA reevaluation is completed, the AAA Assessor enters the information into SAMS	§52.14(i) A provider shall comply with the applicable approved waiver, including approved waiver	LOCA documentation in SAMS	Y- The AAA Assessor completes the LOCA reevaluation AND enters the information into SAMS. N- The AAA Assessor DOES NOT complete the LOCA reevaluation OR DOES NOT enter the information into SAMS. NA- Provider is not a AAA
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 RENDERS PAS to the participant. NA- The participant does not receive PAS
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 PAS to the participant AND the SCE/ PAS Agency has prior authorization for the PoA to render PAS to the participant from OLTL.
§ 52.14. (i) Appendix D, Service Coordination. If the participant utilizes an alternative means of communication or whose primary language is not English, then the Supports Coordinator utilizes the participant's primary means of communication, an interpreter, or someone identified by the participant that has a close enough relationship with the participant to	§ 52.14(i). Appendix D. Service Coordination	Participant ISP, Service Notes.	Y= The participant utilizes an alternative means of communication OR his/her primary language is not English AND the Supports Coordinator utilizes the participant's primary means of communication OR an interpreter or someone identified by the
§ 52.14. (i) Appendix B, Service Coordination. The participant is given the choice of receiving institutional (ICF/ORC) services, waiver services, or no services.	§ 52.14. (i) Appendix B, Service Coordination.	Participant record.	Y= The service coordinator documents that the participant was informed that he/ she has choice between institutional services, waiver services or no services. N= The service coordinator does not document that

<p>§ 52.14. (i) Appendix C, Participants are informed at the time of reevaluation that in order to request a fair hearing they should contact their Service Coordination agency.</p>	<p>§ 52.14(i). Appendix C. Service Coordination</p>	<p>Service notes.</p>	<p>Y= The Service Coordination Entity (SCE) informs the participant at reevaluation that if the participant wants a fair hearing, then he/she should contact the SCE. N= The Service Coordination Entity (SCE) DOES</p>	
<p>§ 52.14. (i) Appendix C, The Service Coordinator review and updates Transportation needs quarterly.</p>	<p>§ 52.14(i). Appendix C. Service Coordination</p>	<p>Service Notes, participant files.</p>	<p>Y= The provider reviews and updates transportation needs quarterly. Quarterly means every three months from initial need and every three months after. N= The provider does not review or update</p>	
<p>§ 52.14. (i) Appendix C, Service Coordination. The Service Coordinator provides information and assistance to participants regarding self-direction.</p>	<p>§ 52.14. (i) Appendix C, Service Coordination.</p>	<p>Participant record.</p>	<p>Y= The service coordinator documents that the participant was informed that he/ she has information regarding self-direction AND if the participant chooses self-direction, the SC assists participant with self-direction needs as requested</p>	
<p>§ 52.14. (i) Appendix C, Service Coordination. Prior to meeting(s), the Service Coordinator collaborates with the participant to coordinate invitations and ISP/Annual Review meetings, dates, times and locations. The process of coordinating invitations includes the participant's input as to who to invite to the meeting(s).</p>	<p>§ 52.14. (i) Appendix C, Service Coordination.</p>			
	<p>Prior to meeting(s), the Service Coordinator collaborates with the participant to coordinate invitations and ISP/Annual Review meetings, dates, times and locations.</p>	<p>§ 52.14. (i) Appendix C, Service Coordination.</p>	<p>Participant ISP, Service notes.</p>	<p>Y= The Service Coordinator works with the participant to set a time, date, and location of the ISP/ Annual Meeting. N= The Service Coordinator DOES NOT with the participant to set a time, date, OR location of the</p>
	<p>The process of coordinating invitations includes the participant's input as to who to invite to the meeting(s).</p>	<p>§ 52.14. (i) Appendix C, Service Coordination.</p>	<p>Participant ISP, Service notes.</p>	<p>Y= The Service Coordinator works with the participant to invite people the participant wants to attend the ISP/ Annual Meeting. N= The Service Coordinator DOES NOT work with the participant to invite people the participant wants</p>
<p>§ 52.14. (i) Appendix C, Service Coordination. Service Coordination activities include maintaining current documentation of the participant's eligibility for waiver services.</p>	<p>§ 52.14. (i) Appendix C, Service Coordination.</p>	<p>Participant files</p>	<p>Y= The provider maintains a copy of the DPW Form 162 or has a policy to utilize IEVS in determining financial eligibility. HCSIS maintains programmatic eligibility. The DPW form 162 is a form that notifies providers and participants of MA NA= The provider does not render SC</p>	
<p>§ 52.14. (i) Appendix C, Service Coordination.The Service Coordination Agency has Registered Nurse (RN) consulting services available, either by a staffing arrangement or through a contracted consulting arrangement.</p>	<p>§ 52.14. (i) Appendix C, Service Coordination.</p>	<p>Service notes/ service provision documentation, contract with RN staffing agency or RN directly.</p>	<p>Y= The provider has an RN available either as a staff member or through a contract arrangement. N= The provider does not have an RN available as a staff member or through a contract arrangement. NA= The provider does not render SC</p>	
<p>§ 52.14. (i) Appendix E, Service Coordination. The ISP reflects the participant's choice of Agency Model, Employer Authority Model or a combination of both models.</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>	<p>Participant ISP.</p>	<p>Y= The ISP indicates the participant's choice of service model. N= The ISP DOES NOT indicate the participant's choice of service model OR the participant was not given a choice of service model</p>	
<p>§ 52.14. (i) Appendix E, Service Coordination Involuntary termination from the consumer model would only occur after a thorough review by the participant's Service Coordinator of the participant's health and welfare needs as identified in the service plan.</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>	<p>Participant ISP, Service notes.</p>	<p>Y= The participant is involuntary terminated from consumer model services AND the Service Coordinator reviewed the participant's health and welfare needs prior to termination. N= The participant is involuntary terminated from</p>	

<p>§ 52.14. (i) Appendix E, Termination from the Employer Authority Model would occur only after a team meeting with the participant, the participant's Service Coordinator, and any family, friends and advocate if requested by the participant and a review of the recommendations by the OLTL.</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>	<p>Participant ISP, Service notes.</p>	<p>Y= The participant is involuntary terminated from consumer model services AND the participant, the Service Coordinator, and individuals that the participant requests meet to review the situation AND OLTL's recommendations are reviewed.</p>	
<p>§ 52.14. (i) Appendix E, The Service Coordinator will assist the participant in the transfer to the Agency model of service and to ensure that there is not a break in service during the transition period.</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>	<p>Participant ISP, Service notes.</p>	<p>Y= The participant is involuntary terminated from consumer model services AND the Service Coordinator assists the participant transfer to the Agency model of services AND ensures there is not break in service.</p>	
<p>§ 52.14. (i) Appendix E, The personal representative must be willing and able to fulfill the responsibilities as outlined in the Personal Representative Agreement and must:</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>			
	<p>(1) Demonstrate a strong personal commitment to the participant.</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>	<p>Participant ISP, Service notes, SC interviews.</p>	<p>Y= The Service Coordinator has the personal representative complete the Personal Representative Agreement and determines the perspective personal representative demonstrates all criteria listed in the standard.</p>
	<p>(2) Assist the participant in identifying/ obtaining back up services when a support worker does not show</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>	<p>Participant ISP, Service notes, SC interviews.</p>	<p>Y= The Service Coordinator has the personal representative complete the Personal Representative Agreement and determines the perspective personal representative demonstrates all criteria listed in the standard.</p>
	<p>(3) Demonstrate knowledge of the participant's preferences</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>	<p>Participant ISP, Service notes, SC interviews.</p>	<p>Y= The Service Coordinator has the personal representative complete the Personal Representative Agreement and determines the perspective personal representative demonstrates all criteria listed in the standard.</p>
	<p>(4) Agree to predetermined frequency of contact with the participant;</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>	<p>Participant ISP, Service notes, SC interviews.</p>	<p>Y= The Service Coordinator has the personal representative complete the Personal Representative Agreement and determines the perspective personal representative demonstrates all criteria listed in the standard.</p>
	<p>(5) Be at least 18 years of age.</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>	<p>Participant ISP, Service notes, SC interviews.</p>	<p>Y= The Service Coordinator has the personal representative complete the Personal Representative Agreement and determines the perspective personal representative demonstrates all criteria listed in the standard.</p>
<p>§ 52.14. (i) Appendix E, A personal representative will be required for any individual who has impaired judgment as identified on the LOCA or is unable to: (1) Understand his/her own personal care needs; (2) Make decisions about his/her own care:</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>	<p>Participant ISP, Service notes, LOCA.</p>	<p>Y= The participant is interested in exercising consumer direction AND the Service Coordinator determines the participant is unable to meet one of the five criteria listed in the standard OR has impaired judgment as determined by the LOCA</p>	
<p>§ 52.14. (i) Appendix E, The Service Coordination agency informs participants of the opportunity to request a fair hearing under the provisions of 42 CFR Part 431, Subpart E, to beneficiaries in the following situations: (1) When a participant is not given the choice of home or community-based services as an alternative to the institutional care:</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>	<p>Participant ISP, Service notes, Statement signed by the participant that he/ she reviewed and understands he/she can</p>	<p>Y= The Service Coordinator informs the participant that he/she has the right to appeal any of the actions listed in the standard. N= The Service Coordinator DOES NOT inform the participant that he/she has the right to appeal each</p>	

§ 52.14. (i) Appendix E, The Service Coordination agency informs participants of the opportunity to request a fair hearing under the provisions of 42 CFR Part 431, Subpart E, to beneficiaries including the right to appeal the local enrollment broker's or Service Coordination agency's failure to act per the Regulations at 55 PA Code §275.1(a) (i) (E).	§ 52.14(i). Appendix E. Service Coordination	Participant ISP, Service notes, Statement signed by the participant that he/ she reviewed and understands he/she can	Y= The Service Coordinator informs the participant that he/she has the right to appeal its failure to act or the enrollment broker's failure to act. N= The Service Coordinator DOES NOT inform the participant that he/she has the right to appeal its
§ 52.14. (i) Appendix E, Service Coordinators shall offer all participants who have chosen to self-direct their services provider-managed services until the individual's support workers are hired.	§ 52.14(i). Appendix E. Service Coordination	Service notes, Participant ISP	Y= The Service Coordinator (SC) offers the consumer model participant provider managed services (agency) until the participant's support workers are hired. N= The Service Coordinator (SC) does not offer
§ 52.14. (i) Appendix E, The participant receives information on self-direction, participation in decision-making and independent living philosophy regardless of which service model they choose.	§ 52.14(i). Appendix E. Service Coordination	Service Notes, Statement signed by participant indicating he/she understood and reviewed information	Y= The provider gives each participant information on self-direction, participation in decision-making and independent living philosophy. N= The provider does not give each participant information on self-direction participation in
§ 52.14. (i) Appendix E, Participants are advised that they have the opportunity to choose Employer Authority on an ongoing basis.	§ 52.14(i). Appendix E. Service Coordination	Service Notes, Statement signed by participant indicating	Y= The provider gives each participant the opportunity to choose Employer Authority at least at each reevaluation and reminds participant of his/
§ 52.14. (i) Appendix E, Participants may choose to self-direct their services during the development of the initial Individual Service Plan (ISP), at	§ 52.14(i). Appendix E. Service	Participant ISP, Service notes, consumer	Y= The participant requests to self-direct his/her services and the Service Coordinator assists the
§ 52.14. (i) Appendix E, Information about participant-direction is shared with participants on an annual basis and at the request of the participant.	§ 52.14(i). Appendix E. Service Coordination	Participant ISP, Service notes, consumer complaints.	Y= The participant receives information on self-direction on an annual basis OR at his/her request. N= The participant DOES NOT receive information on self-direction on an annual basis OR at his/her request
§ 52.14. (i) Appendix F, The Service Coordination agency is responsible to provide the participant with at least ten days advance notice when an action will be taken regarding existing services that is subject to appeal.	§ 52.14(i). Appendix F. Service Coordination	Participant ISP, Service notes, consumer complaints.	Y= The Service Coordination agency provides at least 10 days written notice prior to an action being taken. An action is defined as a reduction, suspension or termination of services. N= The Service Coordination agency provider less
§ 52.14. (i) Appendix F, If the participant files an appeal prior to the date the action is to become effective, the services must continue pending the resolution of the appeal.	§ 52.14(i). Appendix F. Service Coordination	Participant ISP, Service notes, consumer complaints.	Y= The participant files an appeal prior to the effective date of the action AND the Service Coordination agency continues services pending resolution of the appeal. N= The participant files an appeal prior to the
§ 52.14. (i) Appendix F, The Service Coordination agency must send a written notice to the individual when services are denied, suspended, reduced, or terminated.	§ 52.14(i). Appendix F. Service Coordination	Copies of notices, service notes indicating action taken and date	Y= The provider has a policy and sends written notice to the participant when services are denied, suspended, reduced or terminated.
§ 52.14. (i) Appendix F, The Service Coordination agency retains copies of written notices.	§ 52.14(i). Appendix F. Service Coordination	Copies of notices.	Y= The provider maintains copies of notices it sends. N= The provider DOES NOT maintains copies of notices it sends. NA= The provider does not render SC
§ 52.14. (i) Appendix F, If advance notice is not provided, the participant has the right to maintain services at the current level if the appeal request is made within ten days of the participant being informed of the action.	§ 52.14(i). Appendix F. Service Coordination	Copies of notices.	Y= The Service Coordinator (SC) fails to provide advance notice of the action, AND the participant appeals within 10 days of being informed of the action AND the SC continues services pending the outcome of the appeal. An action is defined as a

§ 52.14. (i) Appendix G, The Service Coordinator informs participants of rights, responsibilities, and liabilities when choosing a service model.	§ 52.14(i). Appendix G. Service Coordination	Service Notes, Statement signed by participant indicating he/she understood and reviewed rights.	Y= The provider documents it reviewed the participant's rights, responsibilities and liabilities in regards to the service model selected by the participant. N= The provider did not document it reviewed the
§ 52.14. (i) Appendix G, During enrollment and at reevaluation the Service Coordination Agency reviews the process for reporting the use of Restraints and Restrictive Interventions with the participant which includes reporting the use of Restraints and/or Restrictive Interventions to the Service Coordinator.	§ 52.14(i). Appendix G. Service Coordination	Service Notes, Statement signed by participant indicating he/she understood and reviewed the process for	Y= The provider documents it reviewed the process for reporting the use of Restraints and Restrictive Interventions with the participant at both enrollment AND at each reevaluation. N= The provider does not document that it reviews
(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	Y= The provider does not render services when the participant is unavailable or disinterested in receiving services. N= The provider renders services when the
(r) A provider shall document the participant's progress towards outcomes and goals in the Department's designated information systems.	§ 52.14 (r). Ongoing Responsibilities of Providers.	Participant Service Plan, service notes, provider notes	Y= The service coordinator documents the participant's outcomes and goals AND monitors the progress towards those outcomes and goals by contacting the participant and providers of direct services AND documents the progress towards the

§ 52.15. Provider records.

(a) The following requirements are in addition to the recordkeeping provisions under § 1101.51(d) and (e) (relating to ongoing responsibilities of providers):	§ 52.15 (a). Provider records.		
(1) A provider shall use the Department's designated information system to record service plan information regarding the participant as required.	§ 52.15 (a)(1). Provider records.	Provider notes, HCSIS and SAMS service plans, claims, receipts, timesheets	Y= The Service Coordination Entity enters service plan information into SAMS and HCSIS. N= The Service Coordination Entity does not enter service plan information into SAMS or HCSIS. NA= The provider is not a Service Coordination
(2) 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 and frequency to be complete. Please see Module 5, 55 Pa. Code § 52.14(q) for a description of type, scope, amount, duration and

§ 52.17. Critical incident and risk management.

(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. Critical incident and risk management. Pa. OLTL Bulletin 05-11-06, 51-11-06, 52-11-	QMP and reported preventable incidents in EIM. Example of preventable incidents: falls. Preventable	Y= The provider reports critical incidents within 48 hours of incident or knowledge of the incident AND The provider reports the critical incident to the service coordination agency or OLTL that
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(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 provider rendered the information. N= The provider was required by OLTL to provide additional information regarding a critical incident
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§ 52.25. Service plan.

(a)A service plan must be developed for each participant that contains the following:	§ 52.25. (a)Service plan.		
(1) The participant need as identified on a standardized needs assessment provided by the Department.	§ 52.25. (a) (1) Service plan.	Participant service plan, service notes, participant file	Y- The provider drafts a service plan that contains the participant need as identified on a standardized needs assessment provided by the Department. N-The provider does not draft a service plan OR the provider drafts a service plan that does not
(2)the participant goal.	§ 52.25. (a)(2) Service plan.	Participant service plan, service notes, participant file	Y- The provider drafts a service plan that contains the participant goal. N-The provider does not draft a service plan OR the provider drafts a service plan that does not
(3) the participant outcome.	§ 52.25.(a)(3) Service plan.	Participant service plan, service notes, participant file	Y- The provider drafts a service plan that contains the participant outcome. N-The provider does not draft a service plan OR the provider drafts a service plan that does not
(4) the service, TPR or informal community support that meets the participant need, participant goal or participant outcome.	§ 52.25.(a)(4) Service plan.	Participant service plan, service notes, participant file	Y- The provider drafts a service plan that contains, the service, TPR or informal community support that meets the participant need, participant goal or participant outcome.
(5) The type, scope, amount, duration, and frequency of services needed by the participant.	§ 52.25.(a)(5) Service plan.	Participant service plan, service notes, participant file	Y- The provider drafts a service plan that contains the type, scope, amount, duration, and frequency of services needed by the participant. N-The provider does not draft a service plan OR
(6) the provider of each service.	§ 52.25.(a)(6) Service plan.	Participant service plan, service notes, participant file	Y- The provider drafts a service plan that contains the provider of each service.,. N-The provider does not draft a service plan OR the provider drafts a service plan that does not
(7) the participant's signature.	§ 52.25.(a)(7) Service plan.	Participant service plan, service notes, participant file	Y- The provider drafts a service plan that contains the participant's signature. N-The provider does not draft a service plan OR the provider drafts a service plan that does not

	(8) Risk mitigation strategies.	§ 52.25.(a)(8) Service plan.	Participant service plan, service notes, participant file	Y- The provider drafts a service plan that contains risk mitigation strategies. N- The provider does not draft a service plan OR the provider drafts a service plan that does not contain :
	(9) the participant's back-up plan.	§ 52.25.(a)(9) Service plan.	Participant service plan, service notes, participant file	Y- The provider drafts a service plan that contains the participant's back-up plan.
(b) The participant's back-up plan must contain an individualized back-up plan and an emergency back-up plan.		§ 52.25. (b) Service plan.	Participant service plan, service notes	Y- The SCE writes a participant back-up plan AND the participant back-up plan includes an individualized back-up plan AND an emergency
(c) Each participant need must be addressed by an informal community support, TPR, or service unless the participant chooses for a need not be addressed.		§ 52.25.(c) Service plan.	Participant service plan, service notes, the person-centered assessment	Y- The provider lists the identified needs from the person-centered assessment AND each need is addressed by an informal community support, a TPR, a service OR by the participant stating he/she does not want the need to be addressed.
(d) If a participant refuses to have a need addressed, then the SCE shall document when the participant refused to have the need addressed and why the participant chose for the need to remain unaddressed.		§ 52.25(d). Service plan.	Participant service plan, service notes, the person-centered	Y- The participant refuses to have an identified needs addressed AND the SCE documents when the participant refused to have the need addressed.
(e) The following services require a physician's prescription prior to being added to a participant's service plan:		§ 52.25(e). Service plan.		
	(1) Physical therapy.	§ (e)(1) Service plan.	Participant service plan, service notes, the person-centered assessment, participant file. participant	Y= The participant's service plan lists physical therapy AND the participant's file contains a script for the service AND The provider obtains a new physician's order every sixty days for the continuation of physical therapy.
	(2) Occupational therapy.	§ 52.25 (e)(2). Service plan.	Participant service plan, service notes, the person-centered assessment, participant file. participant	Y= The participant's service plan lists , occupational therapy AND the participant's file contains a script for the service , AND the provider obtains a new physician's order every sixty days for the continuation of . occupational therapy.
	(3) Speech and language therapy.	§ 52.25 (e)(3). Service plan.	Participant service plan, service notes, the person-centered assessment, participant file. participant	Y= The participant's service plan lists speech and language therapy AND the participant's file contains a script for the service AND The provider obtains a new physician's order every sixty days for the continuation of speech and language therapy.
	(4) Nursing services.	§ 52.25(e)(4). Service plan.	Participant service plan, service notes, the person-centered assessment, participant file. participant	Y= The participant's service plan lists nursing services AND the participant's file contains a script for the service AND The provider obtains a new physician's order every sixty days for the continuation of nursing services.
	(5) Telecare health status and monitoring services.	§ 52.25(e)(5). Service plan.	Participant service plan, service notes, the person-centered assessment, participant file. participant	Y= The participant's service plan lists telecare health status and monitoring services AND the participant's file contains a script for the service. N= The participant's service plan lists telecare health status and monitoring services AND the

	(6) Durable medical equipment.	§ 52.25 (e)(6). Service plan.	Participant service plan, service notes, the person-centered assessment, participant file, participant	Y= The participant's service plan durable medical equipment AND the participant's file contains a script for the service. N= The participant's service plan lists durable medical equipment AND the participant's file does
(f)	An SCE or the Department's designee shall use a person-centered approach to develop a participant's service plan.	§ 52.25. (f) Service plan.	Provider notes, participant interviews, participant complaints, comparison of participant service plans.	Y= The provider uses a person-centered approach to develop the participant's service plan. N= The provider does not use a person-centered approach to develop the participant's service plan.
(g)	An SCE or the Department's designee shall use the Department's person-centered assessment and risk assessment to develop the participant's service plan.	§ 52.25. (g) Service plan.	CMI, LOCA, participant's file, participant's ISP	Y= The SCE uses the CMI and LOCA to develop the participant's service plan. N= The SCE DOES NOT USE the CMI or the LOCA to develop the participant's service plan. NA= The provider is not the SCE
(h)	An SCE or the Department's designee shall complete the participant's service plan on the format prescribed by the Department and enter the service plan into the Department's designated information system.	§ 52.25(h). Service plan.	Participant service plans	Y= The provider completes the service plan in HCSIS or SAMs as appropriate. N= The provider does not complete the service plan OR the service plan is not completed in
(j)	An SCE or the Department's designee shall review the participant need, participant goal and participant outcome documented on the service plan at least annually with the participant.	§ 52.25(j). Service plan.	Provider notes, participant interviews, participant complaints, comparison of participant service plans, participant service plans,	Y= The provider reviews the participant's needs, goals and outcomes with the participant AND the review occurs at least annually. N= The provider does not review the participant's needs, goals and outcomes OR the review occurs
(k)	An SCE or the Department's designee shall review and modify, if necessary, the participant need, participant goal, and participant outcome each time a participant has a significant change in medical or social condition.	§ 52.25(k). Service plan.	Participant service plans, service notes, incident reports	Y= The provider develops a service plan AND the service plan if modified is the participant experiences a significant medical or social change OR the SCE reviews the service plan with the participant after a significant medical or social
(l)	If there has been a significant change in the medical or social condition of a participant, an SCE or the Department's designee shall use the Department's person-centered assessment and risk assessment to determine if changes are needed in the service plan.	§ 52.25(l). Service plan.	Participant service plans, service notes, risk assessments, person-centered assessments	Y= The provider reassessed the participant using the standardized person-centered assessment and risk assessment after the participant experienced a significant medical or social change.

§ 52.26. Service coordination services.

(a)	To be paid for rendering services service coordination services, an SCE shall:	§ 52.26(a). Service coordination services.		
	(1) Complete a person-centered assessment.	§ 52.26(a)(1). Service coordination services.	service coordination files, billing records, participant records, complaints, participant interviews, provider	Y= The provider performs an assessment of the participant's needs AND the assessment is person-centered. N= The provider does not perform an assessment

	(2) Complete a level of care re-evaluation at least annually.	§ 52.26(a)(2). Service coordination services.	service coordination files, billing records, participant records, complaints, participant interviews. provider	Y= The provider performs a re-evaluation of the level of care AND the re-evaluation is conducted within 365 days of the initial or previous level of care, as applicable.
	(3) Develop a service plan for each participant for whom the SCE renders service coordination services. The provider shall complete the following:	§ 52.26(a)(3). Service coordination services.		
	(i) Develop and modify the participant's service plan at least annually.	§ 52.26(a)(3)(i). Service coordination services.	HCSIS ISP. Plan-Plan Admin-Print-Individ Srch:General Srch-Srch-Print Entire Plan and/or select desired info	Y= The provider develops a service plan AND the service plan is modified at least annually AND the service plan is modified if the participant experiences a significant medical or social change OR the SCE reviews the service plan with the
	(ii) Modify the participant's service plan, if necessary, when the participant has a significant medical or social change.	§ 52.26(a)(3)(ii). Service coordination services.	HCSIS service notes, ISP: Plan-Plan Admin-Print-Individ Srch:General Srch-Srch-Print Entire Plan and/or	Y= The provider develops a service plan AND the service plan is modified at least annually AND the service plan is modified if the participant experiences a significant medical or social change OR the SCE reviews the service plan with the
	(4) Review the participant need, the participant goal and participant outcome with the participant and other persons that the participant requests to be part of the review as required by conducting the following:	§ 52.26(a)(4). Service coordination services.		
	(i) At least one telephone call or face-to-face visit per calendar quarter. At least two face-to-face visits are required per calendar year.	§ 52.26(a)(4)(i). Service coordination services.	HCSIS service notes, ISP: Plan-Plan Admin-Print-Individ Srch:General Srch-Srch-Print Entire Plan and/or	Y= The provider reviews the participant's needs, goals and outcomes AND meets with the participant 4 times a year AND 2 of the 4 meetings occur face to face.
	(ii) More frequent calls or visits if the service coordinator or the Department determines more frequent calls or visits are necessary to ensure the participant's health and safety.	§ 52.26(a)(4)(ii). Service coordination services.	HCSIS service notes, ISP: Plan-Plan Admin-Print-Individ Srch:General Srch-Srch-Print Entire Plan and/or	Y= The provider conducts more frequent reviews of the participant's needs, goals and outcomes because it or the Department deems it necessary. N= The provider does not conduct more frequent
	(5) Coordinate a service, TPR and informal community supports with the participant to ensure the participant need, the participant goal and the participant outcome are met.	§ 52.26(a)(5). Service coordination services.	service coordination files, billing records, participant records, complaints, participant interviews. provider	Y= The provider coordinates (including researching and pursuing the availability) waiver services, informal supports, and TPRs. N= The provider does not coordinate (including
	(6) Provide the participant with a list of providers in the participant's service location area that are enrolled to render the service that meets the participant's needs.	§ 52.26(a)(6). Service coordination services.	service coordination files, billing records, participant records.	Y= The provider gives the participant the approved list of available providers.
	(7) Inform the participant of the participant's right to choose any willing and qualified provider to provide a service on the participant's service plan.	§ 52.26(a)(7). Service coordination services.	service coordination files, billing records, participant records, complaints, participant interviews. provider	Y= The participant signs the provider choice form AND the provider demonstrates that it has provided the SSD list. N= The participant does not sign the provider

	(8) Confirm with the participant's selected provider that the provider is able to provide the service in the type, scope, amount, duration, and frequency as listed on the participant's service plan.	§ 52.26(a)(8). Service coordination services.	service coordination files, billing records, participant records, complaints, participant interviews, provider notes, service notes	Y= The SCE shares the type, scope, amount, duration and frequency of service provision information with the potential provider of services AND receives assurances from the provider that the service can be provided in the type, scope, amount, duration and frequency as specified on the
For the next two rows, the rows operate individually. In case of a violation, they are cited as §52.26(a)(9). If two yes's are entered, the cells will turn RED.				
	(9) USE FOR DOCS DATED 7/11/13 or Earlier: Provide information regarding the authorized type, scope, amount, duration and frequency of service as listed in the participant's service plan to the provider rendering the service.	§ 52.26(a)(9). Service coordination services. PA OLTL Bulletin 51-13-05, 55-	service coordination files, billing records, participant records, complaints, participant	Y= The SCE shares the type, scope, amount, duration and frequency of service provision information with the potential provider of services.
	(9) USE FOR DOCS DATED 7/12/13 or Later: Provide information regarding the authorized type, scope, amount, duration and frequency of service as listed in the participant's service plan to the provider rendering the service.	§ 52.26(a)(9). Service coordination services. PA OLTL Bulletin 51-13-05, 55-13-05, 59-13-05.	service coordination files, billing records, participant records, complaints, participant interviews, provider notes, service notes, etc.	Y= The SCE provides the direct service provider with a copy of the OLTL Service Authorization Form AND the form is completed (no blank areas; must use N/A as required by bulletin). N= The SCE DOES NOT provide the direct service provider with a copy of the OLTL Service Authorization Form OR the form is incomplete including having blank areas
	(10) Ensure and document at least on a quarterly basis that the participant's services are being delivered in the type, scope, amount, duration and frequency as required by the participant's	§ 52.26(a)(10). Service coordination services.	service coordination files, billing records, participant records,	Y= The SCE contacts the participant or provider AND receives adequate assurances that services are being provided in the type, scope, amount,
	(11) Evaluate if the participant need, participant goal and participant outcome are being met by the service.	§ 52.26(a)(11). Service coordination services.	service coordination files, billing records, participant records,	Y= The SCE reviews the participant's needs, goals and outcomes.
	(12) Ensure a participant exercising participant-directed budget authority does not exceed the number of service hours approved in the participant's service plan.	§ 52.26(a)(12). Service coordination services.	service coordination files, billing records, participant records, complaints, participant	Y= The SCE regularly reviews the number of hours available to the participant utilizing participant budget authority AND does not submit a critical revision for the participant's service plan solely
For the next two rows, the rows operate individually. In case of a violation, they are cited as §52.26(b).				
	(b) If additional information is necessary to ensure that services are provided to a participant in the type, scope, amount, duration or frequency as required by the participant's service plan, the SCE shall convey the additional	§ 52.26(b). Service coordination services. PA OLTL	Participant service plan, service notes, provider notes	Y= The SCE provides sufficient information that the provider can deliver service in the type, scope, amount, duration, and frequency as specified on
	(b) If additional information is necessary to ensure that services are provided to a participant in the type, scope, amount, duration or frequency as required by the participant's service plan, the SCE shall convey the additional information to the provider.	§ 52.26(b). Service coordination services. PA OLTL Bulletin 51-13-05, 55-13-05, 59-13-05.	Participant service plan, service notes, provider notes	Y= The SCE provides a copy of a Script every sixty (60) days for Occupational Therapy, Occupational therapy-assist, Physical therapy, Physical therapy assistance, OR Speech and Language Therapy. N= The SCE DOES NOT provide a copy of a Script
	(j) If the service is also offered as a Medicaid State Plan service, then the Medicaid State Plan service shall be accessed prior to another Departmental program to provide the service.	§ 52.26(j). Service coordination services.	List of state plan services, provider files, participant files, documentation from another party rejecting	Y= The service is available through the state plan and the SCE accesses the service through the state plan or has a denial as to why the state plan service is unavailable to the participant. A statement or notation in service notes that the

(k) The SCE or the Department's designee shall assist a participant to collect and send information to the Department to determine the participant's continued eligibility for the waiver or Act 150 program, including financial eligibility.	§ 52.26(k). Service coordination services.	Service notes, participant files, participant interviews, review of eligibility status and reasons for denial of	Y= The SCE assists the participant to gather and send information to determine eligibility AND explains the eligibility process to the participant. N= The SCE does not assist the participant to
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§ 52.28 Conflict free services

(b) If an SCE operates as an OHCDs, then the SCE may not require a participant to use that OHCDs as a condition to receive the service coordination services of the SCE.	§ 52.28(b). Conflict free service coordination.	Provider notes, SCE notes, participant interviews, signed provider choice forms.	Y= The provider is an SCE AND has the participant sign the provider choice form AND the provider clearly indicates the participant may choose any OHCDs or for its vendor services or a direct provider of a vendor service.
(c) An SCE may not require a participant to choose the SCE as the participant's community transition service provider as a condition to receive service coordination services.	§ 52.28(c). Conflict free service coordination.	Provider notes, SCE notes, participant interviews, signed provider choice forms.	Y= The provider is an SCE AND has the participant sign the provider choice form AND the provider clearly indicates the participant may choose any community transition provider.

§ 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:	§ 52.29. Confidentiality of records.	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 discloses to a party not listed in (1)- (5) with the consent of the participant, AND the provider demonstrates compliance through policy,
(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	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	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	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	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	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	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	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	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	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.			
(g)The provider shall ensure all of 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.	Y- Service coordination entities must verify that the service plan is approved by OLTL prior to rendering and billing for service coordination services.
(2) The type, scope, amount, duration and frequency of the service to be rendered is 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.	Y- Service coordination entities must verify that the service plan is approved by OLTL prior to rendering and billing for service coordination services. N- Service coordination entities do not verify that
§ 52.14. (i) Appendix A, OItl oversees the performance of the annual reevaluation function delegated to 'Service Coordination Agencies'.			
1) Bulletin Standard: All SCE's are required to provide the 'Rights of the Participant' component of the informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual	§ 52.14. (i) Appendix A, Service Coordination.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins
2) Bulletin Standard: All SCE's are required to provide a 'Responsibilities of the Participant' informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins attached. N= The service coordinator DOES NOT provide
3) Bulletin Standard: All SCE's are required to provide a 'Participant Choice' informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins
4) Bulletin Standard: All SCE's are required to provide an 'Applying for Home and Community-Based Service Programs' informational packet, along with any future revisions, additions, or deletions to waiver participants at the	§ 52.14. (i) Appendix A, Service Coordination.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins
5) Bulletin Standard: All SCE's are required to provide a 'Role of the Service Coordinator' informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual	§ 52.14. (i) Appendix A, Service Coordination.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins
6) Bulletin Standard: All SCE's are required to provide a 'Participant Complaints' informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins
7) Bulletin Standard: All SCE's are required to provide a 'How can I find other Resources in my Community' informational packet, along with any future revisions,	§ 52.14. (i) Appendix A, Service	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The
8) Bulletin Standard: All SCE's are required to provide a 'Medicaid (MA) Fraud and Abuse' informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual	§ 52.14. (i) Appendix A, Service Coordination.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins

	9) Bulletin Standard: All SCE's are required to provide a <u>'Who do I contact if...'</u> informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins
	10) Bulletin Standard: All SCE's are required to provide a <u>'Abuse, Neglect, and Exploitation Informational Materials'</u> informational packet, along with any future revisions, additions, or deletions to waiver participants at the	§ 52.14. (i) Appendix A, Service Coordination.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins
	11) Bulletin Standard: All SCE's are required to provide a <u>'Self-Directed Services Informational Materials'</u> informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of	§ 52.14. (i) Appendix A, Service Coordination.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins
	12) Bulletin Standard: All SCE's are required to provide a <u>'Your Appeal and Fair Hearing Rights'</u> informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual	§ 52.14. (i) Appendix A, Service Coordination.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins
	§ 52.14. (i) Appendix B, The AAA utilizes the Level of Care Assessment tool to determine the individual's disability, age of onset, and functional limitations.	§52.14(i) Appendix B. A provider shall comply with the applicable	LOCA, Service Notes	Y- AAA uses LOCA and determines the individual's disability, age of onset, and functional limitations. N- AAA DOES NOT use the LOCA OR uses the LOCA and DOES NOT determine the individual's
	§ 52.14. (i) Appendix B, Service Coordination. The participant is given the choice of receiving institutional (ICF/ORC) services, waiver services, or no services.	§ 52.14. (i) Appendix B, Service Coordination.	Participant record.	Y= The service coordinator documents that the participant was informed that he/ she has choice between institutional services, waiver services or no services.
	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 RENDERS PAS to the participant.
	FOR CONSUMER EMPLOYER MODEL ONLY !! 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)	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 minor.
	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 PAS to the participant AND the SCE/ PAS Agency has prior authorization for the PoA to
	§ 52.14. (i) Appendix C, Community Integration Services are designed to acquire, retain, and improve self-help, communication, socialization, and adaptive skills necessary to reside in the community.	§ 52.14(i). Appendix C. Community Integration	Participant ISP, Service notes.	Y= The community integration services goals either assist a participant to acquire, retain or improve self-help skills, communication, socialization or adaptive skills necessary to reside in the
	§ 52.14. (i) Appendix C, Service Coordination. Prior to meeting(s), the Service Coordinator collaborates with the participant to coordinate invitations and ISP/Annual Review meetings, dates, times and locations. The process of coordinating invitations includes the participant's input as	§ 52.14. (i) Appendix C, Service Coordination.		
	<u>Prior to meeting(s), the Service Coordinator collaborates with the participant to coordinate invitations and ISP/Annual Review meetings, dates, times and locations.</u>	§ 52.14. (i) Appendix C, Service Coordination.	Participant ISP, Service notes.	Y= The Service Coordinator works with the participant to set a time, date, and location of the ISP/ Annual Meeting. N= The Service Coordinator DOES NOT with the
	<u>The process of coordinating invitations includes the participant's input as to who to invite to the meeting(s).</u>	§ 52.14. (i) Appendix C, Service Coordination.	Participant ISP, Service notes.	Y= The Service Coordinator works with the participant to invite people the participant wants to attend the ISP/ Annual Meeting. N= The Service Coordinator DOES NOT work with
	§ 52.14. (i) Appendix C, Service Coordination. Service Coordination activities include maintaining current documentation of the participant's eligibility for waiver services.	§ 52.14. (i) Appendix C, Service Coordination.	Participant files	Y= The provider maintains a copy of the DPW Form 162 or has a policy to utilize IEVS in determining financial eligibility. HCSIS maintains programmatic eligibility. The DPW form 162 is a

§ 52.14. (i) Appendix C, Participants are informed at the time of reevaluation that in order to request a fair hearing they should contact their Service Coordination agency.	§ 52.14(i). Appendix C. Service Coordination	Service notes.	Y= The Service Coordination Entity (SCE) informs the participant at reevaluation that if the participant wants a fair hearing, then he/she should contact the SCE.
§ 52.14. (i) Appendix C, The Service Coordinator review and updates Transportation needs quarterly.	§ 52.14(i). Appendix C. Service Coordination	Service Notes, participant files.	Y= The provider reviews and updates transportation needs quarterly. Quarterly means every three months from initial need and every three months after.
§ 52.14. (i) Appendix C, Service Coordination. The Service Coordination Agency has Registered Nurse (RN) consulting services available, either by a staffing arrangement or through a contracted consulting arrangement.	§ 52.14. (i) Appendix C, Service Coordination.	Service notes/ service provision documentation, contract with RN staffing agency or RN directly.	Y= The provider has an RN available either as a staff member or through a contract arrangement. N= The provider does not have an RN available as a staff member or through a contract arrangement.
§ 52.14. (i) Appendix C. When participants are receiving Residential Habilitation Services in licensed personal care homes, the Service Coordination RN or contracted RN is responsible for quarterly onsite	§ 52.14. (i) Appendix C, Service	Service notes, Participant ISP .	Y- The RN hired or contracted by the Service Coordination Agency reviews the medication records for the participant quarterly.
52.14(i) Appendix C, Community Integration: The Community Integration is reviewed quarterly to determine the progress of how the strategies utilized are affecting the participant's ability to independently complete tasks identified in the ISP.	52.14(i) Appendix C		
Bulletin Standard 1: Service Coordinators are responsible for evaluating a participant's need for community integration on a quarterly basis.	55 Pa. Code § 52.14(i) A provider shall comply with the applicable	Service notes, participant ISPs.	Y= The SCE evaluates the participant's need for community integration at least once a quarter. N= The SCE DOES NOT evaluate the participant's need for community integration at least once a
Bulletin Standard 2: The participant must meet at least one (1) of the following criteria: 1. Is there a life-changing event?	55 Pa. Code § 52.14(i) A provider shall comply with the applicable	Service notes, participant ISPs.	Y= The participant has CI AND the SCE documents that the participant has had one (1) of the following: 1. A life-changing event.
Bulletin Standard 3: The Community Integration goal must meet all of the following criteria:	Cite this as the prefix for every numbered infringement		
1. The expected outcome of the activity is to independently complete a skill.	1. The expected outcome of the activity is to independently	Service notes, participant ISPs.	Y= The CI activity indicates that the expected outcome of the activity is to independently complete a skill. This means, at the end of the CI period, the participant will be able to demonstrate the listed
2. The skill set is necessary to live independently in the home and community.	2. The skill set is necessary to live independently in the home and	Service notes, participant ISPs.	Y= The CI activity indicates that skill set is necessary for the participant to live independently in the home and community. If the skill set is necessary for independence in either the home or
3. The desired outcome (goal) of the participant is attainable and time-targeted.	3. The desired outcome (goal) of the participant is attainable and time-	Service notes, participant ISPs.	Y= The CI activity meets time restrictions as stated in the bulletin AND the goal is appropriate to the participant. The time restriction for a new CI goal is 13 weeks and no goal cannot exceed 26 weeks. If
4. The desired outcome (goal) is measureable (which means it is easily observable and measureable).	4. The desired outcome (goal) is measureable (which means it is	Service notes, participant ISPs.	Y= The CI activity is measureable. The CI activity can clearly be determined as met or unmet. A CI activity of "attain life skill" is not measureable. A CI activity of "travel to and from the grocery store
5. CI is not stagner and does not focus on one goal indefinitely.	5. CI is not stagnate and does not focus on one goal indefinitely.	Service notes, participant ISPs.	Y= The CI activity is NOT stagnate AND the CI activity does not focus on one goal indefinitely. If the goal is not met within 26 weeks, the SC MAY NOT reinstate the CI activity by wording the goal in
6. Must be provided on a 1:1 ratio.	6. Must be provided on a 1:1 ratio."	Service notes, participant ISPs.	Y= The goal is provided 1:1 basis. This means one staff member to one participant. The goal CANNOT be provided in a group setting. N= The goal is provided at a ratio higher than 1:1.

52.14(i) Appendix C, Community Integration: No more than 32 units per week for one Community Integration goal will be approved in the ISP without OLTL prior authorization. If the participant has multiple Community Integration goals, no more than 48 units per week will be	55 Pa. Code § 52.14(i) A provider shall comply with the applicable	ISPs, Billing Claims, Letters or other documentation from OLTL verifying increased	Y= The CI plan contains one goal AND does not exceed 8 hours per week unless there is OLTL authorization OR the CI plan contains multiple goals AND does not exceed 12 hours per week
52.14(i) Appendix C, Community Integration: If the individual can complete the task independently, the community integration goal is removed from the ISP.	§ 52.14. (i) Appendix C, Community Integration. 55 Pa.	Service notes, ISP	Y= Service notes or other documentation indicate the participant can complete the task independently AND the CI goal was removed from the ISP. N= Service notes or other documentation DO NOT
per week for one Community Integration goal will be approved in the ISP without OLTL prior authorization. If the participant has multiple	52.14(i) A provider shall comply with	Letters or other documentation from	Y= The CI plan contains one goal AND does not exceed 8 hours per week unless there is OLTL
52.14(i) Appendix C, Community Integration: The length of Community Integration service should not exceed thirteen (13) weeks on	52.14(i) Appendix C		
Bulletin Standard 4: The length of community integration service approved will not exceed 13 weeks on new plans.	55 Pa. Code § 52.14(i) A provider shall comply with the applicable	Participant ISPs, service notes.	Y=The initial CI goal is scheduled for 13 weeks or less on a new (initial) plan. N= The initial CI goal exceeds 13 weeks on a new plan.
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 change or it is concluded that the	52.14(i) Appendix C		
Bulletin Standard 1: The SC cannot list one on-going goal to justify CI indefinitely.	55 Pa. Code § 52.14(i) A provider shall comply with the applicable approved waiver,	Participant ISPs, service notes.	Y=The CI plan has an end date AND the CI goal is not repeated again in the ISP. This includes not using alternative explanations to reach the same basic goal. N= The CI plan DOES NOT have an end date OR
Bulletin Standard 2: The same goal may not remain on the ISP for more than 26	Full Citation for Statement of	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 that the individual will not independently complete	55 Pa. Code § 52.14(i)55 Pa. Code § 52.14(i) A provider shall	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 AND the SC assesses the participant for a more appropriate service. The goal change must be
§ 52.14. (i) Appendix E, Service Coordination. The ISP reflects the participant's choice of Agency Model, Employer Authority Model or a combination of both models.	§ 52.14(i). Appendix E. Service Coordination	Participant ISP.	Y= The ISP indicates the participant's choice of service model. N= The ISP DOES NOT indicate the participant's choice of service model OR the participant was not
§ 52.14. (i) Appendix E, Service Coordination Involuntary termination from the consumer model would only occur after a thorough review by the participant's Service Coordinator of the participant's health and welfare needs as identified in the service plan.	§ 52.14(i). Appendix E. Service Coordination	Participant ISP, Service notes.	Y= The participant is involuntary terminated from consumer model services AND the Service Coordinator reviewed the participant's health and welfare needs prior to termination.
§ 52.14. (i) Appendix E, Termination from the Employer Authority Model would occur only after a team meeting with the participant, the participant's Service Coordinator, and any family, friends and advocate if requested by the participant and a review of the recommendations by	§ 52.14(i). Appendix E. Service Coordination	Participant ISP, Service notes.	Y= The participant is involuntary terminated from consumer model services AND the participant, the Service Coordinator, and individuals that the participant requests meet to review the situation
§ 52.14. (i) Appendix E, The Service Coordinator will assist the participant in the transfer to the Agency model of service and to ensure that there is not a break in service during the transition period.	§ 52.14(i). Appendix E. Service Coordination	Participant ISP, Service notes.	Y= The participant is involuntary terminated from consumer model services AND the Service Coordinator assists the participant transfer to the Agency model of services AND ensures there is not
§ 52.14. (i) Appendix E, The personal representative must be willing and able to fulfill the responsibilities as outlined in the Personal Representative Agreement and must:	§ 52.14(i). Appendix E. Service Coordination		
(1) Demonstrate a strong personal commitment to the participant.	§ 52.14(i). Appendix E. Service Coordination	Participant ISP, Service notes, SC interviews.	Y= The Service Coordinator has the personal representative complete the Personal Representative Agreement and determines the perspective personal representative demonstrates

	(2) Assist the participant in identifying/ obtaining back up services when a support worker does not show	§ 52.14(i). Appendix E. Service Coordination	Participant ISP, Service notes, SC interviews.	Y= The Service Coordinator has the personal representative complete the Personal Representative Agreement and determines the perspective personal representative demonstrates
	(3) Demonstrate knowledge of the participant's preferences	§ 52.14(i). Appendix E. Service Coordination	Participant ISP, Service notes, SC interviews.	Y= The Service Coordinator has the personal representative complete the Personal Representative Agreement and determines the perspective personal representative demonstrates
	(4) Agree to predetermined frequency of contact with the participant;	§ 52.14(i). Appendix E. Service Coordination	Participant ISP, Service notes, SC interviews.	Y= The Service Coordinator has the personal representative complete the Personal Representative Agreement and determines the perspective personal representative demonstrates
	(5) Be at least 18 years of age.	§ 52.14(i). Appendix E. Service Coordination	Participant ISP, Service notes, SC interviews.	Y= The Service Coordinator has the personal representative complete the Personal Representative Agreement and determines the perspective personal representative demonstrates
§ 52.14. (i) Appendix E, A personal representative will be required for any individual who has impaired judgment as identified on the LOCA or is unable to: (1) Understand his/her own personal care needs;		§ 52.14(i). Appendix E. Service Coordination	Participant ISP, Service notes, LOCA.	Y= The participant is interested in exercising consumer direction AND the Service Coordinator determines the participant is unable to meet one of the five criteria listed in the standard OR has
§ 52.14. (i) Appendix E, The Service Coordination agency informs participants of the opportunity to request a fair hearing under the provisions of 42 CFR Part 431, Subpart E, to beneficiaries in the following situations:		§ 52.14(i). Appendix E. Service Coordination	Participant ISP, Service notes, Statement signed by the participant that he/ she reviewed and	Y= The Service Coordinator informs the participant that he/she has the right to appeal any of the actions listed in the standard. N= The Service Coordinator DOES NOT inform the
§ 52.14. (i) Appendix E, The Service Coordination agency informs participants of the opportunity to request a fair hearing under the provisions of 42 CFR Part 431, Subpart E, to beneficiaries including the right to appeal the local enrollment broker's or Service Coordination		§ 52.14(i). Appendix E. Service Coordination	Participant ISP, Service notes, Statement signed by the participant that he/ she reviewed and	Y= The Service Coordinator informs the participant that he/she has the right to appeal its failure to act or the enrollment broker's failure to act. N= The Service Coordinator DOES NOT inform the
§ 52.14. (i) Appendix E, Service Coordinators shall offer all participants who have chosen to self-direct their services provider-managed services until the individual's support workers are hired.		§ 52.14(i). Appendix E. Service	Service notes, Participant ISP	Y= The Service Coordinator (SC) offers the consumer model participant provider managed services (agency) until the participant's support
§ 52.14. (i) Appendix E, The participant receives information on self-direction, participation in decision-making and independent living philosophy regardless of which service model they choose.		§ 52.14(i). Appendix E. Service Coordination	Service Notes, Statement signed by participant indicating he/she understood and reviewed	Y= The provider gives each participant information on self-direction, participation in decision-making and independent living philosophy. N= The provider does not give each participant
§ 52.14. (i) Appendix E, Participants are advised that they have the opportunity to choose Employer Authority on an ongoing basis.		§ 52.14(i). Appendix E. Service Coordination	Service Notes, Statement signed by participant indicating he/she understood and reviewed	Y= The provider gives each participant the opportunity to choose Employer Authority at least at each reevaluation and reminds participant of his/ her right to choose Employer Authority at each
§ 52.14. (i) Appendix E, Participants may choose to self-direct their services during the development of the initial Individual Service Plan (ISP), at reassessment, or at any time.		§ 52.14(i). Appendix E. Service Coordination	Participant ISP, Service notes, consumer complaints	Y= The participant requests to self-direct his/her services and the Service Coordinator assists the participant to begin self-direction. N= The participant requests to self-direct his/her
§ 52.14. (i) Appendix E, Information about participant-direction is shared with participants on an annual basis and at the request of the participant.		§ 52.14(i). Appendix E. Service Coordination	Participant ISP, Service notes, consumer complaints.	Y= The participant receives information on self-direction on an annual basis OR at his/her request. N= The participant DOES NOT receive information on self-direction on an annual basis OR at his/her
§ 52.14. (i) Appendix F, The Service Coordination agency is responsible to provide the participant with at least ten days advance notice when an action will be taken regarding existing services that is subject to appeal.		§ 52.14(i). Appendix F. Service Coordination	Participant ISP, Service notes, consumer complaints.	Y= The Service Coordination agency provides at least 10 days written notice prior to an action being taken. An action is defined as a reduction, suspension or termination of services.
§ 52.14. (i) Appendix F, If the participant files an appeal prior to the date the action is to become effective, the services must continue pending the resolution of the appeal.		§ 52.14(i). Appendix F. Service Coordination	Participant ISP, Service notes, consumer complaints.	Y= The participant files an appeal prior to the effective date of the action AND the Service Coordination agency continues services pending resolution of the appeal.

§ 52.14. (i) Appendix F, The Service Coordination agency must send a written notice to the individual when services are denied, suspended, reduced, or terminated.	§ 52.14(i). Appendix F. Service Coordination	Copies of notices, service notes indicating action taken and date notice was sent, policy.	Y= The provider has a policy and sends written notice to the participant when services are denied, suspended, reduced or terminated. N= The provider DOES NOT have a policy or
§ 52.14. (i) Appendix F, The Service Coordination agency retains copies of written notices.	§ 52.14(i). Appendix F. Service Coordination	Copies of notices.	Y= The provider maintains copies of notices it sends. N= The provider DOES NOT maintains copies of notices it sends.
§ 52.14. (i) Appendix F, If advance notice is not provided, the participant has the right to maintain services at the current level if the appeal request is made within ten days of the participant being informed of the action.	§ 52.14(i). Appendix F. Service Coordination	Copies of notices.	Y= The Service Coordinator (SC) fails to provide advance notice of the action, AND the participant appeals within 10 days of being informed of the action AND the SC continues services pending the
§ 52.14. (i) Appendix G, During enrollment and at reevaluation the Service Coordination Agency reviews the process for reporting the use	§ 52.14(i). Appendix G.	Service Notes, Statement signed by participant	Y= The provider documents it reviewed the process for reporting the use of Restraints and Restrictive
§ 52.14. (i) Appendix G, The Service Coordinator informs participants of rights, responsibilities, and liabilities when choosing a service model.	§ 52.14(i). Appendix G.	Service Notes, Statement signed by participant	Y= The provider documents it reviewed the participant's rights, responsibilities and liabilities in
§ 52.14. (i) Appendix D, Service Coordination. If the participant utilizes an alternative means of communication or whose primary language is not English, then the Supports Coordinator utilizes the participant's primary means of communication, an interpreter, or	§ 52.14(i). Appendix D. Service Coordination	Participant ISP, Service Notes.	Y= The participant utilizes an alternative means of communication OR his/her primary language is not English AND the Supports Coordinator utilizes the participant's primary means of communication OR
(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	Y= The provider does not render services when the participant is unavailable or disinterested in receiving services.
(r) A provider shall document the participant's progress towards outcomes and goals in the Department's designated information systems.	§ 52.14 (r). Ongoing Responsibilities of Providers.	Participant Service Plan, service notes, provider notes	Y= The service coordinator documents the participant's outcomes and goals AND monitors the progress towards those outcomes and goals by contacting the participant and providers of direct

§ 52.15. Provider records.

(a) The following requirements are in addition to the recordkeeping provisions under § 1101.51(d) and (e) (relating to ongoing responsibilities of providers):	§ 52.15 (a). Provider records.		
(1) A provider shall use the Department's designated information system to record service plan information regarding the participant as required.	§ 52.15 (a)(1). Provider records.	Provider notes, HCSIS and SAMS service plans, claims, receipts, timesheets	Y= The Service Coordination Entity enters service plan information into SAMS and HCSIS. N= The Service Coordination Entity does not enter service plan information into SAMS or HCSIS.
(2) 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 and frequency to be complete. Please see Module 5, 55 Pa. Code § 52.14(q) for a

§ 52.17. Critical incident and risk management.

(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. Critical incident and risk management. Pa. OLTL Bulletin 05-	QMP and reported preventable incidents in EIM. Example of preventable incidents:	Y= The provider reports critical incidents within 48 hours of incident or knowledge of the incident AND The provider reports the critical incident to the
(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	Y= The provider was required by OLTL to provide additional information regarding a critical incident AND the provider rendered the information. N= The provider was required by OLTL to provide

§ 52.25. Service plan.

(a) A service plan must be developed for each participant that contains the following:		§ 52.25. (a) Service plan.		
(1) The participant need as identified on a standardized needs assessment provided by the Department.	§ 52.25. (a) (1) Service plan.	Participant service plan, service notes, participant file	Y- The provider drafts a service plan that contains the participant need as identified on a standardized needs assessment provided by the Department. N-The provider does not draft a service plan OR	
(2) the participant goal.	§ 52.25. (a)(2) Service plan.	Participant service plan, service notes, participant file	Y- The provider drafts a service plan that contains the participant goal. N-The provider does not draft a service plan OR	
(3) the participant outcome.	§ 52.25.(a)(3) Service plan.	Participant service plan, service notes, participant file	Y- The provider drafts a service plan that contains the participant outcome. N-The provider does not draft a service plan OR	
(4) the service, TPR or informal community support that meets the participant need, participant goal or participant outcome.	§ 52.25.(a)(4) Service plan.	Participant service plan, service notes, participant file	Y- The provider drafts a service plan that contains, the service, TPR or informal community support that meets the participant need, participant goal or participant outcome.	
(5) The type, scope, amount, duration, and frequency of services needed by the participant.	§ 52.25.(a)(5) Service plan.	Participant service plan, service notes, participant file	Y- The provider drafts a service plan that contains the type, scope, amount, duration, and frequency of services needed by the participant.	
(6) the provider of each service.	§ 52.25.(a)(6) Service plan.	Participant service plan, service notes, participant file	Y- The provider drafts a service plan that contains the provider of each service., N-The provider does not draft a service plan OR	
(7) the participant's signature.	§ 52.25.(a)(7) Service plan.	Participant service plan, service notes, participant file	Y- The provider drafts a service plan that contains the participant's signature. N-The provider does not draft a service plan OR	
(8) Risk mitigation strategies.	§ 52.25.(a)(8) Service plan.	Participant service plan, service notes, participant file	Y- The provider drafts a service plan that contains risk mitigation strategies. N-The provider does not draft a service plan OR the provider drafts a service plan that does not	
(9) the participant's back-up plan.	§ 52.25.(a)(9) Service plan.	Participant service plan, service notes, participant file	Y- The provider drafts a service plan that contains the participant's back-up plan. N-The provider does not draft a service plan OR	
(b) The participant's back-up plan must contain an individualized back-up plan and an emergency back-up plan.	§ 52.25. (b) Service plan.	Participant service plan, service notes	Y- The SCE writes a participant back-up plan AND the participant back-up plan includes an individualized back-up plan AND an emergency back-up plan.	
(c) Each participant need must be addressed by an informal community support, TPR, or service unless the participant chooses for a need not be addressed.	§ 52.25.(c) Service plan.	Participant service plan, service notes, the person-centered assessment	Y- The provider lists the identified needs from the person-centered assessment AND each need is addressed by an informal community support, a TPR, a service OR by the participant stating he/she	
(d) If a participant refuses to have a need addressed, then the SCE shall document when the participant refused to have the need addressed and why the participant chose for the need to remain unaddressed.	§ 52.25(d). Service plan.	Participant service plan, service notes, the person-centered assessment	Y- The participant refuses to have an identified needs addressed AND the SCE documents when the participant refused to have the need addressed AND the SCE documents why the participant did	

(e) The following services require a physician's prescription prior to being added to a participant's service plan:	§ 52.25(e). Service plan.		
(1) Physical therapy.	§ (e)(1) Service plan.	Participant service plan, service notes, the person-centered assessment, participant file, participant prescriptions, CMS Form 485	Y= The participant's service plan lists physical therapy AND the participant's file contains a script for the service AND The provider obtains a new physician's order every sixty days for the continuation of physical therapy. N= The participant's service plan lists physical therapy AND the participant's file does not contain
(2) Occupational therapy.	§ 52.25 (e)(2). Service plan.	Participant service plan, service notes, the person-	Y= The participant's service plan lists , occupational therapy AND the participant's file
(3) Speech and language therapy.	§ 52.25 (e)(3). Service plan.	Participant service plan, service notes, the person-centered assessment, participant file, participant	Y= The participant's service plan lists speech and language therapy AND the participant's file contains a script for the service AND The provider obtains a new physician's order every sixty days for
(4) Nursing services.	§ 52.25(e)(4). Service plan.	Participant service plan, service notes, the person-	Y= The participant's service plan lists nursing services AND the participant's file contains a script
(5) Telecare health status and monitoring services.	§ 52.25(e)(5). Service plan.	Participant service plan, service notes, the person-	Y= The participant's service plan lists telecare health status and monitoring services AND the
(6) Durable medical equipment.	§ 52.25 (e)(6). Service plan.	Participant service plan, service notes, the person-centered assessment, participant file, participant prescriptions, CMS Form	Y= The participant's service plan durable medical equipment AND the participant's file contains a script for the service. N= The participant's service plan lists durable medical equipment AND the participant's file does
(f) An SCE or the Department's designee shall use a person-centered approach to develop a participant's service plan.	§ 52.25. (f) Service plan.	Provider notes, participant interviews, participant complaints, comparison of participant service plans, participant service plans; provider interview,	Y= The provider uses a person-centered approach to develop the participant's service plan. N= The provider does not use a person-centered approach to develop the participant's service plan. The provider dictates how the plan is going to
(g) An SCE or the Department's designee shall use the Department's person-centered assessment and risk assessment to develop the participant's service plan.	§ 52.25. (g) Service plan.	CMI, LOCA, participant's file, participant's ISP	Y= The SCE uses the CMI and LOCA to develop the participant's service plan. N= The SCE DOES NOT USE the CMI or the LOCA to develop the participant's service plan. NA= The provider is not the SCE.
(h) An SCE or the Department's designee shall complete the participant's service plan on the format prescribed by the Department	§ 52.25(h). Service plan.	Participant service plans	Y= The provider completes the service plan in HCSIS or SAMs as appropriate.
(j) An SCE or the Department's designee shall review the participant need, participant goal and participant outcome documented on the service plan at least annually with the participant.	§ 52.25(j). Service plan.	Provider notes, participant interviews, participant complaints, comparison	Y= The provider reviews the participant's needs, goals and outcomes with the participant AND the review occurs at least annually.
(k) An SCE or the Department's designee shall review and modify, if necessary, the participant need, participant goal, and participant outcome each time a participant has a significant change in medical or	§ 52.25(k). Service plan.	Participant service plans, service notes, incident reports	Y= The provider develops a service plan AND the service plan if modified is the participant experiences a significant medical or social change
(l) If there has been a significant change in the medical or social condition of a participant, an SCE or the Department's designee shall use the Department's person-centered assessment and risk	§ 52.25(l). Service plan.	Participant service plans, service notes, risk assessments, person-	Y= The provider reassessed the participant using the standardized person-centered assessment and risk assessment after the participant experienced a

§ 52.26. Service coordination services.

(a) To be paid for rendering services service coordination services, an SCE shall:		§ 52.26(a). Service coordination services.		
	(1) Complete a person-centered assessment.	§ 52.26(a)(1). Service coordination services.	service coordination files, billing records, participant records, complaints, participant interviews,	Y= The provider performs an assessment of the participant's needs AND the assessment is person-centered. N= The provider does not perform assessment
	(2) Complete a level of care re-evaluation at least annually.	§ 52.26(a)(2). Service coordination	service coordination files, billing records, participant records, complaints,	Y= The provider performs a re-evaluation of the level of care AND the re-evaluation is conducted within 365 days of the initial or previous level of
	(3) Develop a service plan for each participant for whom the SCE renders service coordination services. The provider shall complete the following:	§ 52.26(a)(3). Service coordination		
	(i) Develop and modify the participant's service plan at least annually.	§ 52.26(a)(3)(i). Service coordination services.	HCSIS ISP. Plan-Plan Admin-Print-Individ Srch:General Srch-Srch-Print Entire Plan and/or select desired info	Y= The provider develops a service plan AND the service plan is modified at least annually AND the service plan is modified if the participant experiences a significant medical or social change OR the SCE reviews the service plan with the
	(ii) Modify the participant's service plan, if necessary, when the participant has a significant medical or social change.	§ 52.26(a)(3)(ii). Service coordination	HCSIS service notes, ISP: Plan-Plan Admin-Print-Individ Srch:General	Y= The provider develops a service plan AND the service plan is modified at least annually AND the service plan is modified if the participant
	(4) Review the participant need, the participant goal and participant outcome with the participant and other persons that the participant requests to be part of the review as required by conducting the following:	§ 52.26(a)(4). Service coordination services.		
	(i) At least one telephone call or face-to-face visit per calendar quarter. At least two face-to-face visits are required per calendar year.	§ 52.26(a)(4)(i). Service coordination services.	HCSIS service notes, ISP: Plan-Plan Admin-Print-Individ Srch:General Srch-Srch-Print Entire Plan and/or select desired	Y= The provider reviews the participant's needs, goals and outcomes AND meets with the participant 4 times a year AND 2 of the 4 meetings occur face to face.
	(ii) More frequent calls or visits if the service coordinator or the Department determines more frequent calls or visits are necessary to ensure the participant's health and safety.	§ 52.26(a)(4)(ii). Service coordination services.	HCSIS service notes, ISP: Plan-Plan Admin-Print-Individ Srch:General Srch-Srch-Print Entire Plan and/or select desired	Y= The provider conducts more frequent reviews of the participant's needs, goals and outcomes because it or the Department deems it necessary. N= The provider does not conduct more frequent
	(5) Coordinate a service, TPR and informal community supports with the participant to ensure the participant need, the participant goal and the participant outcome are met	§ 52.26(a)(5). Service coordination	service coordination files, billing records, participant records, complaints	Y= The provider coordinates (including researching and pursuing the availability) waiver services, informal supports, and TPRs
	(6) Provide the participant with a list of providers in the participant's service location area that are enrolled to render the service that meets the participant's needs.	§ 52.26(a)(6). Service coordination services.	service coordination files, billing records, participant records, complaints, participant interviews, provider notes, service	Y= The provider gives the participant the approved list of available providers. N= The provider does not give the participant the approved list of available providers.
	(7) Inform the participant of the participant's right to choose any willing and qualified provider to provide a service on the participant's service plan.	§ 52.26(a)(7). Service coordination services.	service coordination files, billing records, participant records, complaints, participant interviews, provider notes, service	Y= The participant signs the provider choice form AND the provider demonstrates that it has provided the SSD list. N= The participant does not sign the provider
	(8) Confirm with the participant's selected provider that the provider is able to provide the service in the type, scope, amount, duration, and frequency as listed on the participant's	§ 52.26(a)(8). Service coordination	service coordination files, billing records, participant records, complaints	Y= The SCE shares the type, scope, amount, duration and frequency of service provision information with the potential provider of services

For the next two rows, the rows operate individually. In case of a violation, they are cited as §52.26(a)(9). If two yes's are entered, the cells will turn RED.

(9) USE FOR DOCS DATED 7/11/13 or Earlier: Provide information regarding the authorized type, scope, amount, duration and frequency of service as listed in the participant's service plan to the provider rendering the service.	§ 52.26(a)(9). Service coordination services. PA OLTL Bulletin 51-13-05,	service coordination files, billing records, participant records, complaints, participant interviews, provider notes, service	Y= The SCE shares the type, scope, amount, duration and frequency of service provision information with the potential provider of services. N= The SCE does not share the type, scope,
(9) USE FOR DOCS DATED 7/12/13 or Later: Provide information regarding the authorized type, scope, amount, duration and frequency of service as listed in the participant's service plan to the provider rendering the service.	§ 52.26(a)(9). Service coordination services. PA OLTL Bulletin 51-13-05,	service coordination files, billing records, participant records, complaints, participant interviews, provider notes, service	Y= The SCE provides the direct service provider with a copy of the OLTL Service Authorization Form AND the form is completed (no blank areas; must use N/A as required by bulletin). N= The SCE DOES NOT provide the direct service
(10) Ensure and document at least on a quarterly basis that the participant's services are being delivered in the type, scope, amount, duration and frequency as required by the participant's service plan.	§ 52.26(a)(10). Service coordination services.	service coordination files, billing records, participant records, complaints, participant interviews, provider notes, service	Y= The SCE contacts the participant or provider AND receives adequate assurances that services are being provided in the type, scope, amount, duration and frequency as specified on the service plan.
(11) Evaluate if the participant need, participant goal and participant outcome are being met by the service.	§ 52.26(a)(11). Service coordination services.	service coordination files, billing records, participant records, complaints, participant interviews, provider notes, service	Y= The SCE reviews the participant's needs, goals and outcomes. N= The SCE does not review the participant's needs, goals and outcomes.
(12) Ensure a participant exercising participant-directed budget authority does not exceed the number of service hours approved in the participant's service plan.	§ 52.26(a)(12). Service coordination services.	service coordination files, billing records, participant records, complaints, participant interviews, provider notes, service	Y= The SCE regularly reviews the number of hours available to the participant utilizing participant budget authority AND does not submit a critical revision for the participant's service plan solely based on the participant running out of hours at the

For the next two rows, the rows operate individually. In case of a violation, they are cited as §52.26(b).

(b) If additional information is necessary to ensure that services are provided to a participant in the type, scope, amount, duration or frequency as required by the participant's service plan, the SCE shall convey the additional information to the provider.	§ 52.26(b). Service coordination services. PA OLTL Bulletin 51-13-05, 55-13-05, 59-13-05.	Participant service plan, service notes, provider notes	Y= The SCE provides sufficient information that the provider can deliver service in the type, scope, amount, duration, and frequency as specified on the service plan AND the SCE responds to the provider's request for additional information in a
(b) If additional information is necessary to ensure that services are provided to a participant in the type, scope, amount, duration or frequency as required by the participant's service plan, the SCE shall convey the additional information to the provider.	§ 52.26(b). Service coordination services. PA OLTL Bulletin 51-13-05, 55-13-05, 59-13-05.	Participant service plan, service notes, provider notes	Y= The SCE provides a copy of a Script every sixty (60) days for Occupational Therapy, Occupational therapy-assist, Physical therapy, Physical therapy assistance, OR Speech and Language Therapy. N= The SCE DOES NOT provide a copy of a Script
(j) If the service is also offered as a Medicaid State Plan service, then the Medicaid State Plan service shall be accessed prior to another Departmental program to provide the service.	§ 52.26(j). Service coordination services.	List of state plan services, provider files, participant files, documentation from another party rejecting service	Y= The service is available through the state plan and the SCE accesses the service through the state plan or has a denial as to why the state plan service is unavailable to the participant. A statement or notation in service notes that the
(k) The SCE or the Department's designee shall assist a participant to collect and send information to the Department to determine the participant's continued eligibility for the waiver or Act 150 program, including financial eligibility.	§ 52.26(k). Service coordination services.	Service notes, participant files, participant interviews, review of eligibility status and reasons for denial of	Y= The SCE assists the participant to gather and send information to determine eligibility AND explains the eligibility process to the participant. N= The SCE does not assist the participant to

§ 52.28 Conflict free services

(b) If an SCE operates as an OHCDS, then the SCE may not require a participant to use that OHCDS as a condition to receive the service coordination services of the SCE.	§ 52.28(b). Conflict free service coordination.	Provider notes, SCE notes, participant interviews, signed provider choice forms.	Y= The provider is an SCE AND has the participant sign the provider choice form AND the provider clearly indicates the participant may choose any OHCDS or for its vendor services or a direct provider of a vendor service.
(c) An SCE may not require a participant to choose the SCE as the participant's community transition service provider as a condition to receive service coordination services.	§ 52.28(c). Conflict free service coordination.	Provider notes, SCE notes, participant interviews, signed provider choice forms.	Y= The provider is an SCE AND has the participant sign the provider choice form AND the provider clearly indicates the participant may choose any community transition provider.

§ 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:		§ 52.29. Confidentiality of records.	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 discloses to a party not listed in (1)- (5) with the consent of the participant, AND the provider demonstrates compliance through policy,
(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		
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<p>(i) The records shall be legible throughout.</p>	<p>§ 1101.51(e) (1) (i) Ongoing responsibilities of providers</p>	<p>Service notes, ISP, progress notes, provider notes.</p>	<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>
<p>(ii) The record shall identify the patient on each page.</p>	<p>§ 1101.51(e) (1) (ii) Ongoing responsibilities of providers</p>	<p>Service notes, ISP, progress notes, provider notes.</p>	<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>
<p>(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 signed and dated.</p>	<p>§ 1101.51(e) (1) (iii) Ongoing responsibilities of providers</p>	<p>Service notes, ISP, progress notes, provider notes.</p>	<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>
<p>(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.</p>	<p>§ 1101.51(e) (1) (iv) Ongoing responsibilities of providers</p>	<p>Service notes, ISP, progress notes, provider notes.</p>	<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>

<p>(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.</p>	<p>§ 1101.51(e) (1) (v) Ongoing responsibilities of providers</p>	<p>Service notes, ISP, progress notes, provider notes.</p>	<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>
<p>(vi) The record shall indicate the progress at each visit, change in diagnosis, change in treatment and response to treatment.</p>	<p>§ 1101.51(e) (1) (vi) Ongoing responsibilities of providers</p>	<p>Service notes, ISP, progress notes, provider notes.</p>	<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>
<p>(vii) The record shall contain summaries of hospitalizations .</p>	<p>§ 1101.51(e) (1) (vii) Ongoing responsibilities of providers</p>	<p>Service notes, ISP, progress notes, provider notes.</p>	<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>
<p>(ix) The disposition of the case shall be entered in the record.</p>	<p>§ 1101.51(e) (1)(ix) Ongoing responsibilities of providers</p>	<p>Service notes, ISP, progress notes, provider notes.</p>	<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>

<p>(x) The record shall contain documentation of the medical necessity of a rendered, ordered or prescribed service.</p>	<p>§ 1101.51(e) (1) (x) Ongoing responsibilities of providers</p>	<p>Service notes, ISP, progress notes, provider notes.</p>	<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 of medical goods and equipment.</p>
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Regulation	Regulation Reference	Documentation Source	Decision Criteria
§ 52.14. Ongoing Responsibilities of Providers.			
(g)The provider shall ensure all of 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	Y- Service coordination entities must verify that the service plan is approved by OLTL prior to rendering and billing for service coordination services
(2) The type, scope, amount, duration and frequency of the service to be rendered is 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	Y- Service coordination entities must verify that the service plan is approved by OLTL prior to rendering and billing for service coordination services
§ 52.14. (i) Appendix A, OIIT oversees the performance of the annual reevaluation function delegated to 'Service Coordination Agencies'.			
1) Bulletin Standard: All SCE's are required to provide the 'Rights of the Participant' component of the informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins attached.
2) Bulletin Standard: All SCE's are required to provide a 'Responsibilities of the Participant' informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins attached.
3) Bulletin Standard: All SCE's are required to provide a 'Participant Choice' informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins attached.
4) Bulletin Standard: All SCE's are required to provide an 'Applying for Home and Community-Based Service Programs' informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins attached.
5) Bulletin Standard: All SCE's are required to provide a 'Role of the Service Coordinator' informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins attached.
6) Bulletin Standard: All SCE's are required to provide a 'Participant Complaints' informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins attached.
7) Bulletin Standard: All SCE's are required to provide a 'How can I find other Resources in my Community' informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins attached.
8) Bulletin Standard: All SCE's are required to provide a 'Medicaid (MA) Fraud and Abuse' informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins attached.
9) Bulletin Standard: All SCE's are required to provide a 'Who do I contact if...' informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins attached.
10) Bulletin Standard: All SCE's are required to provide a 'Abuse, Neglect, and Exploitation Informational Materials' informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins attached.
11) Bulletin Standard: All SCE's are required to provide a 'Self-Directed Services Informational Materials' informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found in the bulletins attached.

	12) Bulletin Standard: All SCE's are required to provide a 'Your Appeal and Fair Hearing Rights' informational packet, along with any future revisions,	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The
	§ 52.14. (i) Appendix B, The AAA utilizes the Level of Care Assessment tool to determine the individual's disability, age of onset, and functional limitations.	§52.14(i) Appendix B. A provider shall comply with the applicable approved waiver,	LOCA, Service Notes	Y- AAA uses LOCA and determines the individual's disability, age of onset, and functional limitations. N- AAA DOES NOT use the LOCA OR uses the
	§ 52.14. (i) Appendix B, Service Coordination. The participant is given the choice of receiving institutional (ICF/ORC) services, waiver services, or no services.	§ 52.14. (i) Appendix B, Service Coordination.	Participant record.	Y= The service coordinator documents that the participant was informed that he/ she has choice between institutional services, waiver services or
	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 RENDERS PAS to the
	FOR CONSUMER EMPLOYER MODEL ONLY !! Personal Assistance Services (PAS) Appendix C, The waiver will not pay for services furnished to a minor by the participant's parent or step-	§ 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 minor.
	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 the participant AND the SCE/
	§ 52.14. (i) Appendix C. Community Integration Services are designed to acquire, retain, and improve self-help, communication, socialization, and adaptive skills necessary to reside in the	§ 52.14(i). Appendix C. Community Integration	Participant ISP, Service notes.	Y= The community integration services goals either assist a participant to acquire, retain or improve self-help skills, communication, socialization or
	§ 52.14. (i) Appendix C, The Service Coordinator reviews and updates Transportation needs quarterly.	§ 52.14(i). Appendix C. Service Coordination	Service Notes, participant files.	Y= The provider reviews and updates transportation needs quarterly. Quarterly means every three months from initial need and every
	§ 52.14. (i) Appendix C, Service Coordination. The Service Coordination Agency has Registered Nurse (RN) consulting services available, either by a staffing arrangement or through a	§ 52.14. (i) Appendix C, Service Coordination.	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 arrangement. N= The provider does not have an RN available as
	§ 52.14. (i) Appendix C. When participants are receiving Residential Habilitation Services in licensed personal care homes, the Service Coordination RN or contracted RN is responsible for	§ 52.14. (i) Appendix C, Service Coordination.	Service notes, Participant ISP	Y- The RN hired or contracted by the Service Coordination Agency reviews the medication records for the participant quarterly.
	§ 52.14. (i) Appendix C, Participants are informed at the time of reevaluation that in order to request a fair hearing they should contact their Service Coordination agency.	§ 52.14(i). Appendix C. Service Coordination	Service notes.	Y= The Service Coordination Entity (SCE) informs the participant at reevaluation that if the participant wants a fair hearing, then he/she should contact the
	52.14(i) Appendix C, Community Integration: No more than 32 units per week for one Community Integration goal will be approved in the ISP without OLTL prior authorization. If the	55 Pa. Code § 52.14(i) A provider shall comply with the applicable approved waiver,	or other documentation from OLTL verifying increased authorization.	Y= The CI plan contains one goal AND does not exceed 8 hours per week unless there is OLTL authorization OR the CI plan contains multiple
	52.14(i) Appendix C, Community Integration: The Community Integration is reviewed quarterly to determine the progress of how the strategies utilized are affecting the participant's ability to	52.14(i) Appendix C		
	Bulletin Standard 1: Service Coordinators are responsible for evaluating a participant's need for community integration on a	55 Pa. Code § 52.14(i) A provider shall comply with the applicable approved waiver,	Service notes, participant ISPs.	Y= The SCE evaluates the participant's need for community integration at least once a quarter. N= The SCE DOES NOT evaluate the participant's
	Bulletin Standard 2: The participant must meet at least one (1) of the following criteria:	55 Pa. Code § 52.14(i) A provider shall comply with the applicable approved waiver,	Service notes, participant ISPs.	Y= The participant has CI AND the SCE documents that the participant has had one (1) of the following:
	Bulletin Standard 3: The Community Integration goal must meet all of the following criteria:	Cite this as the prefix for every numbered infringement below! 55 Pa. Code § 52.14(i)		
	1. The expected outcome of the activity is to independently complete a skill.	1. The expected outcome of the activity is to independently complete a skill.	Service notes, participant ISPs.	Y= The CI activity indicates that the expected outcome of the activity is to independently complete a skill. This means, at the end of the CI period, the
	2. The skill set is necessary to live independently in the home and community.	2. The skill set is necessary to live independently in the home and community.	Service notes, participant ISPs.	Y= The CI activity indicates that skill set is necessary for the participant to live independently in the home and community. If the skill set is

	3. The desired outcome (goal) of the participant is attainable and time-targeted.	3. The desired outcome (goal) of the participant is attainable and time-targeted.	Service notes, participant ISPs.	Y= The CI activity meets time restrictions as stated in the bulletin AND the goal is appropriate to the participant. The time restriction for a new CI goal is
	4. The desired outcome (goal) is measureable (which means it is easily observable and	4. The desired outcome (goal) is measureable (which means it is easily observable and	Service notes, participant ISPs.	Y= The CI activity is measureable. The CI activity can clearly be determined as met or unmet. A CI activity of "attain life skill" is not measureable. A CI
	5. CI is not stagnant and does not focus on one goal indefinitely.	5. CI is not stagnate and does not focus on one goal indefinitely.	Service notes, participant ISPs.	Y= The CI activity is NOT stagnate AND the CI activity does not focus on one goal indefinitely. If the goal is not met within 26 weeks, the SC MAY
	6. Must be provided on a 1:1 ratio.	6. Must be provided on a 1:1 ratio."	Service notes, participant ISPs.	Y= The goal is provided 1:1 basis. This means one staff member to one participant. The goal CANNOT be provided in a group setting.
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				
	Bulletin Standard 4: The length of community integration service approved will not exceed 13 weeks on new plans.	55 Pa. Code § 52.14(i) A provider shall comply with the applicable approved waiver,	Participant ISPs, service notes.	Y=The initial CI goal is scheduled for 13 weeks or less on a new (initial) plan. N= The initial CI goal exceeds 13 weeks on a new
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				
	Bulletin Standard 1: The SC cannot list one on-going goal to justify CI indefinitely.	55 Pa. Code § 52.14(i) A provider shall comply with the applicable approved waiver,	Participant ISPs, service notes.	Y=The CI plan has an end date AND the CI goal is not repeated again in the ISP. This includes not using alternative explanations to reach the same
	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	Participant ISPs, service notes.	Y=The CI goal does not extend beyond 26 weeks without specific OLTL authorization. N=The CI goal extends beyond 26 weeks without
	Bulletin Standard 3: If the participant has not reached his/her CI goals by the end of the second quarter, the goals need to	55 Pa. Code § 52.14(i)55 Pa. Code § 52.14(i) A provider shall comply with the applicable	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 AND the SC assesses the participant for a more
52.14(i) Appendix C, Community Integration: No more than 32 units per week for one Community Integration goal will be				
	52.14(i) Appendix C, Community Integration: If the individual can complete the task independently, the community integration goal	§ 52.14. (i) Appendix C, Community Integration. 55 Pa.	Service notes, ISP	Y= Service notes or other documentation indicate the participant can complete the task independently
§ 52.14. (i) Appendix C, Service Coordination. Prior to meeting(s), the Service Coordinator collaborates with the participant to coordinate invitations and ISP/Annual Review meetings, dates, times and locations. The process of coordinating invitations includes the participant's input as to who to invite to the				
	Prior to meeting(s), the Service Coordinator collaborates with the participant to coordinate invitations and ISP/Annual Review meetings, dates,	§ 52.14. (i) Appendix C, Service Coordination.	Participant ISP, Service notes.	Y= The Service Coordinator works with the participant to set a time, date, and location of the ISP/ Annual Meeting.
	The process of coordinating invitations includes the participant's input as to who to invite to the meeting(s).	§ 52.14. (i) Appendix C, Service Coordination.	Participant ISP, Service notes.	Y= The Service Coordinator works with the participant to invite people the participant wants to attend the ISP/ Annual Meeting.
§ 52.14. (i) Appendix C, Service Coordination. Service Coordination activities include maintaining current documentation of the participant's eligibility for waiver services.				
	§ 52.14. (i) Appendix C, Service Coordination.	Participant files		Y= The provider maintains a copy of the DPW Form 162 or has a policy to utilize IEVS in determining financial eligibility. HCSIS maintains
§ 52.14. (i) Appendix E, Service Coordination. The ISP reflects the participant's choice of Agency Model, Employer Authority Model or a combination of both models.				
	§ 52.14(i). Appendix E. Service Coordination	Participant ISP.		Y= The ISP indicates the participant's choice of service model. N= The ISP DOES NOT indicate the participant's
§ 52.14. (i) Appendix E, Service Coordination Involuntary termination from the consumer model would only occur after a thorough review by the participant's Service Coordinator of the				
	§ 52.14(i). Appendix E. Service Coordination	Participant ISP, Service notes.		Y= The participant is involuntary terminated from consumer model services AND the Service Coordinator reviewed the participant's health and

§ 52.14. (i) Appendix E, Termination from the Employer Authority Model would occur only after a team meeting with the participant, the participant's Service Coordinator, and any family, friends and	§ 52.14(i). Appendix E. Service Coordination	Participant ISP, Service notes.	Y= The participant is involuntary terminated from consumer model services AND the participant, the Service Coordinator, and individuals that the
§ 52.14. (i) Appendix E, The Service Coordinator will assist the participant in the transfer to the Agency model of service and to ensure that there is not a break in service during the transition	§ 52.14(i). Appendix E. Service Coordination	Participant ISP, Service notes.	Y= The participant is involuntary terminated from consumer model services AND the Service Coordinator assists the participant transfer to the
§ 52.14. (i) Appendix E, The personal representative must be willing and able to fulfill the responsibilities as outlined in the Personal Representative Agreement and must:	§ 52.14(i). Appendix E. Service Coordination		
(1) Demonstrate a strong personal commitment to the participant.	§ 52.14(i). Appendix E. Service Coordination	Participant ISP, Service notes, SC interviews.	Y= The Service Coordinator has the personal representative complete the Personal Representative Agreement and determines the
(2) Assist the participant in identifying/ obtaining back up services when a support worker does not show	§ 52.14(i). Appendix E. Service Coordination	Participant ISP, Service notes, SC interviews.	Y= The Service Coordinator has the personal representative complete the Personal Representative Agreement and determines the
(3) Demonstrate knowledge of the participant's preferences	§ 52.14(i). Appendix E. Service Coordination	Participant ISP, Service notes, SC interviews.	Y= The Service Coordinator has the personal representative complete the Personal Representative Agreement and determines the
(4) Agree to predetermined frequency of contact with the participant;	§ 52.14(i). Appendix E. Service Coordination	Participant ISP, Service notes, SC interviews.	Y= The Service Coordinator has the personal representative complete the Personal Representative Agreement and determines the
(5) Be at least 18 years of age.	§ 52.14(i). Appendix E. Service Coordination	Participant ISP, Service notes, SC interviews.	Y= The Service Coordinator has the personal representative complete the Personal Representative Agreement and determines the
§ 52.14. (i) Appendix E, A personal representative will be required for any individual who has impaired judgment as identified on the LOCA or is unable to:	§ 52.14(i). Appendix E. Service Coordination	Participant ISP, Service notes, LOCA.	Y= The participant is interested in exercising consumer direction AND the Service Coordinator determines the participant is unable to meet one of
§ 52.14. (i) Appendix E, The Service Coordination agency informs participants of the opportunity to request a fair hearing under the provisions of 42 CFR Part 431, Subpart E, to	§ 52.14(i). Appendix E. Service Coordination	Participant ISP, Service notes, Statement signed by the participant that he/ she	Y= The Service Coordinator informs the participant that he/she has the right to appeal any of the actions listed in the standard.
§ 52.14. (i) Appendix E, The Service Coordination agency informs participants of the opportunity to request a fair hearing under the provisions of 42 CFR Part 431, Subpart E, to beneficiaries	§ 52.14(i). Appendix E. Service Coordination	Participant ISP, Service notes, Statement signed by the participant that he/ she	Y= The Service Coordinator informs the participant that he/she has the right to appeal its failure to act or the enrollment broker's failure to act.
§ 52.14. (i) Appendix E, Service Coordinators shall offer all participants who have chosen to self-direct their services provider-managed services until the individual's support workers are hired	§ 52.14(i). Appendix E. Service Coordination	Service notes, Participant ISP	Y= The Service Coordinator (SC) offers the consumer model participant provider managed services (agency) until the participant's support
§ 52.14. (i) Appendix E, The participant receives information on self-direction, participation in decision-making and independent living philosophy regardless of which service model they choose.	§ 52.14(i). Appendix E. Service Coordination	Service Notes, Statement signed by participant indicating he/she understood	Y= The provider gives each participant information on self-direction, participation in decision-making and independent living philosophy.
§ 52.14. (i) Appendix E, Participants are advised that they have the opportunity to choose Employer Authority on an ongoing basis.	§ 52.14(i). Appendix E. Service Coordination	Service Notes, Statement signed by participant indicating he/she understood	Y= The provider gives each participant the opportunity to choose Employer Authority at least at each reevaluation and reminds participant of his/
§ 52.14. (i) Appendix E, Participants may choose to self-direct their services during the development of the initial Individual Service Plan (ISP), at reassessment, or at any time.	§ 52.14(i). Appendix E. Service Coordination	Participant ISP, Service notes, consumer complaints	Y= The participant requests to self-direct his/her services and the Service Coordinator assists the participant to begin self-direction.
§ 52.14. (i) Appendix E, Information about participant-direction is shared with participants on an annual basis and at the request of the participant.	§ 52.14(i). Appendix E. Service Coordination	Participant ISP, Service notes, consumer complaints.	Y= The participant receives information on self-direction on an annual basis OR at his/her request. N= The participant DOES NOT receive information
§ 52.14. (i) Appendix F, The Service Coordination agency is responsible to provide the participant with at least ten days advance notice when an action will be taken regarding existing	§ 52.14(i). Appendix F. Service Coordination	Participant ISP, Service notes, consumer complaints.	Y= The Service Coordination agency provides at least 10 days written notice prior to an action being taken. An action is defined as a reduction,
§ 52.14. (i) Appendix F, If the participant files an appeal prior to the date the action is to become effective, the services must continue pending the resolution of the appeal.	§ 52.14(i). Appendix F. Service Coordination	Participant ISP, Service notes, consumer complaints.	Y= The participant files an appeal prior to the effective date of the action AND the Service Coordination agency continues services pending

§ 52.14. (i) Appendix F, The Service Coordination agency must send a written notice to the individual when services are denied, suspended, reduced, or terminated.	§ 52.14(i). Appendix F. Service Coordination	Copies of notices, service notes indicating action taken and date notice was sent,	Y= The provider has a policy and sends written notice to the participant when services are denied, suspended, reduced or terminated.
§ 52.14. (i) Appendix F, The Service Coordination agency retains copies of written notices.	§ 52.14(i). Appendix F. Service Coordination	Copies of notices.	Y= The provider maintains copies of notices it sends. N= The provider DOES NOT maintains copies of
§ 52.14. (i) Appendix F, If advance notice is not provided, the participant has the right to maintain services at the current level if the appeal request is made within ten days of the participant being	§ 52.14(i). Appendix F. Service Coordination	Copies of notices.	Y= The Service Coordinator (SC) fails to provide advance notice of the action, AND the participant appeals within 10 days of being informed of the
§ 52.14. (i) Appendix G, During enrollment and at reevaluation the Service Coordination Agency reviews the process for reporting	§ 52.14(i). Appendix G. Service Coordination	Service Notes, Statement signed by participant	Y= The provider documents it reviewed the process for reporting the use of Restraints and Restrictive
§ 52.14. (i) Appendix G, The Service Coordinator informs participants of rights, responsibilities, and liabilities when choosing a service model.	§ 52.14(i). Appendix G. Service Coordination	Service Notes, Statement signed by participant indicating he/she understood	Y= The provider documents it reviewed the participant's rights, responsibilities and liabilities in regards to the service model selected by the
§ 52.14. (i) Appendix D, Service Coordination. If the participant utilizes an alternative means of communication or whose primary language is not English, then the Supports Coordinator utilizes the	§ 52.14(i). Appendix D. Service Coordination	Participant ISP, Service Notes.	Y= The participant utilizes an alternative means of communication OR his/her primary language is not English AND the Supports Coordinator utilizes the
(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	Y= The provider does not render services when the participant is unavailable or disinterested in receiving services.
(r) A provider shall document the participant's progress towards outcomes and goals in the Department's designated information systems.	§ 52.14 (r). Ongoing Responsibilities of Providers.	Participant Service Plan, service notes, provider notes	Y= The service coordinator documents the participant's outcomes and goals AND monitors the progress towards those outcomes and goals by

§ 52.15. Provider records.

(a) The following requirements are in addition to the recordkeeping provisions under § 1101.51(d) and (e) (relating to ongoing responsibilities of providers):	§ 52.15 (a). Provider records.		
(1) A provider shall use the Department's designated information system to record service plan information regarding the participant as required.	§ 52.15 (a)(1). Provider records.	Provider notes, HCSIS and SAMS service plans, claims, receipts, timesheets	Y= The Service Coordination Entity enters service plan information into SAMS and HCSIS. N= The Service Coordination Entity does not enter
(2) 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 and frequency to be complete.

§ 52.17. Critical incident and risk management.

(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. Critical incident and risk management. Pa. OLTL Bulletin 05-11-06, 51-11-06, 52-	QMP and reported preventable incidents in EIM. Example of preventable	Y= The provider reports critical incidents within 48 hours of incident or knowledge of the incident AND
(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	Y= The provider was required by OLTL to provide additional information regarding a critical incident AND the provider rendered the information.

§ 52.25. Service plan.

(a)A service plan must be developed for each participant that contains the following:	§ 52.25. (a)Service plan.		
(1) The participant need as identified on a standardized needs assessment provided by the Department.	§ 52.25. (a) (1) Service plan.	Participant service plan, service notes, participant file	Y- The provider drafts a service plan that contains the participant need as identified on a standardized needs assessment provided by the Department.

(2)the participant goal.	§ 52.25. (a)(2) Service plan.	Participant service plan, service notes, participant file	Y- The provider drafts a service plan that contains the participant goal. N-The provider does not draft a service plan OR the provider drafts a service plan that does not
(3) the participant outcome.	§ 52.25.(a)(3) Service plan.	Participant service plan, service notes, participant file	Y- The provider drafts a service plan that contains the participant outcome.
(4) the service, TPR or informal community support that meets the participant need, participant goal or participant outcome.	§ 52.25.(a)(4) Service plan.	Participant service plan, service notes, participant file	Y- The provider drafts a service plan that contains, the service, TPR or informal community support that meets the participant need, participant goal or
(5) The type, scope, amount, duration, and frequency of services needed by the participant.	§ 52.25.(a)(5) Service plan.	Participant service plan, service notes, participant file	Y- The provider drafts a service plan that contains the type, scope, amount, duration, and frequency of services needed by the participant.
(6) the provider of each service.	§ 52.25.(a)(6) Service plan.	Participant service plan, service notes, participant file	Y- The provider drafts a service plan that contains the provider of each service,.
(7) the participant's signature.	§ 52.25.(a)(7) Service plan.	Participant service plan, service notes, participant file	Y- The provider drafts a service plan that contains the participant's signature.
(8) Risk mitigation strategies.	§ 52.25.(a)(8) Service plan.	Participant service plan, service notes, participant file	Y- The provider drafts a service plan that contains risk mitigation strategies. N-The provider does not draft a service plan OR
(9) the participant's back-up plan.	§ 52.25.(a)(9) Service plan.	Participant service plan, service notes, participant file	Y- The provider drafts a service plan that contains the participant's back-up plan.
(b) The participant's back-up plan must contain an individualized back-up plan and an emergency back-up plan.	§ 52.25. (b) Service plan.	Participant service plan, service notes	Y- The SCE writes a participant back-up plan AND the participant back-up plan includes an individualized back-up plan AND an emergency
(c) Each participant need must be addressed by an informal community support, TPR, or service unless the participant chooses for a need not be addressed.	§ 52.25.(c) Service plan.	Participant service plan, service notes, the person-centered assessment	Y- The provider lists the identified needs from the person-centered assessment AND each need is addressed by an informal community support, a
(d) If a participant refuses to have a need addressed, then the SCE shall document when the participant refused to have the need addressed and why the participant chose for the need to remain unaddressed.	§ 52.25(d). Service plan.	Participant service plan, service notes, the person-centered assessment	Y- The participant refuses to have an identified needs addressed AND the SCE documents when the participant refused to have the need addressed AND the SCE documents why the participant did not want the need addressed.
(e) The following services require a physician's prescription prior to being added to a participant's service plan:	§ 52.25(e). Service plan.		
(1) Physical therapy.	§ (e)(1) Service plan.	Participant service plan, service notes, the person-centered assessment, participant file, participant prescriptions, CMS Form 485	Y= The participant's service plan lists physical therapy AND the participant's file contains a script for the service AND The provider obtains a new physician's order every sixty days for the continuation of physical therapy.
(2) Occupational therapy.	§ 52.25 (e)(2). Service plan.	Participant service plan, service notes, the person-centered assessment, participant file, participant prescriptions, CMS Form 485	Y= The participant's service plan lists , occupational therapy AND the participant's file contains a script for the service , AND the provider obtains a new physician's order every sixty days for the continuation of , occupational therapy.

	(3) Speech and language therapy.	§ 52.25 (e)(3). Service plan.	Participant service plan, service notes, the person-centered assessment, participant file, participant prescriptions, CMS Form 485	Y= The participant's service plan lists speech and language therapy AND the participant's file contains a script for the service AND The provider obtains a new physician's order every sixty days for the continuation of speech and language therapy.
	(4) Nursing services.	§ 52.25(e)(4). Service plan.	Participant service plan, service notes, the person-centered assessment, participant file, participant prescriptions, CMS Form 485	Y= The participant's service plan lists nursing services AND the participant's file contains a script for the service AND The provider obtains a new physician's order every sixty days for the continuation of nursing services.
	(5) Telecare health status and monitoring services.	§ 52.25(e)(5). Service plan.	Participant service plan, service notes, the person-centered assessment, participant file, participant prescriptions, CMS Form 485	Y= The participant's service plan lists telecare health status and monitoring services AND the participant's file contains a script for the service. N= The participant's service plan lists telecare health status and monitoring services AND the
	(6) Durable medical equipment.	§ 52.25 (e)(6). Service plan.	Participant service plan, service notes, the person-centered assessment, participant file, participant prescriptions, CMS Form 486	Y= The participant's service plan durable medical equipment AND the participant's file contains a script for the service. N= The participant's service plan lists durable medical equipment AND the participant's file does
(f) An SCE or the Department's designee shall use a person-centered approach to develop a participant's service plan.		§ 52.25. (f) Service plan.	Provider notes, participant interviews, participant complaints, comparison of participant service plans, participant service plans;	Y= The provider uses a person-centered approach to develop the participant's service plan. N= The provider does not use a person-centered approach to develop the participant's service plan.
(g) An SCE or the Department's designee shall use the Department's person-centered assessment and risk assessment to develop the participant's service plan.		§ 52.25. (g) Service plan.	CMI, LOCA, participant's file, participant's ISP	Y= The SCE uses the CMI and LOCA to develop the participant's service plan. N= The SCE DOES NOT USE the CMI or the LOCA to develop the participant's service plan. NA= The provider is not the SCE.
(h) An SCE or the Department's designee shall complete the participant's service plan on the format prescribed by the Department and enter the service plan into the Department's designated information system.		§ 52.25(h). Service plan.	Participant service plans	Y= The provider completes the service plan in HCSIS or SAMs as appropriate. N= The provider does not complete the service plan OR the service plan is not completed in
(j) An SCE or the Department's designee shall review the participant need, participant goal and participant outcome documented on the service plan at least annually with the participant.		§ 52.25(j). Service plan.	Provider notes, participant interviews, participant complaints, comparison of participant service plans, participant service plans,	Y= The provider reviews the participant's needs, goals and outcomes with the participant AND the review occurs at least annually. N= The provider does not review the participant's
(k) An SCE or the Department's designee shall review and modify, if necessary, the participant need, participant goal, and participant outcome each time a participant has a significant change in medical or social condition.		§ 52.25(k). Service plan.	Participant service plans, service notes, incident reports	Y= The provider develops a service plan AND the service plan if modified is the participant experiences a significant medical or social change OR the SCE reviews the service plan with the participant after a significant medical or social
(l) If there has been a significant change in the medical or social condition of a participant, an SCE or the Department's designee shall use the Department's person-centered assessment and risk assessment to determine if changes are needed in the service plan.		§ 52.25(l). Service plan.	Participant service plans, service notes, risk assessments, person-centered assessments	Y= The provider reassessed the participant using the standardized person-centered assessment and risk assessment after the participant experienced a significant medical or social change.

§ 52.26. Service coordination services.

(a) To be paid for rendering services service coordination services, an SCE shall:		§ 52.26(a). Service coordination services.		
	(1) Complete a person-centered assessment.	§ 52.26(a)(1). Service coordination services.	service coordination files, billing records, participant records, complaints, participant interviews, provider notes, service notes,	Y= The provider performs an assessment of the participant's needs AND the assessment is person-centered. N= The provider does not perform an assessment
	(2) Complete a level of care re-evaluation at least annually.	§ 52.26(a)(2). Service coordination services.	service coordination files, billing records, participant records, complaints, participant interviews, provider notes, service notes,	Y= The provider performs a re-evaluation of the level of care AND the re-evaluation is conducted within 365 days of the initial or previous level of care, as applicable.
	(3) Develop a service plan for each participant for whom the SCE renders service coordination services. The provider shall complete the following:	§ 52.26(a)(3). Service coordination services.		
	(i) Develop and modify the participant's service plan at least annually.	§ 52.26(a)(3)(i). Service coordination services.	HCSIS ISP. Plan-Plan Admin-Print-Individ Srch:General Srch-Srch-Print Entire Plan and/or select desired info	Y= The provider develops a service plan AND the service plan is modified at least annually AND the service plan is modified if the participant experiences a significant medical or social change OR the SCE reviews the service plan with the
	(ii) Modify the participant's service plan, if necessary, when the participant has a significant medical or social change.	§ 52.26(a)(3)(ii). Service coordination services.	HCSIS service notes, ISP: Plan-Plan Admin-Print-Individ Srch:General Srch-Srch-Print Entire Plan and/or select desired info and Plan-	Y= The provider develops a service plan AND the service plan is modified at least annually AND the service plan is modified if the participant experiences a significant medical or social change OR the SCE reviews the service plan with the
	(4) Review the participant need, the participant goal and participant outcome with the participant and other persons that the participant requests to be part of the review as required by conducting the following:	§ 52.26(a)(4). Service coordination services.		
	(i) At least one telephone call or face-to-face visit per calendar quarter. At least two face-to-face visits are required per calendar year.	§ 52.26(a)(4)(i). Service coordination services.	HCSIS service notes, ISP: Plan-Plan Admin-Print-Individ Srch:General Srch-Srch-Print Entire Plan and/or select desired info and Plan-	Y= The provider reviews the participant's needs, goals and outcomes AND meets with the participant 4 times a year AND 2 of the 4 meetings occur face to face.
	(ii) More frequent calls or visits if the service coordinator or the Department determines more frequent calls or visits are necessary to ensure the participant's health and safety.	§ 52.26(a)(4)(ii). Service coordination services.	HCSIS service notes, ISP: Plan-Plan Admin-Print-Individ Srch:General Srch-Srch-Print Entire Plan and/or select desired info and Plan-	Y= The provider conducts more frequent reviews of the participant's needs, goals and outcomes because it or the Department deems it necessary. N= The provider does not conduct more frequent
	(5) Coordinate a service, TPR and informal community supports with the participant to ensure the participant need, the participant goal and the participant outcome	§ 52.26(a)(5). Service coordination services.	service coordination files, billing records, participant records, complaints,	Y= The provider coordinates (including researching and pursuing the availability) waiver services, informal supports, and TPRs
	(6) Provide the participant with a list of providers in the participant's service location area that are enrolled to render the service that meets the participant's needs.	§ 52.26(a)(6). Service coordination services.	service coordination files, billing records, participant records, complaints, participant interviews, provider notes, service notes,	Y= The provider gives the participant the approved list of available providers. N= The provider does not give the participant the approved list of available providers.

(7) Inform the participant of the participant's right to choose any willing and qualified provider to provide a service on the participant's service plan.	§ 52.26(a)(7). Service coordination services.	service coordination files, billing records, participant records, complaints, participant interviews, provider notes, service notes,	Y= The participant signs the provider choice form AND the provider demonstrates that it has provided the SSD list. N= The participant does not sign the provider
(8) Confirm with the participant's selected provider that the provider is able to provide the service in the type, scope, amount, duration, and frequency as listed on the	§ 52.26(a)(8). Service coordination services.	service coordination files, billing records, participant records, complaints,	Y= The SCE shares the type, scope, amount, duration and frequency of service provision information with the potential provider of services

For the next two rows, the rows operate individually. In case of a violation, they are cited as §52.26(a)(9). If two yes's are entered, the cells will turn RED.

(9) USE FOR DOCS DATED 7/11/13 or Earlier: Provide information regarding the authorized type, scope, amount, duration and frequency of service as listed in the participant's service plan to the provider rendering the service.	§ 52.26(a)(9). Service coordination services. PA OLTL Bulletin 51-13-05, 55-13-05, 59-13-05.	service coordination files, billing records, participant records, complaints, participant interviews, provider notes, service notes,	Y= The SCE shares the type, scope, amount, duration and frequency of service provision information with the potential provider of services. N= The SCE does not share the type, scope,
(9) USE FOR DOCS DATED 7/12/13 or Later: Provide information regarding the authorized type, scope, amount, duration and frequency of service as listed in the participant's service plan to the provider rendering the service.	§ 52.26(a)(9). Service coordination services. PA OLTL Bulletin 51-13-05, 55-13-05, 59-13-05.	service coordination files, billing records, participant records, complaints, participant interviews, provider notes, service notes,	Y= The SCE provides the direct service provider with a copy of the OLTL Service Authorization Form AND the form is completed (no blank areas; must use N/A as required by bulletin). N= The SCE DOES NOT provide the direct service
(10) Ensure and document at least on a quarterly basis that the participant's services are being delivered in the type, scope, amount, duration and frequency as required by the participant's service plan.	§ 52.26(a)(10). Service coordination services.	service coordination files, billing records, participant records, complaints, participant interviews, provider notes, service notes,	Y= The SCE contacts the participant or provider AND receives adequate assurances that services are being provided in the type, scope, amount, duration and frequency as specified on the service plan.
(11) Evaluate if the participant need, participant goal and participant outcome are being met by the service.	§ 52.26(a)(11). Service coordination services.	service coordination files, billing records, participant records, complaints, participant interviews, provider notes, service notes,	Y= The SCE reviews the participant's needs, goals and outcomes. N= The SCE does not review the participant's needs, goals and outcomes.
(12) Ensure a participant exercising participant-directed budget authority does not exceed the number of service hours approved in the participant's service plan.	§ 52.26(a)(12). Service coordination services.	service coordination files, billing records, participant records, complaints, participant interviews, provider notes, service notes,	Y= The SCE regularly reviews the number of hours available to the participant utilizing participant budget authority AND does not submit a critical revision for the participant's service plan solely based on the participant running out of hours at the

For the next two rows, the rows operate individually. In case of a violation, they are cited as §52.26(b).

(b) If additional information is necessary to ensure that services are provided to a participant in the type, scope, amount, duration or frequency as required by the participant's service plan, the SCE shall convey the additional information to the provider.	§ 52.26(b). Service coordination services. PA OLTL Bulletin 51-13-05, 55-13-05, 59-13-05.	Participant service plan, service notes, provider notes	Y= The SCE provides sufficient information that the provider can deliver service in the type, scope, amount, duration, and frequency as specified on the service plan AND the SCE responds to the provider's request for additional information in a
(b) If additional information is necessary to ensure that services are provided to a participant in the type, scope, amount, duration or frequency as required by the participant's service plan, the SCE shall convey the additional information to the provider.	§ 52.26(b). Service coordination services. PA OLTL Bulletin 51-13-05, 55-13-05, 59-13-05.	Participant service plan, service notes, provider notes	Y= The SCE provides a copy of a Script every sixty (60) days for Occupational Therapy, Occupational therapy-assist, Physical therapy, Physical therapy assistance, OR Speech and Language Therapy. N= The SCE DOES NOT provide a copy of a Script
(j) If the service is also offered as a Medicaid State Plan service, then the Medicaid State Plan service shall be accessed prior to another Departmental program to provide the service.	§ 52.26(j). Service coordination services.	List of state plan services, provider files, participant files, documentation from another party rejecting service	Y= The service is available through the state plan and the SCE accesses the service through the state plan or has a denial as to why the state plan service is unavailable to the participant. A statement or notation in service notes that the

(k) The SCE or the Department's designee shall assist a participant to collect and send information to the Department to determine the participant's continued eligibility for the waiver or Act 150 program, including financial eligibility.	§ 52.26(k). Service coordination services.	Service notes, participant files, participant interviews, review of eligibility status and reasons for denial of eligibility	Y= The SCE assists the participant to gather and send information to determine eligibility AND explains the eligibility process to the participant. N= The SCE does not assist the participant to
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§ 52.28 Conflict free services

(b) If an SCE operates as an OHCDS, then the SCE may not require a participant to use that OHCDS as a condition to receive the service coordination services of the SCE.	§ 52.28(b). Conflict free service coordination.	Provider notes, SCE notes, participant interviews, signed provider choice forms.	Y= The provider is an SCE AND has the participant sign the provider choice form AND the provider clearly indicates the participant may choose any OHCDS or for its vendor services or a direct provider of a vendor service.
(c) An SCE may not require a participant to choose the SCE as the participant's community transition service provider as a condition to receive service coordination services.	§ 52.28(c). Conflict free service coordination.	Provider notes, SCE notes, participant interviews, signed provider choice forms.	Y= The provider is an SCE AND has the participant sign the provider choice form AND the provider clearly indicates the participant may choose any community transition provider.

§ 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:	§ 52.29. Confidentiality of records.	Provider records that indicate there is no evidence of provider releasing confidential records without court order or consent of participant.	Y= The provider does not disclose information to parties other than those listed in (1) -(5) OR the provider discloses to a party not listed in (1)- (5) with the consent of the participant, AND the provider demonstrates compliance through policy,
(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	§ 1101.51(e) (1) Ongoing responsibilities of providers		
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<p>(i) The records shall be legible throughout.</p>	<p>§ 1101.51(e) (1) (i) Ongoing responsibilities of providers</p>	<p>Service notes, ISP, progress notes, provider notes.</p>	<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>
<p>(ii) The record shall identify the patient on each page.</p>	<p>§ 1101.51(e) (1) (ii) Ongoing responsibilities of providers</p>	<p>Service notes, ISP, progress notes, provider notes.</p>	<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>
<p>(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 signed and dated.</p>	<p>§ 1101.51(e) (1) (iii) Ongoing responsibilities of providers</p>	<p>Service notes, ISP, progress notes, provider notes.</p>	<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>
<p>(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.</p>	<p>§ 1101.51(e) (1) (iv) Ongoing responsibilities of providers</p>	<p>Service notes, ISP, progress notes, provider notes.</p>	<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>

<p>(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.</p>	<p>§ 1101.51(e) (1) (v) Ongoing responsibilities of providers</p>	<p>Service notes, ISP, progress notes, provider notes.</p>	<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>
<p>(vi) The record shall indicate the progress at each visit, change in diagnosis, change in treatment and response to treatment.</p>	<p>§ 1101.51(e) (1) (vi) Ongoing responsibilities of providers</p>	<p>Service notes, ISP, progress notes, provider notes.</p>	<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>
<p>(vii) The record shall contain summaries of hospitalizations .</p>	<p>§ 1101.51(e) (1) (vii) Ongoing responsibilities of providers</p>	<p>Service notes, ISP, progress notes, provider notes.</p>	<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>
<p>(ix) The disposition of the case shall be entered in the record.</p>	<p>§ 1101.51(e) (1)(ix) Ongoing responsibilities of providers</p>	<p>Service notes, ISP, progress notes, provider notes.</p>	<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>

<p>(x) The record shall contain documentation of the medical necessity of a rendered, ordered or prescribed service.</p>	<p>§ 1101.51(e) (1) (x) Ongoing responsibilities of providers</p>	<p>Service notes, ISP, progress notes, provider notes.</p>	<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>
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Regulation	Regulation Reference	Documentation Source	Decision Criteria
§ 52.14. Ongoing Responsibilities of Providers.			
(g)The provider shall ensure all of 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,
Y- Service coordination entities must verify that the service plan is approved by OLTL prior to rendering and billing for service coordination services.		(2) The type, scope, amount, duration and frequency of the service to be rendered is 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,	Y- Service coordination entities must verify that the service plan is approved by OLTL prior to rendering and billing for service coordination services.	
§ 52.14. (i) Appendix A, OIHL oversees the performance of the annual reevaluation function delegated to 'Service Coordination Agencies'.			
	1) Bulletin Standard: All SCE's are required to provide the ' <u>Rights of the Participant</u> ' component of the informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.
Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found		2) Bulletin Standard: All SCE's are required to provide a ' <u>Responsibilities of the Participant</u> ' informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.
	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found	
	3) Bulletin Standard: All SCE's are required to provide a ' <u>Participant Choice</u> ' informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.
Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found		4) Bulletin Standard: All SCE's are required to provide an ' <u>Applying for Home and Community-Based Service Programs</u> ' informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.
	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found	

	5) Bulletin Standard: All SCE's are required to provide a 'Role of the Service Coordinator' informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found
	6) Bulletin Standard: All SCE's are required to provide a 'Participant Complaints' informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found
	7) Bulletin Standard: All SCE's are required to provide a 'How can I find other Resources in my Community' informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found
	8) Bulletin Standard: All SCE's are required to provide a 'Medicaid (MA) Fraud and Abuse' informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found
	9) Bulletin Standard: All SCE's are required to provide a 'Who do I contact if...' informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found
	10) Bulletin Standard: All SCE's are required to provide a 'Abuse, Neglect, and Exploitation Informational Materials' informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found
	11) Bulletin Standard: All SCE's are required to provide a 'Self-Directed Services Informational Materials' informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found
	12) Bulletin Standard: All SCE's are required to provide a 'Your Appeal and Fair Hearing Rights' informational packet, along with any future revisions, additions, or deletions to waiver participants at the time of their annual redeterminations.	§ 52.14. (i) Appendix A, Service Coordination. Bulletin 51-13-04, et.al.	Service notes. Participant File. Participant informational Packet.	Y= The service coordinator provides each component of the informational packet to the participant at the participant's redetermination. The component and examples are found
	§ 52.14. (i) Appendix B, Service Coordination. The participant is given the choice of receiving institutional (ICF/ORC) services, waiver services, or no services.	§ 52.14. (i) Appendix B, Service Coordination.	Participant record.	Y= The service coordinator documents that the participant was informed that he/ she has choice between institutional services, waiver services or no services.
	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 RENDERS PAS to the participant. NA- The participant does not receive

FOR CONSUMER EMPLOYER MODEL ONLY !! 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 minor.
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 PAS to the participant AND the SCE/ PAS Agency has prior authorization for the
§ 52.14. (i) Appendix C, Participants are informed at the time of reevaluation that in order to request a fair hearing they should contact their Service Coordination agency.	§ 52.14(i). Appendix C. Service Coordination	Service notes.	Y= The Service Coordination Entity (SCE) informs the participant at reevaluation that if the participant wants a fair hearing, then he/she should contact the SCE.
§ 52.14. (i) Appendix C, The Service Coordinator review and updates Transportation needs quarterly.	§ 52.14(i). Appendix C. Service Coordination	Service Notes, participant files.	Y= The provider reviews and updates transportation needs quarterly. Quarterly means every three months from initial need and every three months after.
§ 52.14. (i) Appendix C, Service Coordination. The Service Coordination Agency has Registered Nurse (RN) consulting services available, either by a staffing arrangement or through a contracted consulting arrangement.	§ 52.14. (i) Appendix C, Service Coordination.	Service notes/ service provision documentation, contract with RN staffing agency or RN directly.	Y= The provider has an RN available either as a staff member or through a contract arrangement. N= The provider does not have an RN available as a staff member or
52.14(i) Appendix C, Community Integration: If the individual can complete the task independently, the community integration goal is removed from the ISP.	§ 52.14. (i) Appendix C, Community Integration. 55 Pa. Code § 52.14(i) A provider shall comply	Service notes, ISP	Y= Service notes or other documentation indicate the participant can complete the task independently AND the CI goal was removed from the ISP.
52.14(i) Appendix C, Community Integration: The Community Integration is reviewed quarterly to determine the progress of how the strategies utilized are affecting the participant's ability to independently complete tasks identified in the ISP.	52.14(i) Appendix C		
Bulletin Standard 1: Service Coordinators are responsible for evaluating a participant's need for community integration on a quarterly basis.	55 Pa. Code § 52.14(i) A provider shall comply with the applicable approved waiver, including approved	Service notes, participant ISPs.	Y= The SCE evaluates the participant's need for community integration at least once a quarter. N= The SCE DOES NOT evaluate the participant's need for community
Bulletin Standard 2: The participant must meet at least one (1) of the following criteria: 1. Is there a life-changing event? 2. Is there a change in condition that requires a new skill set? 3. Is the individual moving to a new community or from a parent's house?	55 Pa. Code § 52.14(i) A provider shall comply with the applicable approved waiver, including approved	Service notes, participant ISPs.	Y= The participant has CI AND the SCE documents that the participant has had one (1) of the following: 1. A life-changing event. 2. A change in condition that requires
Bulletin Standard 3: The Community Integration goal must meet all of the following criteria:	Cite this as the prefix for every numbered infringement below! 55 Pa. Code § 52.14(i) A provider shall comply		

	1. The expected outcome of the activity is to independently complete a skill.	1. The expected outcome of the activity is to independently complete a skill.	Service notes, participant ISPs.	Y= The CI activity indicates that the expected outcome of the activity is to independently complete a skill. This means, at the end of the CI period, the participant will be able to demonstrate the listed skill without the
	2. The skill set is necessary to live independently in the home and community.	2. The skill set is necessary to live independently in the home and community.	Service notes, participant ISPs.	Y= The CI activity indicates that skill set is necessary for the participant to live independently in the home and community. If the skill set is necessary for independence in either
	3. The desired outcome (goal) of the participant is attainable and time-targeted.	3. The desired outcome (goal) of the participant is attainable and time-targeted.	Service notes, participant ISPs.	Y= The CI activity meets time restrictions as stated in the bulletin AND the goal is appropriate to the participant. The time restriction for a new CI goal is 13 weeks and no goal
	4. The desired outcome (goal) is measureable (which means it is easily observable and measureable).	4. The desired outcome (goal) is measureable (which means it is easily observable and measureable).	Service notes, participant ISPs.	Y= The CI activity is measureable. The CI activity can clearly be determined as met or unmet. A CI activity of "attain life skill" is not measureable. A CI activity of "travel to
	5. CI is not stagnant and does not focus on one goal indefinitely.	5. CI is not stagnate and does not focus on one goal indefinitely.	Service notes, participant ISPs.	Y= The CI activity is NOT stagnate AND the CI activity does not focus on one goal indefinitely. If the goal is not met within 26 weeks, the SC MAY NOT reinstate the CI activity by
	6. Must be provided on a 1:1 ratio.	6. Must be provided on a 1:1 ratio."	Service notes, participant ISPs.	Y= The goal is provided 1:1 basis. This means one staff member to one participant. The goal CANNOT be provided in a group setting. N= The goal is provided at a ratio
	52.14(i) Appendix C, Community Integration: No more than 32 units per week for one Community Integration goal will be approved in the ISP without OLTL prior authorization. If the participant has multiple Community Integration goals, no more than 48 units per week will be approved in the ISP without OLTL prior authorization. **Bulletin Standard** No more than 32 units (8 hours) per week for one CI goal will	55 Pa. Code § 52.14(i) A provider shall comply with the applicable approved waiver, including approved	ISPs, Billing Claims, Letters or other documentation from OLTL verifying increased authorization.	Y= The CI plan contains one goal AND does not exceed 8 hours per week unless there is OLTL authorization OR the CI plan contains multiple goals AND does not exceed
	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 the justification for continued training on the desired outcome must be incorporated into the ISP at the time of the quarterly review. Each distinct goal may not remain on the ISP for more	52.14(i) Appendix C		
	Bulletin Standard 4: The length of community integration service approved will not exceed 13 weeks on new plans.	55 Pa. Code § 52.14(i) A provider shall comply with the applicable approved waiver, including approved	Participant ISPs, service notes.	Y=The initial CI goal is scheduled for 13 weeks or less on a new (initial) plan. N= The initial CI goal exceeds 13 weeks on a new plan.
	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 change or it is concluded that the individual will not independently complete the goal and the SC must assess for a more appropriate service to meet the individual's needs.	52.14(i) Appendix C		

	Bulletin Standard 1: The SC cannot list one on-going goal to justify CI indefinitely.	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 has an end date AND the CI goal is not repeated again in the ISP. This includes not using alternative explanations to reach the same basic goal.
	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 comply	Participant ISPs, service notes.	Y=The CI goal does not extend beyond 26 weeks without specific OLTL authorization. N=The CI goal extends 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 individual will not independently complete the goal and the SC must assess for a more appropriate service to meet the individual's needs.	55 Pa. Code § 52.14(i) 55 Pa. Code § 52.14(i) A provider shall comply with the applicable approved	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 AND the SC assesses the participant for a more appropriate service. The goal change
	§ 52.14. (i) Appendix C, Service Coordination. The Service Coordinator provides information and assistance to participants regarding self-direction.	§ 52.14. (i) Appendix C, Service Coordination.	Participant record.	Y= The service coordinator documents that the participant was informed that he/ she has information regarding self-direction AND if the participant chooses self-direction, the
	§ 52.14. (i) Appendix C Community Integration Services are designed to acquire, retain, and improve self-help, communication, socialization, and adaptive skills necessary to reside in the community.	§ 52.14(i). Appendix C. Community Integration	Participant ISP, Service notes.	Y= The community integration services goals either assist a participant to acquire, retain or improve self-help skills, communication, socialization or
	§ 52.14. (i) Appendix C, Service Coordination. Prior to meeting(s), the Service Coordinator collaborates with the participant to coordinate invitations and ISP/Annual Review meetings, dates, times and locations. The process of coordinating invitations includes the participant's input as to who to invite to the meeting(s).	§ 52.14. (i) Appendix C, Service Coordination.		
	Prior to meeting(s), the Service Coordinator collaborates with the participant to coordinate invitations and ISP/Annual Review meetings, dates, times and locations.	§ 52.14. (i) Appendix C, Service Coordination.	Participant ISP, Service notes.	Y= The Service Coordinator works with the participant to set a time, date, and location of the ISP/ Annual Meeting. N= The Service Coordinator DOES
	The process of coordinating invitations includes the participant's input as to who to invite to the meeting(s).	§ 52.14. (i) Appendix C, Service Coordination.	Participant ISP, Service notes.	Y= The Service Coordinator works with the participant to invite people the participant wants to attend the ISP/ Annual Meeting. N= The Service Coordinator DOES
	§ 52.14. (i) Appendix C, Service Coordination. Service Coordination activities include maintaining current documentation of the participant's eligibility for waiver services.	§ 52.14. (i) Appendix C, Service Coordination.	Participant files	Y= The provider maintains a copy of the DPW Form 162 or has a policy to utilize IEVS in determining financial eligibility. HCSIS maintains programmatic eligibility. The DPW
	§ 52.14. (i) Appendix D, Service Coordination. If the participant utilizes an alternative means of communication or whose primary language is not English, then the Supports Coordinator utilizes the participant's primary means of communication, an interpreter, or someone identified by the participant that has a close enough relationship with the participant to accurately speak on his/her behalf in gathering	§ 52.14(i). Appendix D. Service Coordination	Participant ISP, Service Notes.	Y= The participant utilizes an alternative means of communication OR his/her primary language is not English AND the Supports Coordinator utilizes the participant's

<p>§ 52.14. (i) Appendix E, Service Coordination. The ISP reflects the participant's choice of Agency Model, Employer Authority Model or a combination of both models.</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>	<p>Participant ISP.</p>	<p>Y= The ISP indicates the participant's choice of service model. N= The ISP DOES NOT indicate the participant's choice of service model OR the participant was not given a</p>	
<p>§ 52.14. (i) Appendix E, Service Coordination Involuntary termination from the consumer model would only occur after a thorough review by the participant's Service Coordinator of the participant's health and welfare needs as identified in the service plan.</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>	<p>Participant ISP, Service notes.</p>	<p>Y= The participant is involuntary terminated from consumer model services AND the Service Coordinator reviewed the participant's health and welfare needs prior to termination.</p>	
<p>§ 52.14. (i) Appendix E, Termination from the Employer Authority Model would occur only after a team meeting with the participant, the participant's Service Coordinator, and any family, friends and advocate if requested by the participant and a review of the recommendations by the OLTL.</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>	<p>Participant ISP, Service notes.</p>	<p>Y= The participant is involuntary terminated from consumer model services AND the participant, the Service Coordinator, and individuals that the participant requests meet to</p>	
<p>§ 52.14. (i) Appendix E, The Service Coordinator will assist the participant in the transfer to the Agency model of service and to ensure that there is not a break in service during the transition period.</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>	<p>Participant ISP, Service notes.</p>	<p>Y= The participant is involuntary terminated from consumer model services AND the Service Coordinator assists the participant transfer to the Agency model of services AND</p>	
<p>§ 52.14. (i) Appendix E, The personal representative must be willing and able to fulfill the responsibilities as outlined in the Personal Representative Agreement and must:</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>			
	<p>(1) Demonstrate a strong personal commitment to the participant.</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>	<p>Participant ISP, Service notes, SC interviews.</p>	<p>Y= The Service Coordinator has the personal representative complete the Personal Representative Agreement and determines the perspective personal representative demonstrates</p>
	<p>(2) Assist the participant in identifying/ obtaining back up services when a support worker does not show</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>	<p>Participant ISP, Service notes, SC interviews.</p>	<p>Y= The Service Coordinator has the personal representative complete the Personal Representative Agreement and determines the perspective personal representative demonstrates</p>
	<p>(3) Demonstrate knowledge of the participant's preferences</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>	<p>Participant ISP, Service notes, SC interviews.</p>	<p>Y= The Service Coordinator has the personal representative complete the Personal Representative Agreement and determines the perspective personal representative demonstrates</p>
	<p>(4) Agree to predetermined frequency of contact with the participant;</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>	<p>Participant ISP, Service notes, SC interviews.</p>	<p>Y= The Service Coordinator has the personal representative complete the Personal Representative Agreement and determines the perspective personal representative demonstrates</p>
	<p>(5) Be at least 18 years of age.</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>	<p>Participant ISP, Service notes, SC interviews.</p>	<p>Y= The Service Coordinator has the personal representative complete the Personal Representative Agreement and determines the perspective personal representative demonstrates</p>

<p>§ 52.14. (i) Appendix E, A personal representative will be required for any individual who has impaired judgment as identified on the LOCA or is unable to:</p> <p>(1) Understand his/her own personal care needs;</p> <p>(2) Make decisions about his/her own care;</p> <p>(3) Manage his/her lifestyle and environment by making these choices;</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>	<p>Participant ISP, Service notes, LOCA.</p>	<p>Y= The participant is interested in exercising consumer direction AND the Service Coordinator determines the participant is unable to meet one of the five criteria listed in the</p>
<p>§ 52.14. (i) Appendix E, The Service Coordination agency informs participants of the opportunity to request a fair hearing under the provisions of 42 CFR Part 431, Subpart E, to beneficiaries in the following situations:</p> <p>(1) When a participant is not given the choice of home or community-based services as an alternative to the institutional care;</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>	<p>Participant ISP, Service notes, Statement signed by the participant that he/ she reviewed and understands he/she can appeal each of the actions listed in the standard.</p>	<p>Y= The Service Coordinator informs the participant that he/she has the right to appeal any of the actions listed in the standard. N= The Service Coordinator DOES</p>
<p>§ 52.14. (i) Appendix E, The Service Coordination agency informs participants of the opportunity to request a fair hearing under the provisions of 42 CFR Part 431, Subpart E, to beneficiaries including the right to appeal the local enrollment broker's or Service Coordination agency's failure to act per the Regulations at 55 PA Code §275.1(a) (i) (E).</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>	<p>Participant ISP, Service notes, Statement signed by the participant that he/ she reviewed and understands he/she can appeal the failure of the SC or the enrollment broker to act.</p>	<p>Y= The Service Coordinator informs the participant that he/she has the right to appeal its failure to act or the enrollment broker's failure to act. N= The Service Coordinator DOES</p>
<p>§ 52.14. (i) Appendix E, Service Coordinators shall offer all participants who have chosen to self-direct their services provider-managed services until the individual's support workers are hired.</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>	<p>Service notes, Participant ISP</p>	<p>Y= The Service Coordinator (SC) offers the consumer model participant provider managed services (agency) until the participant's support workers are hired.</p>
<p>§ 52.14. (i) Appendix E, The participant receives information on self-direction, participation in decision-making and independent living philosophy regardless of which service model they choose.</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>	<p>Service Notes, Statement signed by participant indicating he/she understood and reviewed information regarding self-direction, participation in decision-making and independent living philosophy.</p>	<p>Y= The provider gives each participant information on self-direction, participation in decision-making and independent living philosophy.</p>
<p>§ 52.14. (i) Appendix E, Participants are advised that they have the opportunity to choose Employer Authority on an ongoing basis.</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>	<p>Service Notes, Statement signed by participant indicating he/she understood and reviewed information on choosing Employer Authority.</p>	<p>Y= The provider gives each participant the opportunity to choose Employer Authority at least at each reevaluation and reminds participant of his/ her right to choose Employer</p>
<p>§ 52.14. (i) Appendix E, Participants may choose to self-direct their services during the development of the initial Individual Service Plan (ISP), at reassessment, or at any time.</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>	<p>Participant ISP, Service notes, consumer complaints</p>	<p>Y= The participant requests to self-direct his/her services and the Service Coordinator assists the participant to begin self-direction. N= The participant requests to self-</p>
<p>§ 52.14. (i) Appendix E, Information about participant-direction is shared with participants on an annual basis and at the request of the participant.</p>	<p>§ 52.14(i). Appendix E. Service Coordination</p>	<p>Participant ISP, Service notes, consumer complaints.</p>	<p>Y= The participant receives information on self-direction on an annual basis OR at his/her request. N= The participant DOES NOT receive information on self-direction</p>
<p>§ 52.14. (i) Appendix F, The Service Coordination agency is responsible to provide the participant with at least ten days advance notice when an action will be taken regarding existing services that is subject to appeal.</p>	<p>§ 52.14(i). Appendix F. Service Coordination</p>	<p>Participant ISP, Service notes, consumer complaints.</p>	<p>Y= The Service Coordination agency provides at least 10 days written notice prior to an action being taken. An action is defined as a reduction, suspension or termination of services.</p>
<p>§ 52.14. (i) Appendix F, If the participant files an appeal prior to the date the action is to become effective, the services must continue pending the resolution of the appeal.</p>	<p>§ 52.14(i). Appendix F. Service Coordination</p>	<p>Participant ISP, Service notes, consumer complaints.</p>	<p>Y= The participant files an appeal prior to the effective date of the action AND the Service Coordination agency continues services pending resolution of the appeal.</p>

§ 52.14. (i) Appendix F, The Service Coordination agency must send a written notice to the individual when services are denied, suspended, reduced, or terminated.	§ 52.14(i). Appendix F. Service Coordination	Copies of notices, service notes indicating action taken and date notice was sent, policy.	Y= The provider has a policy and sends written notice to the participant when services are denied, suspended, reduced or terminated. N= The provider DOES NOT have a
§ 52.14. (i) Appendix F, The Service Coordination agency retains copies of written notices.	§ 52.14(i). Appendix F. Service Coordination	Copies of notices.	Y= The provider maintains copies of notices it sends. N= The provider DOES NOT maintains copies of notices it sends. NA= The provider does not render
§ 52.14. (i) Appendix F, If advance notice is not provided, the participant has the right to maintain services at the current level if the appeal request is made within ten days of the participant being informed of the action.	§ 52.14(i). Appendix F. Service Coordination	Copies of notices.	Y= The Service Coordinator (SC) fails to provide advance notice of the action, AND the participant appeals within 10 days of being informed of the action AND the SC continues
§ 52.14. (i) Appendix G, During enrollment and at reevaluation the Service Coordination Agency reviews the process for reporting the use of Restraints and Restrictive Interventions with the participant which includes reporting the use of Restraints and/or Restrictive Interventions to the Service Coordinator.	§ 52.14(i). Appendix G. Service Coordination	Service Notes, Statement signed by participant indicating he/she understood and reviewed the process for report the use of Restraints and Restrictive Interventions with the Service Coordinator.	Y= The provider documents it reviewed the process for reporting the use of Restraints and Restrictive Interventions with the participant at both enrollment AND at each
§ 52.14. (i) Appendix G, The Service Coordinator informs participants of rights, responsibilities, and liabilities when choosing a service model.	§ 52.14(i). Appendix G. Service Coordination	Service Notes, Statement signed by participant indicating he/she understood and reviewed rights, responsibilities and liabilities regarding the service model he/she chose.	Y= The provider documents it reviewed the participant's rights, responsibilities and liabilities in regards to the service model selected by the participant.
(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 Division of Provider Operations for individual's MA billing)	Y= The provider does not render services when the participant is unavailable or disinterested in receiving services.
(r) A provider shall document the participant's progress towards outcomes and goals in the Department's designated information systems.	§ 52.14 (r). Ongoing Responsibilities of Providers.	Participant Service Plan, service notes, provider notes	Y= The service coordinator documents the participant's outcomes and goals AND monitors the progress towards those outcomes and goals by contacting the participant and
§ 52.15. Provider records.			
(a) The following requirements are in addition to the recordkeeping provisions under § 1101.51(d) and (e) (relating to ongoing responsibilities of providers):	§ 52.15 (a). Provider records.		
(1) A provider shall use the Department's designated information system to record service plan information regarding the participant as required.	§ 52.15 (a)(1). Provider records.	Provider notes, HCSIS and SAMS service plans, claims, receipts, timesheets	Y= The Service Coordination Entity enters service plan information into SAMS and HCSIS. N= The Service Coordination Entity does not enter service plan

(2) 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 and frequency to be complete. Please see Module 5, 55 Pa. Code §
§ 52.17. Critical incident and risk management.			
(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. Critical incident and risk management. Pa. OLTL Bulletin 05-11-06, 51-11-06, 52-11-06, 54-11-06, 55-11-06,	QMP and reported preventable incidents in EIM. Example of preventable incidents: falls. Preventable incident: A critical incident that could be avoided through appropriate training of a staff member or	Y= The provider reports critical incidents within 48 hours of incident or knowledge of the incident AND The provider reports the critical
(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 notes	Y= The provider was required by OLTL to provide additional information regarding a critical incident AND the provider rendered the information.
§ 52.26. Service coordination services.			
(a) To be paid for rendering services service coordination services, an SCE shall:	§ 52.26(a). Service coordination services.		
	(1) Complete a person-centered assessment.	§ 52.26(a)(1). Service coordination services.	service coordination files, billing records, participant records, complaints, participant interviews, provider notes, service notes, etc.
	(2) Complete a level of care re-evaluation at least annually.	§ 52.26(a)(2). Service coordination services.	service coordination files, billing records, participant records, complaints, participant interviews, provider notes, service notes, etc.
	(3) Develop a service plan for each participant for whom the SCE renders service coordination services. The provider shall complete the following:	§ 52.26(a)(3). Service coordination services.	
	(i) Develop and modify the participant's service plan at least annually.	§ 52.26(a)(3)(i). Service coordination services.	HCSIS ISP. Plan-Plan Admin-Print-Individ Srch:General Srch-Srch-Print Entire Plan and/or select desired info
			Y= The provider develops a service plan AND the service plan is modified at least annually AND the service plan is modified if the participant experiences a significant medical or

	(ii) Modify the participant's service plan, if necessary, when the participant has a significant medical or social change.	§ 52.26(a)(3)(ii). Service coordination services.	HCSIS service notes, ISP: Plan-Plan Admin-Print-Individ Srch:General Srch-Srch-Print Entire Plan and/or select desired info and Plan-Serv&Supp-Serv Dtls and Ind-Activity-Meeting Details/Contact Log	Y= The provider develops a service plan AND the service plan is modified at least annually AND the service plan is modified if the participant experiences a significant medical or
	(4) Review the participant need, the participant goal and participant outcome with the participant and other persons that the participant requests to be part of the review as required by conducting the following:	§ 52.26(a)(4). Service coordination services.		
	(i) At least one telephone call or face-to-face visit per calendar quarter. At least two face-to-face visits are required per calendar year.	§ 52.26(a)(4)(i). Service coordination services.	HCSIS service notes, ISP: Plan-Plan Admin-Print-Individ Srch:General Srch-Srch-Print Entire Plan and/or select desired info and Plan-Serv&Supp-Serv Dtls and Ind-Activity-Meeting Details/Contact Log	Y= The provider reviews the participant's needs, goals and outcomes AND meets with the participant 4 times a year AND 2 of the 4 meetings occur face to face.
	(ii) More frequent calls or visits if the service coordinator or the Department determines more frequent calls or visits are necessary to ensure the participant's health and safety.	§ 52.26(a)(4)(ii). Service coordination services.	HCSIS service notes, ISP: Plan-Plan Admin-Print-Individ Srch:General Srch-Srch-Print Entire Plan and/or select desired info and Plan-Serv&Supp-Serv Dtls and Ind-Activity-Meeting Details/Contact Log	Y= The provider conducts more frequent reviews of the participant's needs, goals and outcomes because it or the Department deems it necessary.
	(5) Coordinate a service, TPR and informal community supports with the participant to ensure the participant need, the participant goal and the participant outcome are met.	§ 52.26(a)(5). Service coordination services.	service coordination files, billing records, participant records, complaints, participant interviews, provider notes, service notes, etc.	Y= The provider coordinates (including researching and pursuing the availability) waiver services, informal supports, and TPRs.
	(6) Provide the participant with a list of providers in the participant's service location area that are enrolled to render the service that meets the participant's needs.	§ 52.26(a)(6). Service coordination services.	service coordination files, billing records, participant records, complaints, participant interviews, provider notes, service notes, etc.	Y= The provider gives the participant the approved list of available providers. N- The provider does not give the
	(7) Inform the participant of the participant's right to choose any willing and qualified provider to provide a service on the participant's service plan.	§ 52.26(a)(7). Service coordination services.	service coordination files, billing records, participant records, complaints, participant interviews, provider notes, service notes, etc.	Y= The participant signs the provider choice form AND the provider demonstrates that it has provided the SSD list.
	(8) Confirm with the participant's selected provider that the provider is able to provide the service in the type, scope, amount, duration, and frequency as listed on the participant's service plan.	§ 52.26(a)(8). Service coordination services.	service coordination files, billing records, participant records, complaints, participant interviews, provider notes, service notes, etc.	Y= The SCE shares the type, scope, amount, duration and frequency of service provision information with the potential provider of services AND receives assurances from the
For the next two rows, the rows operate individually. In case of a violation, they are cited as §52.26(a)(9). If two yes's are entered, the cells will turn RED.				
	USE FOR DOCS DATED 7/11/13 or Earlier: (9) Provide information regarding the authorized type, scope, amount, duration and frequency of service as listed in the participant's service plan to the provider rendering the service.	§ 52.26(a)(9). Service coordination services. PA OLTL Bulletin 51-13-05, 55-13-05, 59-13-05.	service coordination files, billing records, participant records, complaints, participant interviews, provider notes, service notes, etc.	Y= The SCE shares the type, scope, amount, duration and frequency of service provision information with the potential provider of services.

USE FOR DOCS DATED 7/12/13 or Later: (9) Provide information regarding the authorized type, scope, amount, duration and frequency of service as listed in the participant's service plan to the provider rendering the service.	§ 52.26(a)(9). Service coordination services. PA OLTL Bulletin 51-13-05, 55-13-05, 59-13-05.	service coordination files, billing records, participant records, complaints, participant interviews, provider notes, service notes, etc.	Y= The SCE provides the direct service provider with a copy of the OLTL Service Authorization Form AND the form is completed (no blank areas; must use N/A as required by
(10) Ensure and document at least on a quarterly basis that the participant's services are being delivered in the type, scope, amount, duration and frequency as required by the participant's service plan.	§ 52.26(a)(10). Service coordination services.	service coordination files, billing records, participant records, complaints, participant interviews, provider notes, service notes, etc.	Y= The SCE contacts the participant or provider AND receives adequate assurances that services are being provided in the type, scope, amount, duration and frequency as specified
(11) Evaluate if the participant need, participant goal and participant outcome are being met by the service.	§ 52.26(a)(11). Service coordination services.	service coordination files, billing records, participant records, complaints, participant interviews, provider notes, service notes, etc.	Y= The SCE reviews the participant's needs, goals and outcomes. N= The SCE does not review the participant's needs, goals and
(12) Ensure a participant exercising participant-directed budget authority does not exceed the number of service hours approved in the participant's service plan.	§ 52.26(a)(12). Service coordination services.	service coordination files, billing records, participant records, complaints, participant interviews, provider notes, service notes, etc.	Y= The SCE regularly reviews the number of hours available to the participant utilizing participant budget authority AND does not submit a critical revision for the participant's

For the next two rows, the rows operate individually. In case of a violation, they are cited as §52.26(b).

(b) If additional information is necessary to ensure that services are provided to a participant in the type, scope, amount, duration or frequency as required by the participant's service plan, the SCE shall convey the additional information to the provider.	§ 52.26(b). Service coordination services. PA OLTL Bulletin 51-13-05, 55-13-05, 59-13-05.	Participant service plan, service notes, provider notes	Y= The SCE provides sufficient information that the provider can deliver service in the type, scope, amount, duration, and frequency as specified on the service plan AND the
(b) If additional information is necessary to ensure that services are provided to a participant in the type, scope, amount, duration or frequency as required by the participant's service plan, the SCE shall convey the additional information to the provider.	§ 52.26(b). Service coordination services. PA OLTL Bulletin 51-13-05, 55-13-05, 59-13-05.	Participant service plan, service notes, provider notes	Y= The SCE provides a copy of a Script every sixty (60) days for Occupational Therapy, Occupational therapy-assist, Physical therapy, Physical therapy assistance, OR
(j) If the service is also offered as a Medicaid State Plan service, then the Medicaid State Plan service shall be accessed prior to another Departmental program to provide the service.	§ 52.26(j). Service coordination services.	List of state plan services, provider files, participant files, documentation from another party rejecting service	Y= The service is available through the state plan and the SCE accesses the service through the state plan or has a denial as to why the state plan service is unavailable to the
(k) The SCE or the Department's designee shall assist a participant to collect and send information to the Department to determine the participant's continued eligibility for the waiver or Act 150 program, including financial eligibility.	§ 52.26(k). Service coordination services.	Service notes, participant files, participant interviews, review of eligibility status and reasons for denial of eligibility	Y= The SCE assists the participant to gather and send information to determine eligibility AND explains the eligibility process to the participant.

§ 52.25. Service plan.

(a)A service plan must be developed for each participant that contains the following:		§ 52.25. (a)Service plan.		
	(1) The participant need as identified on a standardized needs assessment provided by the Department.	§ 52.25. (a) (1) Service plan.	Participant service plan, service notes, participant file	Y- The provider drafts a service plan that contains the participant need as identified on a standardized needs assessment provided by the Department. N- The provider does not draft a service plan OR the provider drafts a
	(2)the participant goal.	§ 52.25. (a)(2) Service plan.	Participant service plan, service notes, participant file	Y- The provider drafts a service plan that contains the participant goal. N- The provider does not draft a service plan OR the provider drafts a
	(3) the participant outcome.	§ 52.25.(a)(3) Service plan.	Participant service plan, service notes, participant file	Y- The provider drafts a service plan that contains the participant outcome. N- The provider does not draft a service plan OR the provider drafts a
	(4) the service, TPR or informal community support that meets the participant need, participant goal or participant outcome.	§ 52.25.(a)(4) Service plan.	Participant service plan, service notes, participant file	Y- The provider drafts a service plan that contains, the service, TPR or informal community support that meets the participant need, participant goal or participant outcome.
	(5) The type, scope, amount, duration, and frequency of services needed by the participant.	§ 52.25.(a)(5) Service plan.	Participant service plan, service notes, participant file	Y- The provider drafts a service plan that contains the type, scope, amount, duration, and frequency of services needed by the participant.
	(6) the provider of each service.	§ 52.25.(a)(6) Service plan.	Participant service plan, service notes, participant file	Y- The provider drafts a service plan that contains the provider of each service., N- The provider does not draft a
	(7) the participant's signature.	§ 52.25.(a)(7) Service plan.	Participant service plan, service notes, participant file	Y- The provider drafts a service plan that contains the participant's signature. N- The provider does not draft a
	(8) Risk mitigation strategies.	§ 52.25.(a)(8) Service plan.	Participant service plan, service notes, participant file	Y- The provider drafts a service plan that contains risk mitigation strategies. N- The provider does not draft a service plan OR the provider drafts a
	(9) the participant's back-up plan.	§ 52.25.(a)(9) Service plan.	Participant service plan, service notes, participant file	Y- The provider drafts a service plan that contains the participant's back-up plan. N- The provider does not draft a

(b) The participant's back-up plan must contain an individualized back-up plan and an emergency back-up plan.	§ 52.25. (b) Service plan.	Participant service plan, service notes	Y- The SCE writes a participant back-up plan AND the participant back-up plan includes an individualized back-up plan AND an emergency back-up plan.
(c) Each participant need must be addressed by an informal community support, TPR, or service unless the participant chooses for a need not be addressed.	§ 52.25.(c) Service plan.	Participant service plan, service notes, the person-centered assessment	Y- The provider lists the identified needs from the person-centered assessment AND each need is addressed by an informal community support, a TPR, a service OR by the
(d) If a participant refuses to have a need addressed, then the SCE shall document when the participant refused to have the need addressed and why the participant chose for the need to remain unaddressed.	§ 52.25(d). Service plan.	Participant service plan, service notes, the person-centered assessment	Y- The participant refuses to have an identified needs addressed AND the SCE documents when the participant refused to have the need addressed AND the SCE documents why the
(e) The following services require a physician's prescription prior to being added to a participant's service plan:	§ 52.25(e). Service plan.		
	(1) Physical therapy.	§ (e)(1) Service plan.	Participant service plan, service notes, the person-centered assessment, participant file, participant prescriptions, CMS Form 485
	(2) Occupational therapy.	§ 52.25 (e)(2). Service plan.	Participant service plan, service notes, the person-centered assessment, participant file, participant prescriptions, CMS Form 485
	(3) Speech and language therapy.	§ 52.25 (e)(3). Service plan.	Participant service plan, service notes, the person-centered assessment, participant file, participant prescriptions, CMS Form 485
	(4) Nursing services.	§ 52.25(e)(4). Service plan.	Participant service plan, service notes, the person-centered assessment, participant file, participant prescriptions, CMS Form 485
	(5) Telecare health status and monitoring services.	§ 52.25(e)(5). Service plan.	Participant service plan, service notes, the person-centered assessment, participant file, participant prescriptions, CMS Form 485
	(6) Durable medical equipment.	§ 52.25 (e)(6). Service plan.	Participant service plan, service notes, the person-centered assessment, participant file, participant prescriptions, CMS Form 486

(f) An SCE or the Department's designee shall use a person-centered approach to develop a participant's service plan.	§ 52.25. (f) Service plan.	Provider notes, participant interviews, participant complaints, comparison of participant service plans, participant service plans; provider interview, provider policies	Y= The provider uses a person-centered approach to develop the participant's service plan. N= The provider does not use a
(g) An SCE or the Department's designee shall use the Department's person-centered assessment and risk assessment to develop the participant's service plan.	§ 52.25. (g) Service plan.	CMI, LOCA, participant's file, participant's ISP	Y= The SCE uses the CMI and LOCA to develop the participant's service plan. N= The SCE DOES NOT USE the CMI or the LOCA to develop the
(h) An SCE or the Department's designee shall complete the participant's service plan on the format prescribed by the Department and enter the service plan into the Department's designated information system.	§ 52.25(h). Service plan.	Participant service plans	Y= The provider completes the service plan in HCSIS or SAMs as appropriate. N= The provider does not complete
(j) An SCE or the Department's designee shall review the participant need, participant goal and participant outcome documented on the service plan at least annually with the participant.	§ 52.25(j). Service plan.	Provider notes, participant interviews, participant complaints, comparison of participant service plans, participant service plans, incident reports	Y= The provider reviews the participant's needs, goals and outcomes with the participant AND the review occurs at least annually.
(k) An SCE or the Department's designee shall review and modify, if necessary, the participant need, participant goal, and participant outcome each time a participant has a significant change in medical or social condition.	§ 52.25(k). Service plan.	Participant service plans, service notes, incident reports	Y= The provider develops a service plan AND the service plan if modified is the participant experiences a significant medical or social change OR the SCE reviews the service plan
(l) If there has been a significant change in the medical or social condition of a participant, an SCE or the Department's designee shall use the Department's person-centered assessment and risk assessment to determine if changes are needed in the service plan.	§ 52.25(l). Service plan.	Participant service plans, service notes, risk assessments, person-centered assessments	Y= The provider reassessed the participant using the standardized person-centered assessment and risk assessment after the participant experienced a significant medical or

§ 52.28 Conflict free services

(b) If an SCE operates as an OHCDS, then the SCE may not require a participant to use that OHCDS as a condition to receive the service coordination services of the SCE.	§ 52.28(b). Conflict free service coordination.	Provider notes, SCE notes, participant interviews, signed provider choice forms.	Y= The provider is an SCE AND has the participant sign the provider choice form AND the provider clearly indicates the participant may choose any OHCDS or for its vendor services
(c) An SCE may not require a participant to choose the SCE as the participant's community transition service provider as a condition to receive service coordination services.	§ 52.28(c). Conflict free service coordination.	Provider notes, SCE notes, participant interviews, signed provider choice forms.	Y= The provider is an SCE AND has the participant sign the provider choice form AND the provider clearly indicates the participant may choose any community transition provider.

§ 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:		§ 52.29. Confidentiality of records.	Provider records that indicate there is no evidence of provider releasing confidential records without court order or consent of participant.	Y= The provider does not disclose information to parties other than those listed in (1) -(5) OR the provider discloses to a party not listed in (1)-(5) with the consent of the participant,
	(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. N= The provider does not include criteria (i) through (x) AND is required to have such criteria. 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>(ii) The record shall identify the patient on each page.</p>	<p>§ 1101.51(e) (1) (ii) Ongoing responsibilities of providers</p>	<p>Service notes, ISP, progress notes, provider notes.</p>	<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>
<p>(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 signed and dated.</p>	<p>§ 1101.51(e) (1) (iii) Ongoing responsibilities of providers</p>	<p>Service notes, ISP, progress notes, provider notes.</p>	<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>
<p>(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.</p>	<p>§ 1101.51(e) (1) (iv) Ongoing responsibilities of providers</p>	<p>Service notes, ISP, progress notes, provider notes.</p>	<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>

<p>(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.</p>	<p>§ 1101.51(e) (1) (v) Ongoing responsibilities of providers</p>	<p>Service notes, ISP, progress notes, provider notes.</p>	<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>
<p>(vi) The record shall indicate the progress at each visit, change in diagnosis, change in treatment and response to treatment.</p>	<p>§ 1101.51(e) (1) (vi) Ongoing responsibilities of providers</p>	<p>Service notes, ISP, progress notes, provider notes.</p>	<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>
<p>(vii) The record shall contain summaries of hospitalizations .</p>	<p>§ 1101.51(e) (1) (vii) Ongoing responsibilities of providers</p>	<p>Service notes, ISP, progress notes, provider notes.</p>	<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>

<p>(ix) The disposition of the case shall be entered in the record.</p>	<p>§ 1101.51(e) (1)(ix) Ongoing responsibilities of providers</p>	<p>Service notes, ISP, progress notes, provider notes.</p>	<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>
<p>(x) The record shall contain documentation of the medical necessity of a rendered, ordered or prescribed service.</p>	<p>§ 1101.51(e) (1) (x) Ongoing responsibilities of providers</p>	<p>Service notes, ISP, progress notes, provider notes.</p>	<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	
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 Living.	
(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 electronically on the document provided.	
(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 § 52.23(c)(4)- (8) on the CAP.
	(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 § 52.23(c)(4)- (8) on the CAP.
	(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 § 52.23(c)(4)- (8) on the CAP.
	(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 § 52.23(c)(4)- (8) on the CAP.
	(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 § 52.23(c)(4)- (8) on the CAP.
	(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 § 52.23(c)(4)- (8) on the CAP.
	(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 § 52.23(c)(4)- (8) on the CAP.

	(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 § 52.23(c)(4)- (8) on the CAP.
	(g) The provider shall implement a Department-approved CAP.	§ 52.23(g) Corrective Action Plan	Completed CAP and Follow-Up monitoring documentation, reports of non-compliance of a regulation (i.e. complaints from consumers, reports from	Y= The provider implements all components of its CAP. This includes listed in 55 Pa. Code § 52.23(c)(4)- (8) on the
§ 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 CAP, Results of 55 Pa. Code § 52.23(a) and/or (g) as appropriate.	Y= The provider has a CAP AND implements the CAP as written.