

Pennsylvania Department of Public Welfare
Office of Developmental Programs



Provider Handbook

For

Intellectual Disability Services

MESSAGE TO PROVIDERS FROM THE OFFICE OF DEVELOPMENTAL PROGRAMS



It is our pleasure to introduce you to the Pennsylvania Office of Developmental Programs' *Provider Handbook*. Providers who are new to Pennsylvania and need information to get started will find this information helpful; established providers will see many resources that can be useful in day-to-day operations.

This Handbook contains comprehensive and current information on qualification, licensing, billing, provider monitoring and priorities of the Office of Developmental Programs, including *Everyday Lives*, *Positive Approaches*, the Quality Management Strategy and Incident Management and Risk Management.

This handbook does not contain information that pertains to providers within programs administered by the Bureau of Autism Services under the Adult Autism Waiver (AAW) or Adult Community Autism Program (ACAP). For autism provider information, please visit www.autisminpa.org.

Pennsylvania has assured the federal Centers for Medicare & Medicaid Services (CMS) that individuals and families have choice of willing and qualified providers of waiver service. This Handbook represents one effort of the Office of Developmental Programs in supporting the Commonwealth's community of providers so that individuals and families are able to use choice and control in how services are delivered.

The Handbook is designed for ease of use online and contains direct links to many of the resources new and established providers need. The most up-to-date version is located on the home page of the Office of Developmental Programs Provider Information Center <http://pic.odpconsulting.net/>.

It is the Office of Developmental Programs hope that this Handbook will help you to grow and succeed. Thank you for all of your endeavors and continuing service to people with intellectual disability and their families.

About the content in the ODP Provider Handbook

The information contained within this handbook was accurate and current as of March 20, 2012; this date also appears on the bottom of each page of the handbook. ODP will update the content in the handbook on a periodic basis. This resource is designed for online use as printed versions may become out of date.

Some terms and language in the handbook do not reflect the ODPs' current philosophy or practices, for example, the term "mental retardation" is now "intellectual disability." However, the content is intended to provide valuable information and address the requirements for waiver providers. While there is information within this document that is beneficial to Supports Coordination Organizations (SCOs) and county base funded providers, the expectations are the same but the processes differ.

The *Office of Developmental Programs' Provider Handbook* is designed as a reference tool. For more in-depth information on a topic, refer to source documents that may be linked, such as Department of Public Welfare Bulletins.

If you have questions or you encounter an internet link that is not working, email the OCS Help Desk at ocs-odponlinehelp@odpconsulting.net and enter, "Provider Handbook" as the subject.

How to use this handbook

The handbook can be navigated three easy ways on your own computer:

1. The **Table of Contents** is linked to each topic in the handbook.
2. The handbook is **bookmarked** on the left side, making it easy to navigate to different topics without having to return to the Table of Contents.
3. The **scroll bar** on the right side of the document makes it easy to move to any part of the document with your mouse to control what appears in your screen.
 - a. When your mouse moves to a topic in the Table of Contents or a bookmark and



appears – click to go to that section.

Blue underlined font indicates a link to an internet resource.

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Thank you for using the Office of Developmental Programs' Provider Handbook.

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INTRODUCTION

ATTENTION SUPPORTS COORDINATION ORGANIZATIONS

If an agency is interested in becoming a Supports Coordination Organization (SCO) provider, they should contact their Regional Office of Developmental Programs and also visit the Supports Coordination Organization Information Center (SCOIC) at <http://scoic.odpconsulting.net/>.

Intellectual Disability Services

Nationally, the intellectual disability (ID) service system has evolved from one focused on providing service in large institutions – often far from a person’s home and community – to one based on a flexible and dynamic system of supports and services in the community. The system is tailored to the needs of persons living in their home community which include community residential services, day supports and services to people in their own homes.

ID services in Pennsylvania are administered through county Mental Health/Intellectual Disability (MH/ID) program offices. The county Mental Health/ Behavioral Health/Intellectual Disability Services (MH/ BH/IDS) office determines a person's eligibility for service funding and if found eligible individuals will have choice of a SCO and then be assigned a Support Coordinator (SC).

Eligibility for ID services through the Office of Developmental Programs (ODP) requires a diagnosis of an intellectual disability based on the results of objective standardized testing. An intellectual disability is a permanent condition that affects a person's ability to learn and function in daily life that manifested during the developmental period. A diagnosis of an intellectual disability requires that both a person's general intelligence and ability to function in daily life be significantly below average. These two conditions may be present at birth or manifest during the developmental period defined as prior to the person's 22nd birthday.

The county MH/MR/BH/IDS offices are responsible for arranging and authorizing non-waiver services when available and appropriate which are delivered by agencies under contract with the county office. The County Programs also play a key role in the provision of services funded through one of the two ID Home and Community Based Waiver programs: the Consolidated and the Person/Family Directed Support (P/FDS) waivers. County Programs/County Program jointers function as Administrative Entities (AEs) for the waiver programs. An AE may also be a non-governmental entity. AEs enter into and maintain a signed current agreement with the Department to perform administrative functions delegated by the Department, in compliance with the Department’s approved Consolidated and P/FDS Waivers, written policies, procedures and Departmental decisions.

What is a Waiver?

Section 1915(c) of the Social Security Act enables states to request a waiver of applicable federal Medicaid requirements to provide enhanced community support services to those Medicaid beneficiaries who would otherwise require institutional care. These Home and Community Based Waiver (HCBW) programs can be used to fund services not otherwise available through the Medicaid State plan and other Federal, state and local public programs.

HCBW programs allow states to waive three specific Medicaid requirements: state-wideness, comparability of services, and community income and resource rules. Through these waivers, states can elect to cover a number of individuals based on the resources the state has, offer different groups different sets of services, offer the services in only certain geographic locations, or waive deeming requirements to allow more individuals to be Medicaid eligible. Importantly, states' HCBW programs must comply with all federal Medicaid requirements that are not specifically waived.

HCBW programs provide states the flexibility to design a waiver program offering an array of waiver services that meet the needs of the group the state wishes to serve. HCBW programs are initially approved for three years and may be renewed at five-year intervals. In order to receive approval to implement a HCBW program, a state must assure the Centers for Medicare and Medicaid Services (CMS) that the average per capita cost of providing HCBW services will not exceed the cost of care for the same population in an institution. The state must also document that there are safeguards in place to protect the health and welfare of beneficiaries.

A State must also indicate the number of unduplicated beneficiaries to which it intends to provide waiver services in each year of its program. This number constitutes the limit on the size of the waiver program.

Waiver Services in Pennsylvania

Both the Consolidated and P/FDS Waivers have been designed to help individuals live more independently in their homes and communities and to provide a variety of services that promote community living. Both waivers provide funding for services and supports to individuals age 3 and older. The P/FDS differs from the Consolidated Waiver in that it has a funding cap per individual per fiscal year that cannot be exceeded (the funding cap does not include supports coordination services). All waiver participants have free choice of willing and qualified waiver providers to provide needed services in the participant's approved and authorized Individual Support Plan (ISP).

Each AE is responsible to make determinations about who is enrolled in the waivers using criteria established by ODP. The number of waiver participants that an AE can serve at any point in time through each waiver is referred to as the "waiver capacity commitment." Unfortunately, there are waiting lists for individuals to be enrolled in the waivers and a provider should determine whether an individual is in a waiver or receiving base funding before they have any discussions regarding how they could provide the person with supports. The provider must be an enrolled provider and services must be authorized in the individual's ISP prior to rendering waiver services.

Funding Sources

Services are available through the Consolidated and P/FDS Waivers, base funding, and ICFs/ID (Intermediate Care Facilities/ID). For more than a decade, ODP has not encouraged the development of any new ICFs/ID, instead emphasizing community based service options.

As noted previously, waiver is a shortened term for the Medicaid Home and Community-Based Waiver Programs which provides services and supports for eligible individuals. CMS waives Medicaid rules for institutional care in order for the state to use Medicaid funds to provide supports and services to people in the community. The state must meet specific assurances to CMS when requesting a Medicaid Waiver.

Base funding is provided through state and county only funds. It is limited to the amount of dollars allocated to the county program for use at their discretion. For example, base funding may provide support to individuals in need of services who may not qualify for waiver services, or individuals who receive services in settings that are not eligible for waiver funding. Those interested in providing base-funded services should contact the AE(s) in the geographical area where the provider operates. Base-funded services are services funded with state dollars that may have a county match of funds, which are made available to individuals with intellectual Disability of any age as authorized by the County Program in accordance with the Mental Health/Mental Retardation Act of 1966 and applicable regulations and policies. A listing of all County Program offices can be found at <https://www.hcsis.state.pa.us/hcsis-ssd/pgm/asp/PRCNT.ASP>. The county program has the authority to enter into a local contract with a provider, subject to the availability of funds.

Role of the AE with Providers

AEs have been assigned responsibility for key waiver related administrative functions by ODP including:

- Qualifying providers to render waiver services,
- Monitoring currently qualified waiver providers to ensure that services and supports are being delivered in accordance with established requirements, and
- Reviewing and approving the ISP of individuals enrolled/enrolling in the waivers to validate that the plan is based on assessed needs and specifies the type of services to be provided (including the frequency, duration, scope and provider).

Providers are encouraged to contact the County Program, also known as the AE, which operates in the geographical region where the provider's corporate office is located and where the provider delivers service(s).

AEs are available to provide support to providers in such areas as: provider enrollment, qualification, monitoring, incident reporting, submitting claims for reimbursement and the use of ODP's electronic information systems: the Home and Community Services Information System (HCSIS) and the Provider Reimbursement and Operations Management System in electronic format (PROMISE™).

Please note that while the AE is delegated to support providers in the day to day functions of operating within the ODP service system, provider agreements are between ODP as the State Medicaid Agency and waiver service providers as per 42 CFR 431.07, under which the provider agrees to furnish services to Medicaid waiver participants in compliance with state and federal requirements, including waiver requirements approved by CMS.

Purpose of Provider Handbook

The purpose of this handbook is to provide guidance to all interested providers who may want to provide services for persons with intellectual Disability funded by ODP. Unless otherwise specified, the steps outlined in this handbook provide a step-by-step guide on how to become a qualified waiver provider and offer the tools needed to become a successful provider. While the target audience for the Provider Handbook is new providers, the resources can also be useful for existing providers.

A waiver provider (defined as an individual, professional or agency) must be both willing and qualified by ODP to render a service authorized in the Individual Support Plan (ISP) that meets the criteria specified in the current approved waivers. A willing provider agrees to serve waiver participants, to accept payment in full for rendering a service, and to abide by all of the Medicaid waiver provider requirements, including executing a waiver provider agreement with ODP. Because of some unique requirements, separate instructions are available for organizations interested in providing waiver funded supports coordination. If an agency is interested in becoming an SCO, they should contact their regional ODP office and also visit the Supports Coordination Organization Information Center (SCOIC) at <http://scoic.odpconsulting.net/>.

Organizations interested in providing base funded services should consult with their AE or County Mental Health/Intellectual Disability (MH/ID) Program. The steps for enrollment in both HCSIS and PROMISE™ outlined in this handbook will continue to apply.

About the Office of Developmental Programs

The Office of Developmental Programs (ODP), a program office within the Pennsylvania Department of Public Welfare (DPW) has the responsibility to ensure services for individuals with intellectual Disability and autism, including services provided under the Consolidated and P/FDS Waivers meet state and Federal requirements. ODP administers funding, develop policies and procedures and monitors the implementation of these policies and procedures. This handbook addresses the services for individuals with intellectual Disability. If you are interested in becoming a provider for individuals with autism, please contact the Bureau of Autism Services for assistance. Their toll free number is 1-866-539-7689 or they can be reached via email at ra-odpautismwaiver@pa.gov or ra-acap@pa.gov.

On the following pages, you will find more information about the Mission, Vision and Values of the Office of Developmental Programs as well as an overview of some of its core values, the Everyday Lives Principles and Positive Approaches.

Office of Developmental Programs

MISSION

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

VISION

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

VALUES

The values articulated as principles in the Everyday Lives document and the values articulated in the Autism Task Force Report set the direction for the developmental disability service system. They provide context and guidance for policy development, service design, and implementation, and decision-making.

In addition to the system values described above, the Office of Developmental Programs adopts the following principles to guide the daily work of the Office. ODP Staff is expected to integrate these principles into the performance of their daily responsibilities.

TRANSPARENCY – to continuously share information and talk with internal and external stakeholders; to listen to individuals with developmental disability and their families, caregivers, and friends;

EXCELLENCE – to embed best practices to consistently safeguard and support individuals, families, and caregivers;

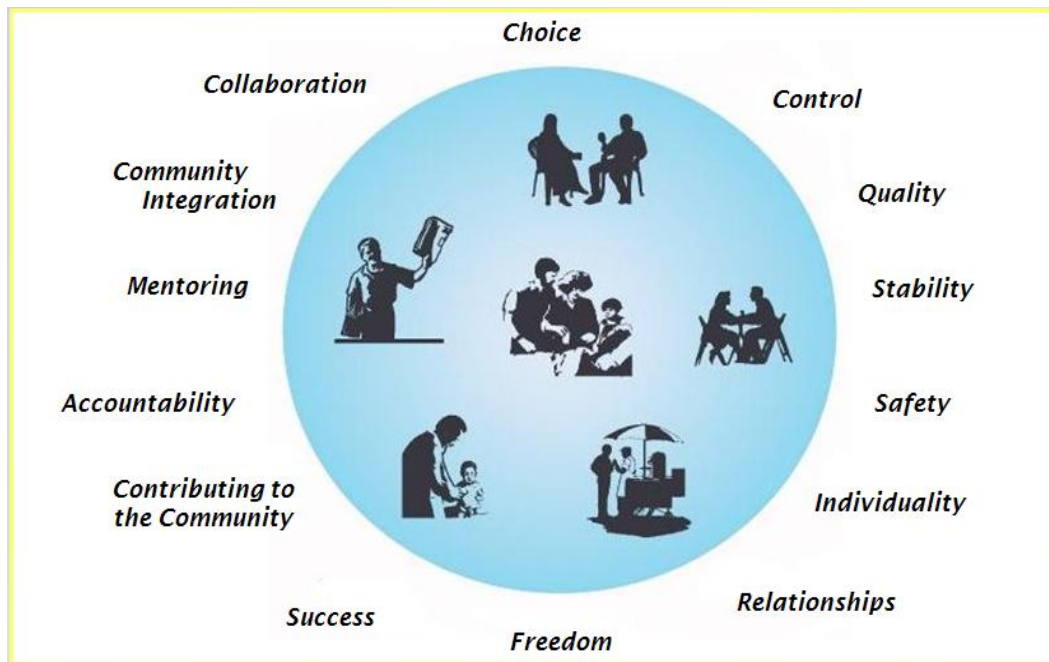
ACCOUNTABILITY – to administer programs and allocate resources equitably; to be fiscally responsible for all stakeholders;

COLLABORATION – to work together with our partners to achieve our mission and vision on behalf of the citizens of Pennsylvania.

Everyday Lives Principles

Since its publication in 1991, the values and vision expressed in Everyday Lives have provided the framework for planning, policy development, service design and all related activities in the developmental disability service system. Everyday Lives has served as the foundation for both the Pennsylvania's Multi-Year Plan for the Intellectual Disability Service System and the Plan to Address the Waiting List. The values were further explored in 1999 in the publication *Everyday Lives: Making it Happen*. The Everyday Lives Principles articulate the outcomes that our system should achieve in person-centered terms; they are a guide for personal action.

These are the Everyday Lives Principles:



More information on Everyday Lives:

ODP Bulletin 00-03-05, Principles for the Mental Retardation System

<http://services.dpw.state.pa.us/PubsFormsReports/NewslettersBulletins/003673169.aspx?BulletinId=4038>

Everyday Lives: Making it Happen

http://documents.odpconsulting.net/alfresco/d/d/workspace/SpacesStore/621d1a3e-e5d5-4be9-ae26-75d3e8b30a84/Everyday_Lives_Making_It_Happen.pdf



Positive Approaches

Positive Approaches is a worldview in which all individuals are treated with dignity and respect, and all are entitled to “Everyday Lives.” The purpose of Positive Approaches is to help people with disability live lives similar to people without disability. This means being able to make choices, face challenges, succeed and sometimes fail, but nevertheless, to have the opportunity to lead their lives as they desire. The opportunity to achieve an “Everyday Life” is sometimes a challenge for individuals who receive services and supports.

There are four major areas in the effort to support people with challenging behaviors to have Everyday Lives. Environment, Communication, Assessment, and Hanging in There are the cornerstones for providing supports.

The service system in Pennsylvania has made significant progress in supporting individuals with intellectual disability who may demonstrate challenging behaviors. Policies and intensive training programs that are strongly based on positive approaches have been effective in the development of services that are focused on support and treatment strategies, i.e. *Positive Practices*. *Positive Practices* are defined as person-centered approaches toward applying the Positive Approaches Paradigm. *Positive Practices* emphasize learning and teaching alternative behavior within a positive framework rather than using negative consequences or punishment to stop behaviors that are undesirable or dangerous.

More Information on Positive Approaches:

ODP Bulletin 00-04-05, Positive Approaches

<http://services.dpw.state.pa.us/olddpw/bulletinsearch.aspx?BulletinId=4001>

ODP Bulletin 00-06-09, Elimination of Restraints through Positive Practices

<http://services.dpw.state.pa.us/olddpw/bulletinsearch.aspx?BulletinId=1408>

ODP Bulletin 00-06-09, Cover Letter

<http://services.dpw.state.pa.us/olddpw/bulletinsearch.aspx?AttachmentId=1262>

Positive Practices – Chapter 1 PowerPoint Presentation

http://www.odpconsulting.net/videostreaming/collateral/Reducing_the_Need_for_Restraint_post.ppt

Positive Practices Resource Team (PPRT) Allocation Process: Chapter 2 in a Series of Positive Practices Trainings

http://www.odpconsulting.net/videostreaming/collateral/POSITIVE_PRACTICES_RESOURCE_TEAM-Jan.2007.ppt

ODP'S QUALITY MANAGEMENT STRATEGY

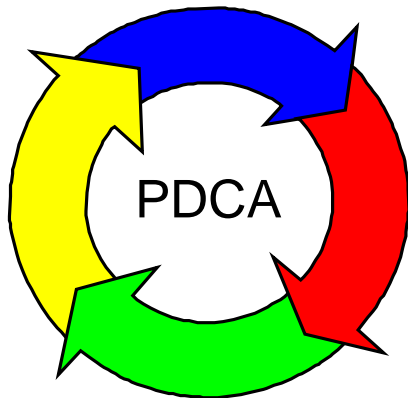
Guided by its Mission, Vision, and Values, ODP partners with all stakeholders, including providers, to manage its programs for quality and continuously improve services and supports.

ODP's Quality Management Strategy is developed and implemented to:

- Ensure program compliance with regulations,
- Safeguard the health and safety of individuals receiving services,
- Implement promising practices, and
- Offer the highest quality services that promote choice and control in individuals' everyday lives.

Each year, ODP develops a plan to measure its performance, ensure individuals are safe, assess how satisfied individuals and families are with their services and supports, and improve quality using a Plan-Do-Check-Act Cycle.

Plan-Do-Check-Act Model



Plan how improvement will be accomplished.

Do Implement the improvement plan, including education about the process change.

Check the effect of improvement steps by collecting and analyzing data; summarize lessons learned.

Act to hold the gains or to continue the improvement process. Incorporate the plan and/or solution into practice. Inform and educate all involved.

ODP's leadership sets priorities for the annual plan by considering its mission, vision, and values, measuring and evaluating its performance, inviting input from stakeholders, reviewing regulatory requirements, and identifying areas that are high-risk, problem-prone, and/or high-volume.

Providers are asked to support ODP's annual plan by carrying out the components of the plan that apply to their settings. Working together, using the Plan-Do-Check-Act Cycle of assessment, analysis and action, the system is continuously improving over time.

ODP's Quality Management Strategy document can be reviewed at:

ODP Bulletin #00-10-02 Quality Management Strategy of the Office of Developmental Programs

<http://services.dpw.state.pa.us/olddpw/bulletinsearch.aspx?BulletinDetailId=4531>

3/20/2012

WAIVER SERVICES

Waiver Participant Services

Service Definitions are developed based on the approved Consolidated and P/FDS waivers. Providers should refer to the requirements in the approved waivers.

The *Application for a §1915(c) Home and Community-Based Services Waiver* sets forth specifications for each service offered under the Consolidated and Person/Family Directed Support Waivers. Each waiver outlines available services and requirements/limitations. All services must meet the waiver participant's individualized needs and protect his or her health and welfare. The need for services must be established through an assessment process, reviewed and discussed with the planning team and documented in an ISP. Medicaid Waiver services are the "payor of last resort," only being available when all other funding options (such as private insurance, Medicare and Medical Assistance) have been exhausted. Medicaid Waiver services may contain certain limitations or service limits which cannot be exceeded without ODP approval. Some services cannot overlap in terms of day and time of another service, and some are mutually exclusive (if you receive one, you cannot receive the other). Please note that not every individual supported by ODP is enrolled in the Waiver.

Service Definitions are developed based on the approved Consolidated and P/FDS waivers. The service definitions can be reviewed in detail by using the corresponding link on page 17 of the graphic box. If a provider is interested in rendering services under another Pennsylvania Waiver, please see **Appendix B** for contact information to that program office.

Financial Management Services (FMS)

Historically, the SC or a provider agency arranged for and managed the authorized services in the ISP. Now, individuals who live in their own private residence or in the home of their family may assume more responsibility for arranging and managing services and supports by self-directing and using a Financial Management Service (FMS) option. An FMS is a provider or organization that performs administrative services to support some identified employer functions, such as processing payments on behalf of a participant or surrogate (representative). It is different from selecting a provider to manage supports and services because the individual or surrogate becomes the *Common Law Employer* or *Managing Employer* with some support from the FMS organization.

This approach gives individuals choice, control and freedom to self-direct services, also known as "Participant Direction." Following are two Financial Management Services options:

Agency with Choice Financial Management Service (AWC-FMS)

One of the services offered by the Office of Developmental Programs is Agency with Choice Financial Management Service (AWC-FMS). This is an administrative service offered by ODP to support individuals directing their own services, or who have a surrogate direct their services on their behalf. At the present time, ODP requires each AE to have one AWC-FMS and ODP in collaboration with the AE select AWC-FMS providers. Remember that this is an administrative

services function and is not subject to free choice. That is, only one AWC-FMS is available in any one county or county joinder.

Vendor Fiscal/Employer Agent Financial Management Service (VF/EA FMS)

In this model, the participant or their surrogate (representative) is the Common Law Employer and the Vendor Fiscal/Employer Agent Financial Management Service is the fiscal agent. **Only one organization, selected by the Commonwealth through an RFP process, functions in this capacity.** The VF/EA FMS may not provide direct waiver services.

When a provider is responsible for the supports and services that are rendered instead of an FMS, the individual receiving service or their surrogate has no legal responsibility for the management of services and supports and all the “Common Law Employer” or “Employer of Record” responsibilities rest with the provider. Although provider-managed services are not considered “self direction”, there are many choice and control options associated with this service delivery model. Individuals can also select more than one provider to render services to meet the outcomes in the ISP. For example, if the ISP includes Home and Community Habilitation (Unlicensed) services, the individual can select more than one provider to render Home and Community Habilitation (Unlicensed) services in the ISP.

Providers interested in more information can contact their local AE or the Office of Developmental Programs. ODP Bulletins on these topics are listed below.

Vendor Services

There are two options for the provision of vendor services to non self-directing waiver participants. See *Information Packet #060-11 “Administrative Fee Services Related to the Delivery of Vendor Services”* for further detail.

Option One: Direct Vendor

A good or service is provided by a direct vendor that sells a good or service to the general public and is also willing to provide that same good or service to waiver participants by enrolling in HCSIS and PROMISE™ as a provider.

A vendor is an individual or entity that sells goods and Home and Community Based Services to the general public that also agrees to sell those goods or Home and Community Based Services to waiver participants at the same cost they charge to the general public. The following services are considered vendor services in accordance with the approved waivers:

- (1) Transportation (mile and public).
- (2) Homemaker/Chore, when applicable, up to June 30, 2012.
- (3) Educational support.
- (4) Vehicle accessibility adaptations.
- (5) Home accessibility adaptations
- (6) Assistive technology.
- (7) Specialized supplies.
- (8) Respite camp.

A vendor may receive payment for the goods or services they provide by either directly enrolling in HCSIS and PROMISE™ as a provider or by entering into a contract with an Organized Health Care Delivery System.

Option Two: Organized Health Care Delivery System (OHCDs)

Agencies that are qualified as a waiver provider, and render at least one direct waiver service (other than a vendor service) may function as an Organized Health Care Delivery System (OHCDs). An OHCDs provides goods or services but is not the direct vendor who renders the actual service. Providers that function as an OHCDs may subcontract with individuals or entities that have been designated as vendor services, if the vendor does not wish to enter into a direct relationship with ODP. Entities that function as an OHCDs for vendor services are responsible to ensure that subcontracted entities meet all applicable provider qualification standards for the service they are rendering.

An OHCDs provider will submit the claim to PROMISE™ for the vendor service and receives payment for the provision of goods or services. An OHCDs provider must enroll in HCSIS and PROMISE™ to provide vendor services, submit claims, and to receive payment for those vendor services.

More Information:

Application for a §1915(c) Home and Community- Based Services Waiver - Consolidated Waiver

<http://services.dpw.state.pa.us/olddpw/bulletinsearch.aspx?AttachmentId=4486>

Application for a §1915(c) Home and Community - Based Services Waiver - Person/Family

Directed

Supports (P/FDS) Waiver

<http://services.dpw.state.pa.us/olddpw/bulletinsearch.aspx?AttachmentId=4502>

ODP Bulletin 00-08-08, Agency with Choice Financial Management Services (AWC FMS)

<http://services.dpw.state.pa.us/olddpw/bulletinsearch.aspx?AttachmentId=4287>

<http://services.dpw.state.pa.us/olddpw/bulletinsearch.aspx?BulletinId=4329>

ODP Bulletin 00-08-14, Vendor Fiscal/Employer Agent Financial Management Services (VF/EA FMS)

<http://services.dpw.state.pa.us/olddpw/bulletinsearch.aspx?AttachmentId=4369>

<http://services.dpw.state.pa.us/olddpw/bulletinsearch.aspx?BulletinId=4381>

Participant Directed Services PA Guide

http://odpsrv.tiu11.org/alfresco/d/d/workspace/SpacesStore/73069cda-98fd-47f1-87f4-7ce18533c14f/PAs_Guide_to_Participant-Directed_Services.pdf

KEY WAIVER CONCEPTS

Administrative Entity (AE) Support for Providers

Waiver participants are afforded the right to choose among willing and qualified waiver providers and services based on:

- The Everyday Lives Principle of Choice, which states that people want “choice in all aspects of life, including the services people receive, who provides supports, where to live and with whom, where to work, recreation and leisure activities, vacations, planning individualized daily activities, and having support provided at home.”
- Once enrolled and qualified, a waiver provider renders a service once it is authorized in a waiver participant’s approved Individual Support Plan (ISP).
- The Administrative Entity has the role to review and approve ISPs and authorize services that are based on assessed need.

Choice of providers is documented by the Supports Coordinator (SC). The ISP reflects the work of the team to ensure an individual is made aware of available options and chooses those which best meet his or her needs.

Person Centered Planning Principles

Person Centered Planning (PCP) is used to facilitate the Individual Support Plan (ISP). The ISP is an individualized plan that incorporates *Everyday Lives* and PCP principles to identify the individual’s priorities; addresses health and welfare needs, and provides the information needed to support the person successfully.

PCP focuses on the individual’s strengths, interests and preferences to achieve a balance of what is important TO the person and FOR the person. PCP supports an individual to express what is important to them in their life. In addition, it helps those who support the individual to learn ways to communicate with the individual to obtain an understanding of what he or she needs and wants.

The key components of Person Centered Planning are:

- Action Oriented.
- Collaborative and Respectful.
- Community focused.
- Individualized.
- Outcome based.
- Process based.
- Individual skill, gift and talent based.
- Supportive to the individual.

Individual Support Plans (ISPs)

In 2000, ODP established the need to standardize **one** plan to be used across the Commonwealth that would meet federal and state regulations. The ODP standardized ISP must be revised at least annually. Services are included in an approved ISP in order for payment to be made to providers. Providers can view ISPs in HCSIS for individuals they support. It is the provider's responsibility to review and confirm service authorizations in HCSIS prior to rendering services.

Individual Support Plans (ISPs) are developed with the individual and their team. The team includes the individual, SC, providers of services and may also include family members, surrogates, advocates, or others the individual chooses. The ISP planning process should result in an ISP that is meaningful to an individual's life, addresses their health and welfare and is based on an assessed need. In 2010, the Individual Support Plans (ISPs) Bulletin #00-10-12 was released which outlines ODP policies regarding the development and implementation of the ISP.

More information:

Person Centered Practices: Enhancing the Quality of the ISP Series: Foundations of ISP Development Webcast

http://www.odpconsulting.net/index.php?option=com_docman&task=cat_view&gid=243&Itemid=73

ODP Bulletin 00-10-12, Individual Support Plans (ISPs)

<http://services.dpw.state.pa.us/olddpw/bulletinsearch.aspx?BulletinId=4580>

Bulletin Attachments:

Cover Letter

<http://services.dpw.state.pa.us/olddpw/bulletinsearch.aspx?AttachmentId=4637>

Attachment 1: ISP Manual

<http://services.dpw.state.pa.us/olddpw/bulletinsearch.aspx?AttachmentId=4638>

PA Department of Public Welfare (DPW) Financial Regulations

<http://www.pacode.com/secure/data/055/chapter4300/chap4300toc.html>

The legal basis for base service funding for persons with intellectual disability is PA Code Title 55, Chapter 4300. These regulations cover both county and provider reimbursements. Although reading the entire document is recommended, providers especially need to be familiar with the sections on 'Contracted Agency Allowable Cost Standards' and 'Unit of Service Funding.' These sections describe which costs can be reimbursed by the county. Alternatively, a provider who is interested in providing waiver services should read Appendix I of the approved Consolidated and P/FDS waiver amendments for information about waiver funding reimbursement standards and practices.

GETTING STARTED ACTIVITIES

This section of the Handbook is intended to give a brief overview of the components necessary for provider reimbursement for services to people registered for Intellectual Disability services with the Department of Public Welfare, Office of Developmental Programs (ODP). It details the steps a new provider must complete prior to providing any services. NOTE: Individuals have a choice of willing and qualified providers.

- **Review ODP's service definitions narrative for the Consolidated Waiver, Person/Family Directed Support Waiver, Administrative Services, and Base-Funded Services.** A review of the service definitions is recommended for all providers to determine which services your organization is willing and qualified to provide.
- **Register with the Department's Home and Community Services Information System (HCSIS).** To complete the provider registration process, providers will need certain data that uniquely identifies the individual or the organization being represented. Examples of such data include the Federal Employer Identification Number (FEIN), Social Security Number (SSN) and Department of State Entity Number. The identification data entered into HCSIS will be used to establish the unique identity, Master Provider Index (MPI) number of the organization in the system. This system records the services the provider offers as well as the sites where those services will be performed. The provider will also receive a Service Location ID Code (SLC) for each of their physical service location addresses depending on the provider type. Providers should review the *Provider Registration Job Aid* which is available through the Learning Management System found in HCSIS. This job aid will assist providers with the initial registration process into HCSIS.
- **Apply for and receive licensure.** If the services selected by your organization require a license by the Department, follow the steps described in the licensing section of this handbook to apply for a license. Beginning in summer of 2012, there will be a link to the Department of Public Welfare Certification and Licensing System. The link will be used to submit new and renewal applications, plans of correction and to check application status, amongst other licensing functions.
- **Complete the Office of Developmental Programs (ODP) Provider Agreement for Participation in Pennsylvania's Consolidated and Person/Family Directed Support Waivers.** The ODP Waiver Provider Agreement is an agreement held between ODP and the provider listing the responsibilities that the provider must complete. This document is available on-line via HCSIS under the ODP Program Links section and is entitled "ODP Waiver Provider Agreement." The cover letter is also located in this area and is entitled "ODP Waiver Provider Agreement – Cover Letter." The instructions for how to submit the agreement are included in the cover letter. The ODP Provider Agreement is also available via the ODP Consulting Website at the links listed below.

- **Complete the ODP Provider Qualification Application.** The provider must become a Qualified Provider if they will be rendering Waiver services. Providers should review the qualifications related to the services they want to provide in the applicable waiver. The Administrative Entity (AE) which is responsible for services in the geographical area where the provider has its home office must review a number of aspects of the provider agency and make a determination of whether or not the provider meets Qualification Standards. For more information in regard to provider qualifications, please review the “Provider Qualifications” section of the handbook.
- **Complete the PROMISe™ Provider Enrollment Application.** The provider must enroll each location where services are being rendered in the Provider Reimbursement and Operations Management Information System in Electronic Format (PROMISe™), the Department’s payment system. **This is a separate process from HCSIS registration.** Only qualified providers who have an ODP Waiver Provider Agreement on file can be enrolled in PROMISe™. A PROMISe™ provider enrollment application should be completed and is required for each service location ID code. Once successfully enrolled in PROMISe™, providers are eligible to receive a rate for the enrolled services; obtain service authorizations through HCSIS; provide services and submit claims for reimbursement from the Department.
- **Complete ODP Provider Monitoring Self-Assessment.** Any new provider that wants to provide services in the ODP service system must complete a provider monitoring self assessment before they can render any service. The provider will be contacted initially via e-mail with the Contact Information Form attached. This form should be completed in entirety and submitted to the Provider Monitoring mailbox at ra-odpprovidermonito@pa.gov. Once this form is received, a link to the monitoring tool will be sent to the e-mail address provided. ODP reviews the provider’s answers on the monitoring tool. If there are any questions in regards to this process, the provider should e-mail the Provider Monitoring mailbox.

All Providers

Each service location registered in HCSIS should also be enrolled in PROMISe™. A service location is the combination of a provider type and a physical address. Another way of looking at a service location is to break down the phrase: it is one service, or provider type, at one location, or physical address. If a provider has two different provider types at the same address, then they would have two locations with two different service location codes, each of which would require a separate PROMISe™ enrollment application. Conversely, if a provider has one provider type at two different addresses they would still have two service locations and would be required to complete two separate enrollments in PROMISe™.

Once a provider has been determined qualified to provide a service, the provider must identify the specific services they wish to provide. This is done by selecting the services in HCSIS via the service offering screen. For more information on how to add, delete and/or modify the ODP services, please refer to the *Provider Updates Tip Sheet* which is available through the Learning Management System

found in HCSIS. This tip sheet will assist providers with managing the services they offer as well as steps on how to update and delete existing service locations.

Once providers have been successfully enrolled in PROMISe™ and have received their confirmation of enrollment letter from the Office of Medical Assistance Programs (OMAP), they should contact Fiscal Officer in their respective region where the organization's legal entity address is located and request a rate upload form. After a rate is assigned in PROMISe™, a contract will be created in HCSIS. If an individual chooses services from the provider, the SC will be able to attach the contracted service to the individual's Individual Support Plan (ISP). Providers should render service per service authorization and per frequency specified. After rendering a service, providers can submit claims in PROMISe™ for reimbursement.

The provider must participate in the ISP team meetings for the individuals they serve. The provider's role is to offer input and assist the team in determining if individual's needs, services and quantity of services are being met. Providers can only submit claims for people who have their services included in an individual's ISP and have these services authorized by the local AE. Providers should review Service Authorization Notices in HCSIS and only render authorized services per service frequency listed in the individual's ISP.

Providers must comply with Federal and State statutes and regulations that apply to the Waiver Programs, deliver waiver services in accordance with the terms of the ISP in a manner that meets professionally recognized standards of care, participate in provider monitoring and provide records and all required information as requested by the Department or required in the ODP MA Provider Agreement. Providers must also comply with all qualification, monitoring, and licensing requirements as established by the Department.

Please refer to the chart below which details ODP's enrollment process.

To receive or locate communications from the Office of Developmental Programs:

Register for the ODP listserv at: <http://listserv.state.pa.us>

ODP Alerts, Newsletters, and Public Notices:
<http://www.dpw.state.pa.us/publications/alertsnewslettersandpublicnotices/index.htm>

Office of Developmental Programs Consulting System (OCS) website:
<http://www.odpconsulting.net/>

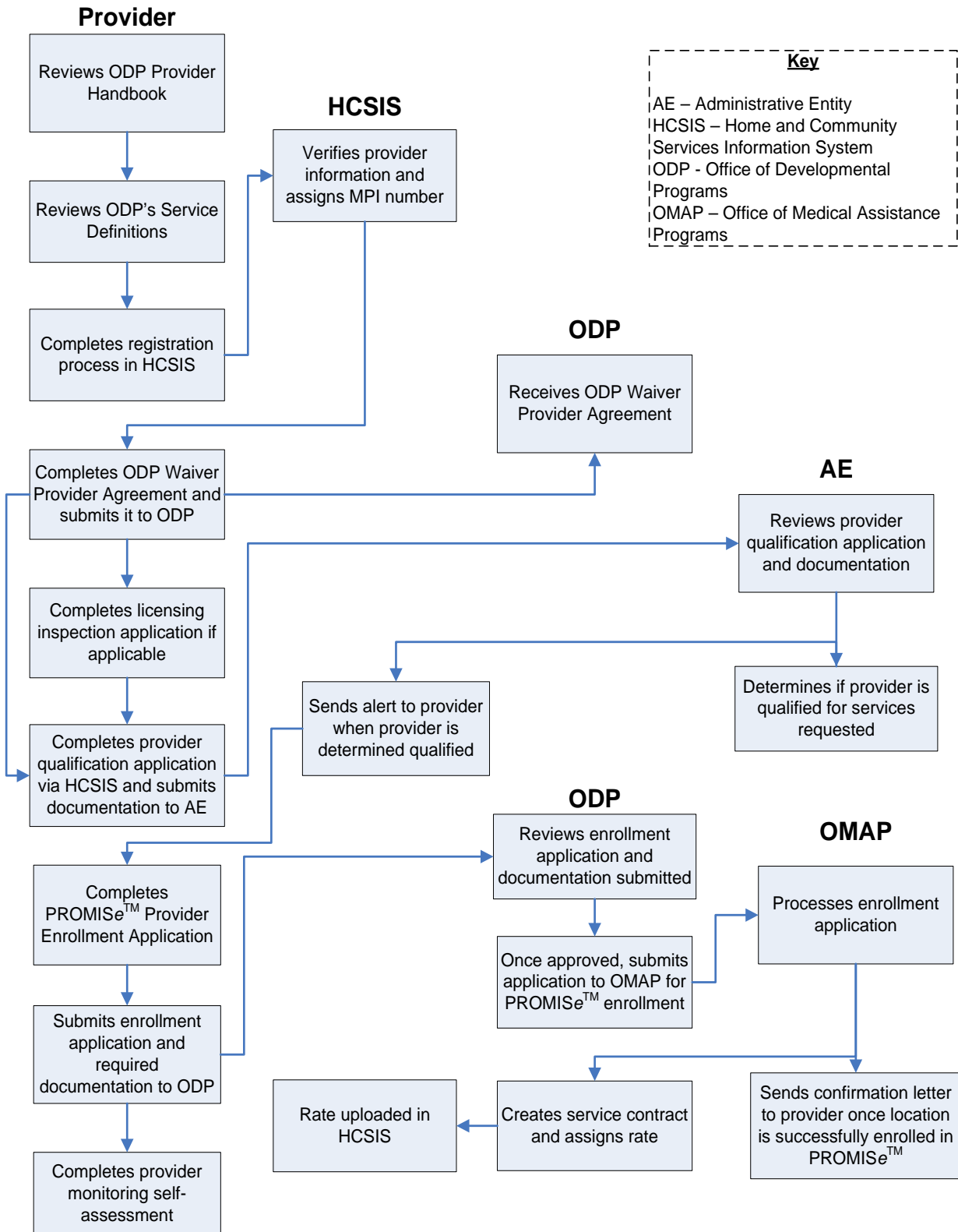
Become a registered user of the ODP's Provider Information Center (PIC):
<http://pic.odpconsulting.net/>

New users to the PIC will need to submit a brief registration form online before the information stored in the PIC can be accessed. Click on the following hyperlink to reach the PIC registration page: <http://profile.odpconsulting.net/intakes/register/>. Complete all the fields on screen. Choose "Service Provider Non

*SCO” for the Organization and Provider Type. The Password that you enter on this screen will be the password that you will use to login to the PIC in the future. The password will not be included in the confirmation e-mail that is sent to you when the request is processed so be sure to write it down. Please allow up to 2 business days for the request to be processed. You will receive a confirmation e-mail indicating you are a registered user and this email will have your user name. Once the registration is complete, you can access and update your account information, including changing your password or email address, by clicking the **Update Your Profile** link on the website.*

ODP Provider Enrollment Process

This is a graphic representation of the steps described above.



HOME AND COMMUNITY SERVICES INFORMATION SYSTEM (HCSIS)

HCSIS (<https://www.hcsis.state.pa.us/hcsis-ssd/>) is a web-enabled information system that serves as the information system for all DPW program offices that support Home and Community-Based Services (HCBS) waivers and programs. HCSIS automates the collection and storage of information related to individuals enrolled in home and community-based programs. HCSIS is used to support Department of Public Welfare (DPW) Home and Community Service activities in three broad categories: Quality Management, Delivery and Management of Services, and Financial Management and Controls.

HCSIS interfaces with several DPW enterprise applications including MCI (Master Client Index, a unique number associated with every registered individual), MPI (Master Provider Index), PROMISe™ (Provider Reimbursement and Operations Management Information Systems in electronic format) and the DPW Certification and Licensing System (CLS). The Individual Support Plan (ISP) within HCSIS is the authorizing document for HCBS claims for DPW.

Provider Access

The Provider Access section is where individuals and organizations who wish to provide services for ODP can begin the registration process.

HCSIS Provider Access is an opportunity for individuals and organizations to use the Home and Community Services Information System (HCSIS) to sign up with program offices, including ODP, in order to provide Home and Community-Based Services to individuals in Pennsylvania. This application is intended exclusively to record information about providers of services funded by ODP. This online application captures basic demographic information, provider organizational information, and service/location data for services provided under ODP. Only providers that have signed-up and recorded services in HCSIS will be eligible to provide and receive payment for these services. Providers may return at any time to update their information.

HCSIS Information

New providers should take a quick look at the HCSIS home page (other sections of the Provider Handbook will cover HCSIS in detail). The home page offers a wealth of information for a number of program offices including ODP. There are also a few sections which are accessible without being registered with HCSIS. On the bottom right corner of the home page there are two links – HCSIS Bits and Contact Us. The Contact Us page lists important telephone numbers to record. HCSIS Bits are general notices for the users of HCSIS.

From the HCSIS home page, all providers should select the Provider Access box which is located in the center of the page in the top row. Once this is selected, you will be able to find a variety of information which will assist you with the registration and enrollment process for ODP. For example, under the “Helpful Documents” section, you will be able to find the ODP Waiver Provider Agreement, ODP service definitions, and HCSIS Bits.

HCSIS Verification

Providers are required to fax information to validate their identity and sites/service locations. This should be done any time a change is made in HCSIS and a location goes from “verified” to “verification pending.” Please fax the information to the HCSIS Help Desk at **717-540-0960**.

The fax should include:

- A cover sheet with the provider's name, the name of the provider contact, and the contact's phone number.
- For (1) individuals who are doing business as sole proprietorships; and (2) provider organizations enrolling as agencies, a copy of the **Determination Letter** they received from the Internal Revenue Service (IRS) or documentation from an **independent third party** (such as an auditor) is required as a proof of their Federal Employer Identification Number (FEIN).
- For all individuals not doing business as a sole proprietorship, a copy of their **Social Security Card** is required as proof of their Social Security Number (SSN).
- On a company letterhead or a signed document, a list of all site/service location addresses that will be enrolled in HCSIS.

Home and Community Services Information System, or HCSIS <https://www.hcsis.state.pa.us>

HCSIS Help Desk Telephone Number: 1-866-444-1264

HCSIS Help Desk Fax Number: 717-540-0960

HCSIS Help Desk Email: c-hcsishd@pa.gov

HCSIS Provider Access <https://www.hcsis.state.pa.us/hcsis-ssd/it/pgm/it000.aspx>

For More Information on Navigating HCSIS:

Log on to the Learning Management System (LMS) > My Curriculum > Basic Navigation. The Basic Navigation course explains the purpose of HCSIS, how to logon, the functionality of the system buttons and navigation through HCSIS menus.

The Learning Management System (LMS)

The Learning Management System (LMS) contains a variety of information regarding HCSIS, supports coordination and the DPW Certification and Licensing System. To access the LMS, choose “Learning Management System” on the HCSIS homepage. For log in and password help, click the “Forgot your login ID” link on the LMS homepage.

LMS also contains a HCSIS basic navigation course that explains the purpose of HCSIS, how to logon, the functionality of the system buttons and navigation through HCSIS menus.

The LMS allows users to:

- Find the most current information about HCSIS.
 - View all the HCSIS *training materials* on how to perform functions in HCSIS.
 - View the *details* of the changes made to HCSIS.
 - View the *Release Communication* documents.

Provider Registration Job Aid in the LMS

This job aid can be found on the Provider Access homepage. It is intended for the Office of Developmental Programs (ODP) providers to use as an on-the-job reference for entering provider information into the Provider Access website so it can be cleared into HCSIS.

The *Provider Registration Job Aid* provides step-by-step instructions to enter a provider's information into HCSIS for the first time. ODP providers are able to sign up in HCSIS via the Provider Access website on the HCSIS Home Page. In addition, the ODP county Provider Administration role can also perform the Provider Registration process in HCSIS on behalf of a Service provider.

Note for Provider Updates: This Provider Registration process differs from the process of updating existing provider information, which is covered in detail in the *Provider Updates Tip Sheet*

[https://www.hcsis.state.pa.us/hcsis-ssd/custom/HCSIS Provider Access Updates Tip Sheet v4.0 20100507.pdf](https://www.hcsis.state.pa.us/hcsis-ssd/custom/HCSIS%20Provider%20Access%20Updates%20Tip%20Sheet%20v4.0%2020100507.pdf).

Certification and Licensing System Trainings and Job Aids

These job aids are intended for the Office of Developmental Programs providers who are new and already established for use as on-the-job references during the submission of each type of application for a certificate of compliance, civil rights compliance questionnaire, and the submission of plans of corrections when applicable.

The *Provider Certification and Licensing System Job Aid* provides step-by-step instructions on how to submit an application for a certificate of compliance, submit a renewal application for a certificate of compliance, and modify a currently existing certificate of compliance. The job aid also gives step by step instructions on how to complete a Civil Rights Compliance Questionnaire, and how to submit and change a plan of correction.

This job aid is organized with the following subsections:

- **Key Terms and Concepts:** The Key Terms and Concepts section includes terms and definitions used within the job aid.
- **Roles and Responsibilities:** The Roles and Responsibilities section includes the associated with CLS roles and responsibilities defined in this job aid.
- **Certification and Licensing Process Flow:** This process flow is a high-level overview of how providers can use CLS.
- **Your Tasks:** The Your Tasks section outlines the steps necessary to complete this job aid. In addition, this section identifies the CLS screens used to complete the tasks.
- **Task:** The Task sections illustrate how to complete each task within the job aid.
- **Appendix:** The Appendix includes the list of documentation to send to the regional licensing administrators and the Bureau of Equal Opportunity (BEO), additional Key Terms and Concepts for ODP, and the High Level Process Flow for ODP.

Notes for ODP Providers:

- For a provider's claim to process successfully through PROMISE™ the provider's information must be set up in HCSIS correctly. The service location used to bill must match the HCSIS Site used to set up the provider's service that is approved and authorized on an individual's plan. This job aid describes how to set up site information for providers with no information in HCSIS.
- For instructions to view plans with the provider's authorized services on them and to run a report to view all of the provider's services in HCSIS, refer to the *HCSIS Job Aid for Providers* located on the Learning Management System (LMS).
- Financial Management Service Organizations (FMS): If a provider is also an Agency with Choice FMS for a county, the provider needs to be signed up in HCSIS, have the information cleared by the HCSIS Help Desk, and then marked as an FMS in HCSIS. This activity cannot be performed by the provider. It can only be performed by the County Provider Administration role.

Other tidbits about HCSIS

- The homepage has Frequently Asked Questions and Program Links which can be accessed without being registered. A new provider should select the Provider Access section under HCSIS Components.
- Only the Program Links under the Office of Developmental Programs (ODP) are applicable to becoming a provider in ODP.
- Beginning summer 2012, there will be a link to the Department of Public Welfare Certification and Licensing System. The link will be used to submit new and renewal applications, plans of correction and to check application status, amongst other licensing functions.

Services and Supports Directory in HCSIS

The Services and Supports Directory (SSD) is a web tool <https://www.hcsis.state.pa.us/hcsis-ssd/pgm/asp/prhom.asp> located in HCSIS to assist and inform individuals with Intellectual Disability, their families, and their circle of support to locate services and service providers including Supports Coordinators in the Commonwealth of Pennsylvania.

A provider may choose to be included on the public SSD when registering in HCSIS. Information available on the public SSD are: provider services, demographic information and licensing information. Provider Services and demographic information can be updated using the Provider Registration Data Entry role logging into the Provider Access Website <https://www.hcsis.state.pa.us/hcsis-ssd/it/pgm/it000.aspx>.

The Office of Developmental Programs (ODP) highly recommends that the provider keep this information up to date and current and that the information be reviewed and updated at least annually and any time the provider makes changes to the information that is contained in the SSD.

For more information regarding updating your SSD, please review the "HCSIS Provider Updates Tip Sheet" which can be found on the HCSIS Provider Access log in page under the Job Aids section.

PROVIDER MONITORING

As part of the ODP Quality Management Strategy, Provider Monitoring was developed to be comprehensive, standardized and measurable. Effective monitoring must be evidence based with opportunities for providers to self-assess and improve their services by implementing corrective action plans.

Provider monitoring is an annual, three phase process designed to verify and ensure provider compliance with federal and state regulations, waiver requirements, Provider Agreement conditions and ODP policies and procedures. The three phases of provider monitoring are: Performance Review, Self Reporting and On-Site Audit. Performance Review entails reports being drawn from existing data sources. The Self Reporting phase provides an opportunity for current ODP providers to complete the provider monitoring tool while also conducting a self-assessment of their agency. This phase takes place annually beginning in October and ends in December of the current calendar year. All providers will be required to conduct the provider reporting process annually using an ODP developed Provider Monitoring Tool. The on-site audit which is completed by the AE and/or ODP is a validation of the self-reporting information given by the agency. Annually by September 30th, ODP determines the distribution of providers for on-site reviews conducted by the AEs. In the on-site audit stage, each fiscal year, one half of the Providers will be selected for an on-site audit. The other half will be audited the following year, unless the provider is in the follow-up stage or experiencing complaints warranting unscheduled visits. New and existing providers need to review and familiarize themselves with the *Provider Monitoring Process*. This information can be found in the ODP Provider Information Center (PIC) under *Annual Provider Monitoring*.

Process that occurs for **New Providers**:

1. Provider submits PROMISETM provider enrollment base application form to ODP
2. Once the enrollment application is approved by the ODP enrollment specialist, the provider will receive an email with the *Provider Contact Information Form* attached.
3. Provider will submit the completed *Provider Contact Information Form* via e-mail to the provider monitoring mailbox ra-odpprovidermonito@pa.gov
4. Provider will receive a unique Zoomerang link at the primary contact's e-mail address identified on the *Provider Contact Information Form*
5. Provider will submit the completed monitoring tool to Zoomerang
6. Provider will have 45 days to complete the tool from the day the link is sent

Unscheduled on-site visits will occur in response to complaints, an increase in negative data, or an observation by a Supports Coordinator or other ODP or AE/county staff. They may also result from lack of response to a monitoring report or a questionable response.

PROVIDER QUALIFICATION

ODP is committed to the individuals who receive services through the Consolidated and P/FDS Waivers. Based on this commitment and ODP's quality management standards, all waiver providers must be determined qualified. The qualifications process ensures providers meet the qualification criteria outlined in the Waivers for each service they intend to render prior to starting services. The procedures to become qualified can be found in ODP Bulletin 00-08-01 *Process for Qualification and Disqualification of Providers* (effective January 1, 2008.) <http://services.dpw.state.pa.us/olddpw/bulletinsearch.aspx?BulletinId=4665>.

New providers should notify the qualifying AE (the AE whose jurisdiction includes the county in which the provider's headquarters is located) prior to submitting a Provider Qualification application. If the provider's home office is not in Pennsylvania, the provider should contact the appropriate Regional office where they plan to offer services and the Regional office will assign the provider a county/joiner. Please reference the map in **Appendix A** to determine which region you plan to provide the majority of your services.

Qualifications are completed by the service/specialty as outlined in ODP Informational Packet 030-10. In order to become qualified, a provider must first be registered with HCSIS. Once the provider is registered and has elected the services that it plans to offer, which is done through Provider Access, they may begin a Provider Qualification Application in HCSIS by following the path **Provider > Qualification > Application**. When completing the application, the provider will select the county that will need to review the application. Currently, this is the county where the provider's home office is located.

The qualification process begins with an **Annual application** that each provider must complete in HCSIS. Regardless of the number of counties in which the provider is planning to render services or the number of specialties the provider wishes to render, only one annual qualification application is required. Throughout the qualification period, providers may access the system to change their application data or request an expansion of specialties by submitting **Update applications**.

Once the provider has completed the online application, they will be prompted to send all necessary supporting documentation to the attention of the Provider Qualification Lead at the qualifying AE. The supporting documentation needed for each service is detailed on the *ODP Consolidated and Person/Family Directed Support Waiver Provider Qualification Documentation Requirements* chart in **ODP Informational Packet 030-10**. If the AE has any questions regarding the qualification application or the documentation provided, they will contact the provider.

Providers can view their qualification status in HCSIS; they will receive alerts in HCSIS whenever the status of the provider qualification application is updated. These alerts are available only when logged into HCSIS; click on the Alerts link on the homepage (shown below) or by using the following path: **Tools > Alerts > Pending Alerts** and then use the search feature.

Providers need to keep track of their annual qualification date so they know when to re-qualify. They will also be notified with an alert 60 days prior to qualification expiration that qualifications will be expiring. Providers are able to submit their qualification application in HCSIS 60 days prior to qualification expiration date. Providers should use this time to start gathering the supporting documentation that will be needed to complete the application. If an Annual application is not submitted 30 days prior to the expiration of the provider's qualifications, another alert will be received. **Failure to maintain a "Qualified" status for the services provided will result in a denial of service payment.**

Please contact your local AE or the ODP Provider Qualification mailbox at ra-odpproviderqualif@pa.gov with questions regarding the qualification process.

Reference Materials and More Information:

Provider Qualification Information Packet # 030-10

[http://odpsrv.tiu11.org/alfresco/d/d/workspace/SpacesStore/c052e8c3-d8cf-4b8a-a114-c0ea57505e17/Provider Qualification Information Packet 030-10.pdf](http://odpsrv.tiu11.org/alfresco/d/d/workspace/SpacesStore/c052e8c3-d8cf-4b8a-a114-c0ea57505e17/Provider%20Qualification%20Informational%20Packet%20030-10.pdf)

ODP Bulletin 00-08-01, Process for Qualification and Disqualification of Providers

<http://services.dpw.state.pa.us/olddpw/bulletinsearch.aspx?BulletinId=4665>

Attachment: Disqual and Qual Process Letter

<http://services.dpw.state.pa.us/olddpw/bulletinsearch.aspx?AttachmentId=4740>

Application for a §1915(c) Home and Community- Based Services Waiver - Consolidated Waiver

<http://services.dpw.state.pa.us/olddpw/bulletinsearch.aspx?AttachmentId=4486>

Application for a §1915(c) Home and Community - Based Services Waiver - Person/Family Directed Supports (P/FDS) Waiver

<http://services.dpw.state.pa.us/olddpw/bulletinsearch.aspx?AttachmentId=4502>

The Home and Community Information System (HCSIS)

<https://www.hcsis.state.pa.us/hcsis-ssd/>

HCSIS Provider Access

<https://www.hcsis.state.pa.us/hcsis-ssd/it/pgm/it000.aspx>

PROVIDER REIMBURSEMENT AND OPERATIONS MANAGEMENT INFORMATION SYSTEM IN ELECTRONIC FORMAT (PROMISE™)

Providers of waiver and base services submit claim transactions through the Commonwealth's Medicaid Management Information System, PROMISE™ (Provider Reimbursement and Operations Management Information System in electronic format). Any provider who intends to provide waiver or base services through ODP must first be registered in HCSIS and complete the appropriate actions described in the "Getting Started Activities" section of this handbook. These steps should be completed prior to submitting claims in PROMISE™.

For a provider's claim to process successfully through PROMISE™ the provider's information must be set up in HCSIS correctly. When billing a claim, the service location used must match the HCSIS site that corresponds with the provider's service that is approved and authorized on an individual's plan. The *Provider Registration Job Aid* provides step-by-step instructions to enter a provider's information into HCSIS for the first time. The *Provider Updates Tip Sheet* provides instructions on how to update existing provider information.

*A listing of provider enrollment resources available within the HCSIS LMS and on the DPW website appears at the end of this Chapter.

PROMISE™ Enrollment

The purpose of PROMISE™ provider enrollment is:

- To enable the claims processing system (PROMISE™) to recognize you as an active provider.
- To receive a rate for reimbursement for the services enrolled
- To enable ODP providers to successfully submit claims into the claims processing system.
- To enable PROMISE™ to validate that your provider type and specialty is permitted to perform the service or services when submitting claims through PROMISE™.

During the HCSIS provider registration process, the provider selected a two digit Provider Type. A Provider Type is the classification of a provider. The Provider Type also represents a subset of related services. For example: a Therapist provider type can provide occupational therapy, physical therapy, and speech and language therapy. Other provider type examples include provider type 51 which represents Home and Community Habilitation and provider type 53 which represents Employment – Competitive). The Provider Type is used in both HCSIS and PROMISE™. For PROMISE™ enrollment, providers complete what is called the PROMISE™ Enrollment Base Application. The PROMISE™ Enrollment Base Applications are organized on the DPW website by provider type. It is important to note what your provider type is in order to select the correct PROMISE™ base application on the DPW website.

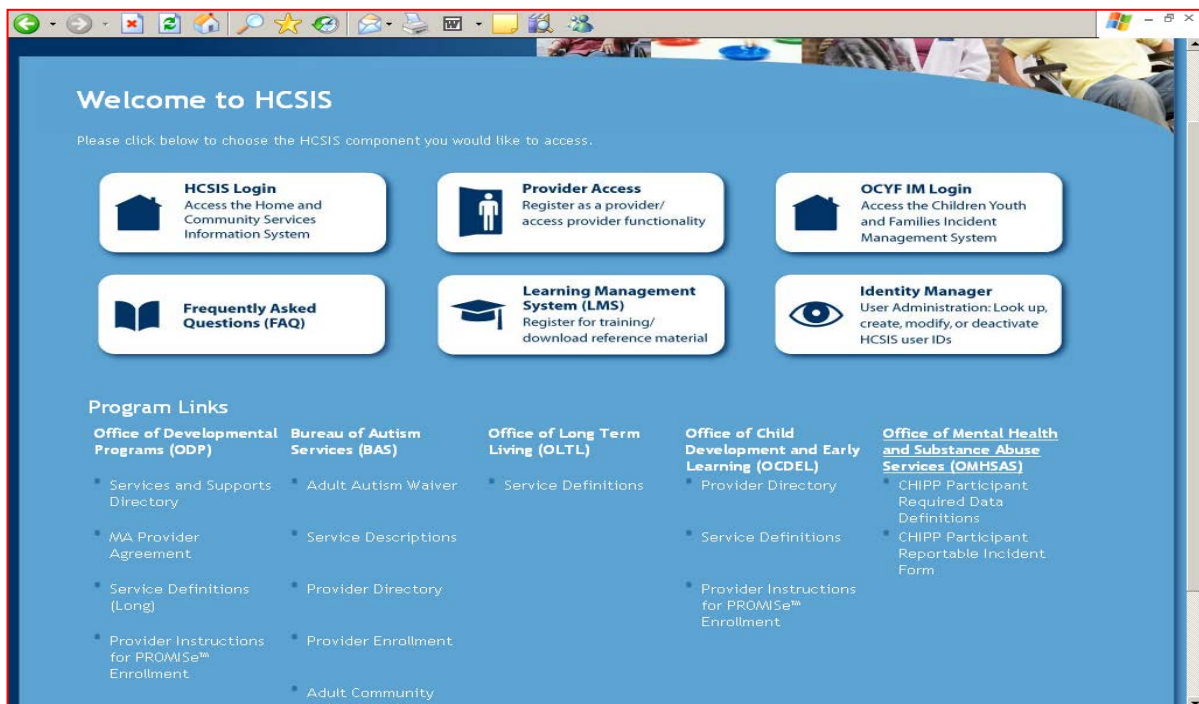
Click on the following hyperlink to reach the PROMISE™ Enrollment Application webpage:

<http://www.dpw.state.pa.us/provider/promise/enrollmentinformation/index.htm>

Once you reach the PROMISE™ Enrollment Application webpage, scroll down until you locate the provider type that you registered in HCSIS. The first link to the right of each provider type is the PROMISE™ Provider Enrollment Base Application and Provider Agreement. The base application includes step-by-step instructions, as well as, the application itself. The second link listed to the left of each provider type displays the requirements specific to that particular provider type, such as the application and supporting documentation. It is extremely important that the same provider type and specialty code are enrolled in PROMISE™ as is registered in HCSIS for the service that the provider intends to offer. If an incorrect provider type is enrolled in PROMISE™ versus what is registered in HCSIS the following can occur:

- The provider will not obtain a rate for the service in either PROMISE™ or HCSIS.
- The service will be unavailable for selection on an ISP.
- Any services rendered without an authorization on an ISP cannot be paid.

The base applications found on the DPW website includes generic instructions for completing the base application and is used for all providers that provide Medical Assistance services. For ODP-specific PROMISE™ provider enrollment instructions, please review the resource called *Provider Instructions for PROMISE™ Enrollment*. This resource is stored in HCSIS and can be found on the homepage. Please review the screenshot below to see where the *Provider Instructions for where PROMISE™ Enrollment* is located.



PROMISE™ enrollment applications and documentation should be faxed or mailed to the following:

Fax: (717) 783-5141
Attn: Provider Enrollment

Mail: Office of Developmental Programs
Room 413 Health & Welfare Bldg.
Harrisburg, PA 17105-2675
Attn: Provider Enrollment
P.O. Box 2675, Room 413
Health & Welfare Bldg. Harrisburg,
PA 17105-2675

PLEASE USE THE ABOVE ADDRESS. DO NOT MAIL YOUR DOCUMENTS TO THE DPW ENROLLMENT ADDRESS FOUND ON THE INSTRUCTION PAGE OF THE DPW WEBSITE. USING THE ADDRESS FOUND ON THE DPW WEBSITE WILL CAUSE A DELAY IN PROCESSING YOUR APPLICATION.

ODP Provider Enrollment Process

Once an enrollment application is received in ODP's central office, the enrollment staff will ensure the following:

- The provider is qualified for each service/provider type;
- The provider has an ODP Waiver Provider Agreement on file with ODP (for waiver providers only);
- All new providers have completed and submitted the Provider Monitoring Self-Assessment; and
- The "Provider Unlicensed Residential Self-Assessment Survey" has been submitted for any unlicensed procedure codes.

If any of the above steps are not completed, the provider will be contacted by an enrollment specialist to resolve any issues.

Applications submitted to ODP for enrollment will become a part of the provider enrollment application integrity process. This process supports ODP's quality management strategy while ensuring that all ODP providers continue to meet the standards implemented by the Department of Public Welfare (DPW). With this process, providers will now have 30 calendar days from the date the application is received at ODP to resolve any discrepancies with the application that is being reviewed. This includes submitting required documentation requested by the ODP Enrollment Unit and the resolution of inconsistencies between the information entered into HCSIS and the information that appears on the application. Providers will be contacted via phone and e-mail to be made aware of any problems with the application.

After 30 calendar days, if the issue(s) remain unresolved, the provider will be notified via e-mail or postal mail that the application has been denied. At this time, the application will *not* be processed and all supporting documentation will be returned to the provider. Along with the returned application and documentation originally sent in by the provider, the provider will also receive the *Office of Developmental Programs Provider Enrollment Checklist*. The documents that were missing from the original enrollment submission will be indicated on the checklist. Once this occurs, in order for the provider to enroll in PROMISE™ and enable billing, the provider must resubmit the entire application

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again. Providers must ensure the resubmitted application includes all supporting documentation including any documentation not previously submitted. Omission of information specified on the checklist will cause a delay in the provider's PROMISe™ enrollment and their ability to get claims processed.

The provider must complete the following actions before a PROMISe™ enrollment application is submitted:

- **ODP Provider Agreement:** Ensure an ODP Waiver Provider Agreement is on file with ODP. Click on the following link to view the ODP Provider Agreement: https://www.hcsis.state.pa.us/hcsis-ssd/custom/OMR_MAPProviderAgreement.pdf
- **Provider Qualification:** Before PROMISe™ enrollment is initiated, the provider must ensure they have been determined qualified by their respective AE to provide the service they intend to submit the enrollment application for;
- **HCSIS Registration:** Providers must ensure their physical service location has been registered in HCSIS www.hcsis.state.pa.us;
- **Service Location Code:** Providers must validate their four digit service location code has been verified in HCSIS.

If the service the provider intends to provide requires a license, licensing must take place before the PROMISe™ provider enrollment application is submitted. For more information in regards to this process, please see ODP Informational Packet 009-12 ODP PROMISe™ Provider Enrollment Integrity Process.

If an application is approved by the ODP Enrollment Unit, the application is sent to the Office of Medical Assistance Programs (OMAP) for processing and entry into PROMISe™. PROMISe™ enrollment can take at least four to six weeks. If a provider has questions regarding the completion of the PROMISe™ enrollment base application or the status of an application, they should contact the ODP Customer Service Line at 1-888-565-9435 and select option 3 or email questions to: ra-odpproviderenroll@pa.gov.

Please remember that you cannot receive a rate for a service until the entire enrollment process is complete. This includes receiving your enrollment confirmation letter for the service location code from PROMISe™.

Enrollment Maintenance

In addition to the initial enrollment of service locations for a new provider, any time a service location is added, changes are made to existing service location(s), or a service location is closed, the appropriate updates need to be made in HCSIS. It is the provider's responsibility to make the necessary updates to their information in HCSIS and in PROMISe™ and to ensure that the information between the two systems remains in sync. Please keep in mind that any updates and or changes submitted will take at least four to six weeks to be processed.

Updates to HCSIS can be made by using the *HCSIS Provider Updates Tip Sheet*. For the addition of a service location, a new PROMISe™ Provider Enrollment Base Application should be completed. For a change to an existing service location, for example an addition of a specialty code, the provider should

submit a letter on their agency's letterhead with the following information:

- The provider's name;
- The provider's MPI number;
- The provider's service location code;
- The provider type;
- The specialty code being added; and
- The effective date the provider is requesting to have the specialty code added.

If the specialty code being added is for a licensed service, the addendum or certificate of compliance should also be submitted. If the provider requests an effective date that is prior to their qualification date, the effective date will be changed to the date the provider was determined qualified to provide the service. If the provider requests to have a licensed service added prior to the qualification date, the qualification date will still be used as the effective date of the addition.

If the provider would like to close a service location that has been enrolled in PROMISe™, the provider should submit the *PROMISe™ Provider Service Location Change Request and Instructions*, http://www.dpw.state.pa.us/ucmprd/groups/public/documents/form/s_001983.pdf found under the Additional Enrollment Forms section on the PROMISe™ Application page. Please only use the *PROMISe™ Provider Service Location Change Request* form for its stated purposes which are: closing a service location, changing the mailing/payment/home office/e-mail address and terminate participation with a Provider Eligibility Program. This form should be completed and sent to the address above for services provided through ODP. Please note, if a service location moves to a new address, it will have to be registered in HCSIS and enrolled in PROMISe™ as if it were a brand new service location. If an existing address of a service location changes due to an official re-numbering by the United States Post Office, then the address can be updated in HCSIS and PROMISe™. If this occurs, a copy of the letter informing the provider of the change should be provided to the ODP Provider Enrollment Section. Along with the letter about the address change, the provider should include a cover letter which includes the following information:

- Provider name;
- The provider's MPI number;
- The service location code;
- The current address;
- The new address from the official re-numbering by the United States Post Office;
- The effective date of the address change.

If the location is a licensed facility, it is the provider's responsibility to contact their licensing administrator in the region where the service location address is located so that a new addendum to the certificate of compliance can be issued at the new address. Once this is received, the provider should forward a copy of the corrected addendum to the ODP Provider Enrollment Section. **The provider should not attempt to make changes to the address in HCSIS on their own.**

Each service location registered in HCSIS where the provider intends to render services should also be enrolled in PROMISe™. A service location is the combination of a provider type and a physical address. Another way of looking at a service location is to break down the phrase: it is one service, or provider type, at one location, or physical address. If a provider has two different provider types at the same address, they would have two service locations, each of which would require a separate PROMISe™ enrollment. Conversely, if a provider has one provider type at two different addresses they would still have two service locations and would be required to complete two separate enrollments in PROMISe™.

When a provider completes the PROMISe™ enrollment application, the provider lists the effective date in which they would like the services requested to begin. The provider should keep in mind that this effective date can be changed by the Provider Enrollment Unit under the following conditions:

- **The provider is not qualified for the services requested as of the effective date.** If a provider is not qualified for the service at the time of the effective date, the requested effective date will be changed to the date the provider is qualified. For example, the provider requested an effective date for specialty code 510 Home and Community Habilitation of 12/1/2011; however, the provider was not qualified for Home and Community Habilitation until 12/15/2011. The effective date of the enrollment application for these services would be changed to 12/15/2011 as this is the date the provider was determined qualified by their AE.
- **The provider listed an effective date that is before the date the location is licensed.** If the provider is requesting enrollment for a licensed facility, the effective date on the enrollment application should be the date the physical service location address was licensed and should be the same date reflected on the provider's addendum or certificate of compliance. However, if the provider is qualified after the date the location was licensed, the qualification date will be used.

Providers should keep in mind that qualifications should take place before an enrollment application is submitted and that the date the provider has been determined qualified by the AE is the date that will be used for services to be enrolled in PROMISe™. There are no exceptions.

RATE-SETTING METHODOLOGY

Rate Setting Methodology

To ensure compliance with the Centers for Medicare and Medicaid Services, the Department of Public Welfare has implemented a consistent statewide rate setting methodology. ODP uses both cost based rates and Fee Schedule rates. Cost based rates are established based on a provider's prior actual historical cost data. The historical cost data is collected from providers on approved cost reporting forms using information from the most recently completed state fiscal year. Fee Schedule rates are established at a level to ensure access, encourage provider participation and promote choice, while at the same time ensuring cost effectiveness and fiscal accountability.

Rates for services provided to individuals enrolled in the Consolidated and Person/Family Directed Supports (P/FDS) Waiver are established using cost based rates, fee scheduled rates and/or rates established by a public vendor. For new providers, rates are assigned as described in the waivers.

Information regarding the rate setting methodology used by ODP:

- Appendix I in the approved waivers
- ODP bulletin #00-11-08, "Rate Setting Methodology for Consolidated and Person/Family Directed Support Waivers and Base-Funded Services for Individuals Participating in the Office of Developmental Programs Service System from July 1, 2011 through November 14, 2011"
- DPW website for more detailed information regarding the rate methodology used by ODP: <http://www.dpw.state.pa.us/provider/doingbusinesswithdpw/developmentalprograms/ratesettingmethodology/index.htm>

Email address for Rate Setting Questions: RA-ratesetting@pa.gov

Billing and Claims Resolution: Direct Service Providers

Once you have successfully enrolled in PROMISe™, the system will recognize your 13-digit MPI number and service location code (SLC). The next step is to ensure that you are assigned a rate as rates are loaded through PROMISe™ and automatically loaded to HCSIS. The next step is to ensure that you have a service authorization for the service and then you provide the service and then perform the billing. Billing is dependent on the provider's ability to submit a claim successfully in order to ensure payment occurs in a timely manner. In order for a provider to bill successfully, it is important to understand the ODP billing process and rules.

The information and resources referenced in this section are from a billing perspective only. The billing material covered is based on the following assumptions:

- The provider's Service and Supports Directory (SSD) is updated appropriately.
- The provider's service or services have already been attached to an Individual's Support Plan (ISP) and authorized by the Administrative Entity (also referred to as the County),
- The provider has viewed the Service Authorization Notice(s) found in **HCSIS > Provider Access** prior to rendering and billing for an ODP service *and has confirmed* that the data elements contained in it are accurate. *For directions on how to access and read Service Authorization Notices, please view the HCSIS Job Aid for Providers on the Learning Management System (LMS.)*
- The provider has already rendered the service per the frequency indicated in each individual's ISP, and that the service or services rendered are documented in your organization's file notes or record keeping system, as specified in ODP Bulletin 00-07-01, *Provider Billing Documentation Requirements for Waiver Services*).

For any questions regarding issues with Claims, please contact the ODP Claims Resolution Unit:

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ODP Claims Resolution Unit

Toll Free Number: (866) 386-8880

Business Hours: Monday through Thursday

8:30 to 12:00 and 1:00 to 3:30

E-mail Address: ra-odpclaimsres@pa.gov

Billing Resources

- **CMS1500 Billing Guides** for ODP direct service providers and FMS providers:
Purpose: To provide a block-by-block reference to assist ODP providers in successfully completing the CMS-1500 claim form. Click on the following hyperlink to view this document:
<http://www.dpw.state.pa.us/publications/forproviders/promiseproviderhandbooksandbillingguides/index.htm>
- **Error Status Codes (ESCs):** When an ODP provider bills, the claim is subject to edits and audits built into PROMISE™. A list of error status codes can be found on the odpconsulting.net website using the following internet path: ODP Information Centers > Provider Information Center (PIC) > ODP Business Practice Information > Provider Billing and Payment > ODP Informational Packets Related to Provider Billing and Payment > PROMISE™ Billing Quick Reference Error Status Codes # 014-09. You can also click on the following hyperlink http://odpsrv.tiu11.org/alfresco/d/d/workspace/SpacesStore/893b4986-e6b5-4865-aba4-5751faa5e97b/PROMISE_Billing_Quick_Reference_Error_Status_Codes_Informational_Packet_014-09.pdf
- **HCSIS/PROMISE™ Error Resolution Tip Sheet:** Error status codes in the 900 series are denials and usually involve discrepancies between information maintained in HCSIS and the individual's eligibility file in the Department's Client Information System (CIS). Use the HCSIS/PROMISE™ Error Resolution Tip Sheet for resolution procedures associated with ESCs in the 900 series.
- **Billing Related Communication and claim resolution resources are stored on the PIC using the following path:** <http://www.odpconsulting.net> > ODP Information Centers > ODP Business Practice Information
- **Exception Requests/Processes** - Please review the following ODP Informational Packets to obtain information regarding specific ODP exception processes:
 - **Room and Board Charges on a Claim:** Review Informational Packet #106-10: "EXCEPTION REQUEST PROCESS TO: Exclude Room and Board Charges to an Individual on the Claim" to understand how to request an exception to this billing rule.
 - **Respite:** Review Informational Packet 078-10, "Request for Exception to Established Service Limits or Maximum Number of Service Units For Respite Services" to understand how to request a respite exception request is made.

- **Prior Authorization Requests** – ODP requires Supplemental Habilitation and Additional Individualized Staffing services to be prior authorized in PROMISE™. These services apply to residential services only. Please review Bulletin Number 00-10-09, “Prior Authorization for Supplemental Habilitation and Additional Individualized Staffing” to understand the service request process. This bulletin can also be found by clicking on the following hyperlink:
<http://services.dpw.state.pa.us/olddpw/bulletinsearch.aspx?BulletinId=4558>.

PRUDENT PAY

[Informational Packet # 075-11](#) describes the “Prudent Payment of Claims Policy Enforced Effective July 1, 2011.” Review this communication to understand the payment timeframes.

ELECTRONIC PAYMENTS (also known as Electronic Funds Transfer)

Visit the following DPW website to view details regarding electronic funds transfer (direct deposit):

<http://www.dpw.state.pa.us/provider/doingbusinesswithdpw/electronicfundstransferdirectdepositinformation/index.htm>

REMITTANCE ADVICE

Review Medical Assistance Provider Quick Tips # 7, “Are You Puzzled by Your Remittance Advice Statement?” to understand how to read your remittance advice.

http://www.dpw.state.pa.us/ucmprd/groups/webcontent/documents/communication/s_002926.pdf

INCIDENT MANAGEMENT/RISK MANAGEMENT

Individuals have the right to Everyday Lives free of abuse, neglect, and exploitation. While safe and accessible environments are everyone’s responsibility, providers, those who work most closely with persons receiving services and supports, play an important role in identifying factors that increase risk to individuals by reporting incidents timely, completely, and accurately.

ODP uses the incident reports documented by providers and other entities to manage and reduce risk by tracking and analyzing incidents to identify emerging issues, patterns and trends. ODP uses this analysis to develop strategies and procedures that reduce risk and promote the principles of Everyday Lives.

The sections below review the procedures that providers must follow related to incident management, certified investigations and supporting ODP’s risk management system. Providers must review the information provided and ensure training of all staff in the incident management/risk management process.

The ODP risk management system promotes a positive quality of life for individuals with intellectual disability by ensuring their health, safety and well-being. ODP uses the risk management system to identify factors that increase risk to individuals and to develop practices that reduce risk. Utilizing a two-pronged approach, ODP’s risk management system promotes an Everyday Life for consumers assuring that incidents, when they do occur, are managed in a timely and comprehensive manner. The

process that analyzes information from individuals' incidents is used to determine what contributes to incidents occurring and who potentially is at risk.

Incident Management

Providers use the Home and Community Services Information System (HCSIS) to report details describing the occurrence and document how the incident was managed. This information provides evidence of timely response and actions taken to assure the person's health and safety at the time of the event. HCSIS incident information is also used to monitor compliance with state and federal regulations governing reporting of unusual incidents.

An incident is an event (that requires reporting) with the potential to adversely impact an individual's health, safety or rights. Incident management is the response to an event intended to ensure the adequate, appropriate and effective protection of the health, safety and rights of the individual. Incident management is an important way that providers participate in risk management and ensure individuals' health, safety and well-being. Incident management includes all activities related to a reportable incident, from its occurrence and the prompt actions taken by the provider to ensure an individual's immediate health, safety and well-being all the way through corrective actions (the steps taken to prevent reoccurrence of the same or a similar event).

Incident management is an important part of monitoring individuals' health, safety, and rights and creating respectful, inclusive environments; therefore, providers must follow specific rules about which incidents to report and when and how to report them. ODP details these requirements in the [ODP Bulletin #6000-04-01 Incident Management](#) and the [#6000-04-01 Annex A](#). Providers must read these documents carefully and ensure that all staff fully understand the policies and procedures they convey.

When a provider recognizes or discovers an incident, the provider must take prompt action to protect the individual's health, safety and rights. The protection may include, but is not limited to, dialing 911, escorting to medical care, separating the perpetrator, calling ChildLine, arranging for counseling and referring to a victim assistance program. After taking all appropriate actions following an incident to protect the individual, the provider is required to report certain categories of incidents and complete an investigation as necessary (see the Certified Investigation section below). ODP provides a list of reportable incidents and the specific procedures for reporting them in ODP Bulletin #6000-04-01 Incident Management and #6000-04-01 Annex A (linked above).

Providers use the Home and Community Services Information System (HCSIS) to report details describing the incident and to document how they managed the occurrence (see HCSIS Section above for more information about enrolling in, accessing and using HCSIS). The Administrative Entities (AEs) and ODP Regional Offices access HCSIS to monitor and review incident reports and ensure that providers take timely, appropriate and adequate steps to assure the health and safety and protect the rights of the person/persons involved. For this reason, providers must file clearly written, understandable and detailed incident reports within required timeframes. The Administrative Entity (AEs) and the ODP Regional Office return unclear or incomplete incident reports to providers for additional documentation and/or action.

While ODP details the policy and procedures for reporting incidents in ODP Bulletin #6000-04-01 Incident Management and #6000-04-01 Annex A (linked above), additional information on managing and reporting incidents is available in a web-based training entitled, ODP: IM100J Basics of Incident Management, which is available on the Learning Management System (LMS):

LMS Login page:

<https://www.humanservices-r.state.pa.us/HCSISLMS/pgm/asp/login/login.asp?refpage=/HCSISLMS/default.asp>

Investigations by Certified Investigators

Because of their serious nature, ODP requires investigation of allegations of abuse, neglect and rights violations (called “critical incidents”) by ODP-trained Certified Investigators (CI). Only ODP-certified investigators may conduct investigations of critical incidents. Providers must ensure that the CI assigned to investigate critical incidents has current certified investigator credentials. Additionally, providers must ensure that investigations of critical incidents occur within required timeframes. ODP provides detailed Information about investigating critical incidents in ODP Bulletin #6000-04-01 Incident Management and #6000-04-01 Annex A (linked above) and in the [Certified Investigation Training Manual](#).

In order to become a CI, staff participate in a standard, ODP sponsored, four-day training and must pass a competency test. CIs must renew their certifications every three years. ODP provides continuing education related to investigating incidents, which providers can find on LMS.

Risk Management

Risk Management is a continuous effort to manage and reduce (mitigate) risk to individuals served. As part of the risk management process, ODP analyzes incident data to identify the patterns and trends of incident occurrence. This analysis, combined with demographic information such as age, gender, program diagnoses, and environmental factors, informs ODP about why incidents occur and helps ODP proactively manage those risk factors for individuals and at the service delivery system level.

ODP applies the quality management methodology Plan- Do- Check Act (PCDA) within the risk management system. PDCA allows for assessing the impact and success of actions taken to prevent recurrence. Provider risk management includes, but is not limited to:

- The review and analysis of incident management data, certified investigation findings and other information such as complaints, service reviews, etc.;
- Discovery of root cause and contributing factors directly related to occurrence; and
- Individual-specific and systemic actions to manage and/or mitigate risk.

Providers use HCSIS-generated incident management reports to analyze aggregated data specific to an individual or provider. This information, when graphed, facilitates the identification of patterns and trends regarding factors that influence occurrences. Understanding factors that influence occurrences allows providers to implement preventive measures for the individual and at the system level.

Providers must relate preventive measures directly to the cause of the incident for them to have an impact on occurrence or recurrence.

ODP providers complete and submit a qualitative IM Analysis Report on a semiannual basis. IM Analysis Reports the provider's analysis of data, the identification of cause and contributing factors, and the corrective and preventive actions taken to remediate and prevent incidents. Follow through and monitoring is necessary to determine the success of such actions.

ODP outlines the process for accessing data used to develop the report, report requirements and procedures for submitting the report in [ODP Bulletin# 00-06-11, Provider and County Incident Management Analysis Report](#). Technical assistance and support regarding incident management and risk management is available to providers through the Administrative Entity Risk Managers, ODP Regional Risk Managers, and the Area Quality Management Leads.

LICENSING AND PROTOCOLS

Licensing Requirements

The Office of Developmental Programs operating under the Department of Public Welfare is responsible for protecting the health, safety and well-being of individuals with intellectual disability. Licensing standards have been developed to implement and enforce the minimum requirements for the operation of licensed services which include:

Chapter 2380 Adult Training Facility

An adult training facility is a facility based program provided to four or more individuals focusing on functional activities, assistance in meeting personal needs and assistance in performing daily activities

Chapter 2390 Vocational Facilities

A service that provides rehabilitative, habilitative or employment training to individuals.

Chapter 6400 Community Homes for Individuals with Intellectual Disability [Mental Retardation]

This service is based on the principle of normalization which defines the right of the individual with intellectual disability to live a life which is as close as possible in all aspects to the life which any member of the community might choose. For the individual who requires residential service, the design of the service takes into account the individuals unique needs to facilitate the person's ongoing growth and development.

Chapter 6500 Family Living Homes/Lifesharing

Family Living offers an opportunity for an individual with intellectual disability [mental retardation] and a family/individual to share their lives together. It is based on the importance of enduring and permanent relationships as the foundation for learning life skills, developing to their fullest potential.

Licensing Protocols and Procedures

The complete Licensing Protocols and Procedures can be referenced in ODP Bulletin 00-08-10, *Licensing Protocols and Procedures* <http://services.dpw.state.pa.us/olddpw/bulletinsearch.aspx?BulletinId=4360> 3/20/2012

which was issued June 17, 2008. These protocols apply to Title 55 Pa. Code Chapters 2380, 2390, 6400, and 6500. The *Licensing Protocols and Procedures* establish uniform and consistent processes and standards for applying the regulations, thus providing equal protection to all individuals receiving services in licensed settings. Each Protocol and Procedure covers a different licensing topic and can be accessed at the ODP Provider Information Center <http://pic.odpconsulting.net/>. You may log in to this website as a guest.

How to become a licensed provider

When considering opening any of the above licensed programs, you should first thoroughly read the Licensing Regulations that apply to the type of facility that you plan to operate.

- Regulations are located at The Pennsylvania Code <http://www.pacode.com/>
- When you get to this webpage you will see the word “Browse” on the left hand side of the webpage.
 - Click on this and a small webpage will open.
 - Scroll down to “Title 55 Public Welfare”
 - Highlight that Title selection and click select.
 - You will see all of the Chapter Regulations within Public Welfare listed.
 - You will need to scroll down to the appropriate Chapters in OMR.
 - Chapter 6400 –Community Homes
 - Chapter 6500 –Family Living
 - Chapter 2380 –Adult Training
 - Chapter 2390 –Vocational Training

You can copy and paste the Chapter Regulations, or just download them and print them. They are in Public Domain. For your convenience Licensing Inspection Instruments for each chapter are also available in the Provider Information Center at <http://pic.odpconsulting.net>.

In order to start the licensing process you should contact the appropriate Regional Licensing Office in which the site you plan to operate is located. Please refer to **Appendix A** for a listing of the regional offices and their corresponding contact information. The Licensing Administrator at the Regional Office can discuss with you the aspects of operating a facility. This is to help you fully understand the process and explain what you will need to do to be a success.

Application Process

Beginning the summer of 2012, ODP will be joining in the DPW Certification and Licensing System or CLS. This system will give the provider the ability to submit their application for certificate of compliance and civil rights compliance questionnaire electronically. In order to access CLS the provider will use a link found on the left hand side of the Provider Access Screen. Providers can also complete these documents using the methods found below.

The Application for Certificate of Compliance is a required form that must be completed by all providers who intend to provide a licensed service. The form can be found by following this link:

http://www.dpw.state.pa.us/ucmprd/groups/webcontent/documents/form/s_001795.pdf

The form should be printed, completed, and signed (an original signature is required) and mailed to the following address:

Human Services Licensing Management and Research (HSLMR)

Room 623

Health and Welfare Building

Harrisburg, PA 17120.

Starting the summer of 2012, providers will also be able to submit their applications through the Certification and Licensing System (CLS). The link for the CLS can be found in the left side banner on the HCSIS main page.

If you plan to form a corporation, contact the Pennsylvania Department of State http://www.dos.state.pa.us/portal/server.pt/community/department_of_state/12405 at 717-787-1057 or 1-888-659-9962, to apply. A copy of the approved corporate papers should be sent to HSLMR along with the Application for Certification of Compliance.

If the agency name is a fictitious name, application must be made to the Pennsylvania Department of State (see telephone numbers above). The fictitious name approval should also be mailed to HSLMR along with the Application for Certificate of Compliance.

Uniform Construction Code

The building structure must be approved, which will involve having the structure approved per the fire and safety codes, or Universal Construction Code Permit statement (UCC permit). Send the Occupancy Permit Letter of Compliance along with the Application for Certificate of Compliance.

The UCC letter of compliance will come from one of three possible sources:

- The local municipality Building Code Enforcement Authority Officer, if your municipality has opted into the code enforcement;
- Your builder should be able to provide you with a UCC letter, if the structure was built after April, 2004; or
- A sub-contractor, which you hire to inspect the building, who is authorized to issue a UCC compliance letter.
- The location may still have an L&I Occupancy Permit if no changes were made to the site.

Important factors that should be included in the above UCC approval letter are the following:

1. The permit number and address of the building.
2. The name and address of the owner of the building.
3. A description of the portion of the building covered by the occupancy permit.
4. A statement that the described portion of the building was inspected for compliance with the Uniform Construction Code.
5. The name of the building code official who issued the occupancy permit and date of final inspection.

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6. The construction code edition applicable to the occupancy permit.
7. If an automatic sprinkler system is provided.
8. Any special stipulations and conditions relating to the building permit.

In the event that a provider is informed by the issuing agency that a certificate of occupancy is not needed, it is the provider's responsibility to obtain a letter from the issuing agency and send the letter to the regional licensing administrator. For more detailed information regarding UCC codes and its application refer to the ODP Informational Packet #180-11 *Uniform Construction Code Clarification for Licensed Providers*.

Civil Rights Compliance

According to Federal law, Civil Right's compliance approval must be obtained **prior** to the issuance of a Certificate of Compliance. A link to the Civil Rights Questionnaire and instructions are below. Beginning summer 2012 the Civil Rights Questionnaire must be submitted using the Certification and Licensing System. The questionnaire must be completed and returned to the appropriate **Bureau of Equal Opportunity** office (all supporting documentation must include the application number given in CLS). After reviewing the questionnaire, the Equal Opportunity office will issue a letter stating either compliance or listing areas of non-compliance. Non-compliance issues must be resolved prior to the issuance of a Certificate of Compliance. **A license cannot be issued until a copy of the compliance letter from the Bureau of Equal Opportunity is received in the Regional Office of Developmental Programs.**

Civil Rights Questionnaire

http://alfresco.odpconsulting.net/alfresco/d/d/workspace/SpacesStore/75383ec3-20f9-43fb-8e60-3a69eb5159e2/Civil_Rights_Compliance_Questionnaire.doc

Civil Rights Compliance Instructions

http://alfresco.odpconsulting.net/alfresco/d/d/workspace/SpacesStore/165dd0e6-9a85-4855-aa7f-503ef3b1954d/Civil_Rights_Compliance_Instructions.pdf

License Fee

A license fee is required for "for-profit" agencies. This fee is not due when making application, but is due after the inspection is done and before the Certificate of Compliance is processed. You will receive a letter requesting the fee at the appropriate time. Information regarding the fee is as follows:

- \$50.00 for Chapters 6400, 6500 & 2390 "for-profit" agency 12-month Certificate of Compliance;
- \$15.00 for Chapter 2380 "for-profit" agency 12-month Certificate of Compliance;
- Fees are pro-rated for licenses issued for less than a full year; and
- No fees are required for "non-profit" agencies.

All fees must be submitted to the office of Human Services Licensing, Management and Research (HSLMR).

Checklist Review

The following must be included with the Application for Certificate of Compliance:

- Articles of Incorporation (if appropriate);
- Pennsylvania Department of State Fictitious Name Approval (if appropriate);
- Certificate of Occupancy (UCC permit);
- Civil Rights Compliance Questionnaire must be completed and mailed to the appropriate Bureau of Equal Opportunity office.

Send the Application for Certification of Compliance and its attachments to the appropriate regional office. Beginning the summer of 2012, the application for certificate of compliance should be submitted through CLS. Supporting documentation is to be sent to the appropriate licensing administrator.

Information and Materials to be Organized for Licensing Survey

A list of the key information that will be reviewed during the licensing survey can be found in **Appendices C-F**. To minimize disruptions of the program operations, materials for the licensing survey should be made available in an area where the Licensing Staff may work. This list should prove useful in organizing the necessary records. Availability of the materials requested will expedite completion of the licensing survey.

In order to determine compliance with any regulation that is required annually, it will be necessary to review the current year and previous years' documentation.

Medication Administration

The Department of Public Welfare allows the administration of medication by trained staff in certain licensed settings. The course uses a train the trainer model and the Department trains the trainers who then train the staff in their provider agencies. The course certification is designed such that both the trainers and the administrators can take their certification with them when they move between different licensed settings and provider agencies.

Registration is on-line for existing providers and the information can be found on the DPW website: <http://www.dpw.state.pa.us/provider/training/medicationadministration/index.htm>.

New providers should call the ***Tuscarora Intermediate Unit (TIU) at 1-800-438-1958*** to register their agency into the system to learn about the course requirements.

INTELLECTUAL DISABILITY CUSTOMER SERVICE TOLL FREE NUMBER

For General Information and Concerns

1-800-565-9435

TTY: 1-866-388-1114*

** The TTY phone number does not have voicemail*

Please call the number listed above for all questions or concerns regarding ODP services, the waivers, regulations, licensing, provider enrollment, fiscal management, trainings, provider agencies, etc.

A Customer Service member will answer calls from 8:30 a.m. to 4:00 p.m., **Monday through Friday**. Callers after these hours or on holidays may leave a confidential message on voicemail. Please speak slowly and clearly when leaving a message; include your name, telephone number and area code where you can be reached, and the best time of day to reach you. You may also include detailed information regarding your question or concern.

General questions will be answered by the ODP customer service team, but questions around specific situations will be referred to the ODP regional offices. When calls are referred to the regional offices, the caller will be contacted by the end of the next business day to obtain additional follow-up information.

Individuals with immediate needs or emergency situations should contact their Supports Coordinators or the Administrative Entity/county MH/BH/ID office or ODP Regional Office.

**Thank you for using the Office of Developmental Programs'
Provider Handbook**

If you have any questions, please contact OCS ODP Help Desk at ocs-odponlinehelp@odpconsulting.net and title the email, "Provider Handbook."

GLOSSARY

Administrative Entity (AE) – A county/jointer or non-governmental entity with an agreement or contract with the Department to perform operational and administrative functions delegated by the Department, related to the Department's approved Consolidated and Person/Family Directed Support (P/FDS) Waivers.

Agency With Choice/Financial Management Service (AWC/FMS) - One of the types of Financial Management Service options. In this model the agency is the Common Law Employer and the participant or their chosen surrogate (representative) is the Managing Employer.

Assessed Needs – Needs of Waiver Participants identified through the statewide Standardized Needs Assessment or other assessments that have been conducted based on the Participant's unique circumstances, documented as necessary in writing, and when applicable by a licensed medical professional, and identified by the Participant's team through the Individual Support Plan (ISP) process.

Centers for Medicare & Medicaid Services (CMS) – The agency in the federal Department of Health and Human Services that is responsible for federal administration of the Medicaid, Medicare, and State Children's Health Insurance programs.

Claim – A bill for services, a line item of service, or all services for one Waiver Participant within a bill that is submitted through PROMISE™.

Corrective Action Plan (CAP) - A plan to address issues of noncompliance or Health and Welfare issues of Participants identified through but not limited to the Monitoring of Providers, Monitoring of Waiver Requirements or as identified in a Findings Report resulting from Departmental monitoring of the Administrative Entity.

Department – The Department refers to the Pennsylvania Department of Public Welfare, Office of Developmental Programs, except where some other subdivision is referenced.

Financial Management Services (FMS) - FMS is a provider or organization that performs administrative services to support some identified employer functions, such as processing payments, on behalf of a participant or surrogate (representative).

Health and Welfare – Health and Welfare relates to the assurances outlined in 42 CFR 441.302, the approved Waivers, and applicable Pennsylvania Laws.

Home and Community Services Information System (HCSIS) – A web-enabled information system serving the Department of Public Welfare Program Offices that support Medicaid Waivers.

Individual Support Plan (ISP) – The plan for each individual supported by ODP developed with the Individual and the Individual’s team. The team includes the Individual and Supports Coordinator, and may also include family members, Surrogates, advocates, Providers of services, and others the Participant chooses. The ISP must include at a minimum the estimated duration and frequency of each Waiver-eligible service and the Provider to furnish each service necessary to meet the Assessed Needs of the Individual.

Intermediate Care Facility/MR (ICF/ID) -*Intermediate Care Facility/ID* - Section 1905(d) of the federal Social Security Act created this Medicaid benefit to fund "Institutions" (four or more beds) for people with intellectual disability or other related conditions, and specifies that these institutions must provide "active treatment."

Office of Developmental Programs (ODP) – A Pennsylvania state program office within the Department of Public Welfare that sets policy, provides funds, and administers services for individuals with Intellectual Disability

Participant-Directed Services (PDS) - The list of identified services in the approved Waivers that are available to self-direct.

Participant or Waiver Participant – An individual determined to meet eligibility criteria for Intellectual Disability and who is enrolled in either the Consolidated or P/FDS Waiver.

Prioritization of Urgency of Need for Services (PUNS) – The strategic planning tool and current process used to categorize an applicant’s need for services prior to enrollment in one of the Waivers which is then reviewed at least annually thereafter.

Provider Agreement for Participation in Pennsylvania’s Consolidated and Person/Family Directed Support Waivers or Waiver Provider Agreement – The agreement established between the Department, as the state Medicaid agency and a service Provider as per 42 CFR 431.107, under which the Provider or organization agrees to furnish services to Medicaid Waiver Participants in compliance with state and federal requirements, including Waiver requirements approved by CMS.

Qualified Provider – A professional or agency qualified by the Department to render a specific service that meets the criteria specified in the current approved Consolidated and P/FDS Waivers, as per Bulletin 00-08-01, *Process for Qualification and Disqualification of Waiver Providers*, or any Department-approved revisions and regulatory standards as required by law.

Service Location and Site - PROMISe™, the claims process system used by the Department of Public Welfare, uses service locations for each physical location and provider type combination. A service location is a 4-digit code that represents one physical address and one provider type. Provider types are 2-digit numbers that describe providers by the services they offer. After the provider information (physical location, provider type, etc.) is entered into HCSIS and verified by the HCSIS Help

Desk, it is sent automatically to the Master Provider Index (MPI) system. At that time, each unique physical location and provider type combination is assigned a service location code. Service locations are used by providers when submitting claims to PROMISE™.

Standardized Needs Assessment – The statewide assessment to be used during the determination of needed services as part of the Individual Support Planning process. The composition of the Standardized Needs Assessment will be determined by the Department.

Vendor – An entity that provides general goods or services and possesses the following distinguishing characteristics: goods/services are provided within normal business operations, similar goods/services are provided to many different purchasers, and the Vendor operates in a competitive environment providing goods/services to the general public. Add OHCDs information.

Vendor Fiscal/Employer Agent Financial Management Service (VF/EA FMS) - One of the types of Financial Management Service options. In this model, the participant or their surrogate (representative) is the Common Law Employer and the Vendor Fiscal/Employer Agent Financial Management Service is the fiscal agent.

Waivers – The current, approved Consolidated and Person/Family Directed Support Waivers, unless otherwise specifically named herein.

Waiver Provider or Provider – A Waiver Provider, also named herein as a Provider unless otherwise specified, is a professional, agency, Agency with Choice Financial Management Services Provider, or Vendor who meets the definition of a Provider that is a Willing Provider and a Qualified Provider to render direct Waiver services.

Willing Provider – A Provider who agrees to serve Waiver Participants, to accept the payment as payment in full for rendering a service, and to abide by all of the Medicaid Waiver Provider requirements, including executing a Waiver Provider Agreement with the Department, and any applicable Department-established Addendums to the Waiver Provider Agreement.

Written Policies and Procedures – Rules, regulations, policies, policy clarifications, Bulletins, directives, and procedures specific to Medicaid Waivers that are developed and overseen by the Department. This includes written correspondence signed by the Secretary of Public Welfare or the Deputy Secretary for Developmental Programs.

RESOURCES

Office of Developmental Programs Bulletins

To access a partial listing of bulletins available from the Office of Developmental Programs <http://services.dpw.state.pa.us/olddpw/bulletinsearch.aspx>.

To search for other bulletins and attachments, use the bulletin search engine feature on the DPW website <http://services.dpw.state.pa.us/olddpw/bulletinsearch.aspx>. You will need one or more of the following search criteria:

- DPW Office
- Regulation Code
- Provider Type
- Year of Date Issued
- Subject Search Text

The screenshot shows the Pennsylvania Department of Public Welfare website's Bulletin Search page. The header includes the state logo, the text 'pennsylvania DEPARTMENT OF PUBLIC WELFARE', and a search bar for the DPW site. Navigation links for 'PA.GOV', 'PA ONLINE SERVICES', and 'PA STATE AGENCIES' are present, along with the names of the Governor and Acting Secretary. A main navigation bar lists 'Provider', 'Community Partners', 'Publications', 'DPW Organization', and 'Employment'. The page title is 'Home | Bulletin Search'. A left sidebar contains links for 'Apply for Benefits', 'Search for Provider', 'Helpful Telephone Numbers', 'Find a Form', 'Find Facilities and Locations', 'Learn About DPW', and 'For Adults', 'For Children', 'For Disability Services'. The main content area is titled 'Bulletin Search' and includes a note about the PDF format of bulletins. It offers two search options: 'Search Option A' for known bulletin numbers and 'Search Option B' for searches by office, regulation code, provider type, year issued, or subject text. Search Option B includes dropdown menus for Office, Regulation Code, Provider Type, and Year of Date Issued, and a text input for Subject Search Text. A 'Search' button is located at the bottom of the search fields. A footer contains links for 'Home', 'Contact Us', 'Your Privacy Right (HIPAA)', 'Disclaimer', and 'Right To Know Law'.

Some bulletins have cover letters and or attachments. If a bulletin has attachments it is normally identified on the last page of the bulletin. Use the "Search Option A" feature identified above in the picture of the DPW Bulletin Search page by entering the number of the bulletin.

USEFUL LINKS

Autism Services

www.autisminpa.org

Center for Medicare and Medicaid Services (CMS)

<http://www.cms.gov/>

County Commissioners Association of Pennsylvania (CCAP)

<http://www.pacounties.org/Pages/default.aspx><http://www.pacounties.org/Pages/default.aspx>

Disability Rights Network of Pennsylvania (DRN)

<http://drnpa.org/>

Federal Emergency Management Agency (FEMA) disability disaster planning

<http://www.fema.gov/oer/reference/><http://www.fema.gov/oer/reference/>

Home and Community Services Information System (HCSIS) & Learning Management System (LMS)

<https://www.hcsis.state.pa.us/hcsis-ssd/>

Intellectual Disability Services

http://www.dpw.state.pa.us/foradults/intellectualdisability_services/index.htm

Licensed Provider search

<http://www.dpw.state.pa.us/searchforprovider/index.htm>

Pennsylvania Association of County Administrators of Mental Health and Developmental Services

<http://www.mhmrpa.org/Pages/default.aspx>

National Association of State Directors of Developmental Disability Services (NASDDDS)

<http://www.nasdds.org/index.shtml>

ODP Alerts, Newsletters, and Public Notices

<http://www.dpw.state.pa.us/publications/alertsnewslettersandpublicnotices/index.htm>

Office of Developmental Programs Consulting System website

<http://www.odpconsulting.net/>

Office of Developmental Programs Acronyms Card

http://odpsrv.tiu11.org/alfresco/d/d/workspace/SpacesStore/fc554051-a5ee-495c-8412-9cefb0d90f0e/ODP_Acronyms.pdf

PA Provider Quick Tips

<http://www.dpw.state.pa.us/publications/forproviders/QuickTips/index.htm>

Pennsylvania Department of Public Welfare (DPW)

<http://www.dpw.state.pa.us/>

Pennsylvania Emergency Management Agency

http://www.pema.state.pa.us/portal/server.pt/community/pema_home/4463

PROMISe™ Internet site

<http://www.dpw.state.pa.us/provider/promise/index.htm>

Provider Information Center

<http://pic.odpconsulting.net/>

Regulations

<http://www.pacode.com/>

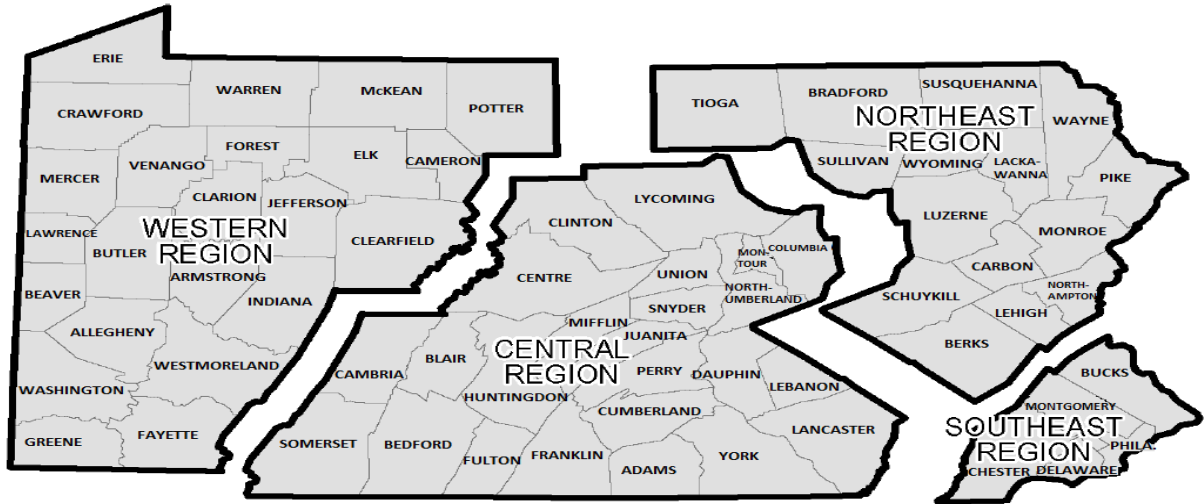
The Pennsylvania Training Partnership for Individuals with Disability and Families

<http://www.temple.edu/thetrainingpartnership/>

APPENDICES

APPENDIX A: PENNSYLVANIA STATEWIDE MAP BROKEN DOWN BY REGIONS

OFFICE OF DEVELOPMENTAL PROGRAMS REGIONS



Western Region

Office of Developmental Programs
 Piatt Place, Room 4900
 301 Fifth Avenue
 Pittsburgh, PA 15222
 Phone: 412-565-5144
 Fax: 412-565-5479

COUNTIES

ALLEGHENY
 ARMSTRONG
 BEAVER
 BUTLER
 CAMERON
 CLARION
 CLEARFIELD
 CRAWFORD
 ELK
 ERIE
 FAYETTE
 FOREST
 GREENE
 INDIANA
 JEFFERSON
 LAWRENCE
 MCKEAN
 MERCER
 POTTER
 VENANGO
 WARREN
 WASHINGTON
 WESTMORELAND

Central Region

Office of Developmental Programs
 Room 430, Willow Oak Building
 P.O. Box 2675
 Harrisburg, PA 17105-2675
 Phone: 717-772-6507
 Fax: 717-772-6483

COUNTIES

ADAMS
 BEDFORD
 BLAIR
 CAMBRIA
 CENTRE
 CLINTON
 COLUMBIA
 CUMBERLAND
 DAUPHIN
 FRANKLIN
 FULTON
 HUNTINGDON
 JUNIATA
 LANCASTER
 LEBANON
 LYCOMING
 MIFFLIN
 MONTOUR
 NORTHUMBERLAND
 PERRY
 SNYDER
 SOMERSET
 UNION
 YORK

Northeast Region

Office of Developmental Programs
 100 Lackawanna Avenue
 Scranton State Office Building
 Scranton, PA 18503
 Phone: 570-963-4749
 Fax: 570-963-3177

COUNTIES

BERKS
 BRADFORD
 CARBON
 LACKAWANNA
 LEHIGH
 LUZERNE
 MONROE
 NORTHAMPTON
 PIKE
 SCHUYLKILL
 SULLIVAN
 SUSQUEHANNA
 TIOGA
 WAYNE
 WYOMING

Southeast Region

Office of Developmental Programs
 801 Market Street, Suite 5071
 Philadelphia, PA 19107
 Phone: 215-560-2245
 Fax: 215-560-3043

COUNTIES

BUCKS
 CHESTER
 DELAWARE
 MONTGOMERY
 PHILADELPHIA

APPENDIX B: LISTING OF MAILBOX ADDRESSES

Claims Resolution: ra-odpclaimsres@pa.gov

ODP Customer Service Line: ra-customerservice@pa.gov

Incident Management: ra-impolicy@pa.gov

Provider Agreements: ra-odpprovideragreem@pa.gov

Provider Enrollment: ra-odpproviderenroll@pa.gov

Provider Monitoring: ra-odpprovidermonito@pa.gov

Provider Qualifications: ra-odpproviderqualif@pa.gov

Rate setting: ra-ratesetting@pa.gov

SC Qualifications: ra-scqualifications@pa.gov

SCO Monitoring: RA-odpscomonitoring@pa.gov

Additional office mailboxes

ODP Consulting (OCS) Helpdesk: ocs-odponlinehelp@odpconsulting.net

Office of Children, Youth and Families (OCYF): ra-dpwocyfnet@pa.gov

Office of Child Development and Early Learning (OCDEL): ra-ocdearlylearning@pa.gov

Office of Developmental Programs Bureau of Autism Services: dpw-autismooffice@pa.gov

Office of Income Maintenance (OIM): ra-dpwoinmet@pa.gov

Office of Long Term Care (OLTC): ra-oltcontactdpw@pa.gov

Office of Mental Health and Substance Abuse Services (OMHSAS): ra-dpwomhsasnet@pa.gov

APPENDIX C: CHAPTER 2380 ADULT TRAINING FACILITIES

The following is a list of the key information that will be reviewed during the licensing survey. To minimize disruptions of the program operations, materials for the licensing survey should be made available in an area where the Licensing Staff may work. This list should prove useful in organizing the necessary records. Availability of the materials requested will expedite completion of the licensing survey.

In order to determine compliance with any regulation that is required annually, it will be necessary to review the current year and previous years' documentation.

Chapter 2380

MATERIALS

- 2380.11 **Copy of Application for Certificate of Compliance** (PW633).
- 2380.14(a) **Valid (current) Occupancy Permit copies from the Department of Labor & Industry.**
- 2380.14(b) **Notification from the Provider if Labor and Industry approval has been withdrawn.**
- 2380.15 **Current Federal and/or State Wage and Hour Certificate(s) if applicable.**
- 2380.17 **Incident Management Policy and Procedure (if changed since last licensing survey.)**
- 2380.20 **PA Criminal History Report and or FBI/Office of Aging Reports** on new staff. *Date of request must be clearly identified.*
- 2380.21 **Civil Rights Policies/Procedures.** (if changed since last licensing survey.)
- 2380.32 -.38 **Table of Organization** with a list of all staff names and titles defined under Chapter 2380 Regulations.
- 2380.32 -.34 **Qualifications for All Staff** who were hired into Chapter 2380 defined positions since the last licensing survey (new or promoted)
Date of Hire for All Staff.
Documentation of Staff Responsibilities.
Documentation of Individuals Served: Staff Ratio: Program Specialist(s) identified as well as Direct Service Worker(s) for program grouping(s).
- 2380.35 **Time Schedules** for agency opening/closing. Staff arrival and departure. Individuals served arrival and departure.
- 2380.36 **Statement of Annual Training Year for Agency**
3/20/2012

Documentation of Orientation Training for all new and promoted staff.
Documentation of 24 hours of Training for all staff in Chapter 2380 defined positions. (Fire Safety/First Aid/CPR current and previous year.)

- 2380.52(a) **Square Footage of Facility** (excluding storage). Including a diagram or floor plan, should be available if there are changes since the last licensing survey.
- 2380.55(f) **Written Sanitation Approval** (if not connected to public sewer.)
- 2380.58 **Lead Paint Testing** (if applicable.)
- 2380.59(c) **Annual Written Water Analysis** for agencies not using public water.
- 2380.83(a) **Emergency Evacuation Procedures.** (if changed since last licensing survey.)
- 2380.84 **Annual Inspection** by a fire safety expert. (Current and previous year.)
- 2380.87(d) **Inoperative Fire Alarm Written Procedure.** (if changed since last licensing survey.)
- 2380.89 **Fire Drill Records** (Records since last licensing survey.)
- 2380.91 **Documentation of Fire Safety Training.** (Training for current year and previous year.)
- 2380.92 **Smoking Policy.** (if changed since last licensing survey.)
- 2380.172 **List of Individual's Served in the Program** and the date of their enrollment.
- 2380.115 **Written Emergency Medical Plan.** (if changed since last licensing survey.)
- 2380.128 **Medication Administration Training Records** (if medications are given at the facility.)
- Diabetes Patient Training** (if applicable.)
- 2380.132 **Menus** (if applicable).
- 2380.152 **Restrictive Procedure Policy.** (if changed since last licensing survey.)
- Listing of Individuals** served with the facility where Restrictive Procedures are implemented.
- 2380.154 **Restrictive Procedure Review Committee** – including composition of the Committee and minutes since the last licensing survey. (if applicable).

APPENDIX D: CHAPTER 2390 VOCATIONAL TRAINING FACILITIES

The following is a list of the key information that will be reviewed during the licensing survey. To minimize disruptions of the program operations, materials for the licensing survey should be made available in an area where the Licensing Staff may work. This list should prove useful in organizing the necessary records. Availability of the materials requested will expedite completion of the licensing survey.

In order to determine compliance with any regulation that is required annually, it will be necessary to review the current year and previous years' documentation.

Chapter 2390

MATERIALS

- 2390.11 **Copy of Application for Certificate of Compliance** (PW633).
- 2390.14(a) **Valid (current) Occupancy Permit** copies from the Department of Labor & Industry.
- 2390.14(b) **Written Annual Verification** from provider stating that the Department of Labor and Industry has not withdrawn their approval.
- 2390.15(a)(b)(c) **Current Federal and or State Wage and Hour Certificate(s).**
- 2390.16 **State or Local Certificates** when Public Eating and Public Drinking takes place in the facility.
- 2390.17 **Written Statement of Purpose** that relates the services provided to the individuals served. A written list of licensed services the facility provides, and the conditions and restrictions for provision of services.
2390. 20 **Written Accident Prevention Policy** including requirement for monthly inspection of:
 (1) Production Process
 (2) Physical Site
 (3) Machines/Equipment.
Actual Monthly Safety Inspection Reports.
- 2390.21 **Civil Rights Policies and Procedures.** (if changed since last licensing survey.)
- 2390.22 **Governing Board Minutes** that document:
 (1) Review/approval of Annual and Quarterly Financial Reports
 (2) Review/approval of Annual Program Reports
 (3) Quarterly Meetings
 (4) Resolutions of conflict of interest
 (5) Board Members do not receive financial benefits.

- 2390.32 - 38 **Table of Organization**
(1) Qualifications for all staff who were hired into Chapter 2390 defined positions since the last survey (new or promoted.)
(2) Documentation of staff responsibilities
(4) Documentation of individuals served : staff ratio.
(5) Date of hire for all staff identified.
- 2390.39 **Time Schedules** for agency opening/closing, staff arrival and departure, and individuals served arrival and departure.
- 2390.40 **Statement of Annual Training Year For Agency Documentation of Orientation Training** for all new and promoted staff.
Documentation of Training for all staff in Chapter 2390 defined positions.
- 2390.52(a) (b) **Square Footage Information** of production/training space (excluding storage) for each site, including diagram or floor plan, should be available if there are changes since the last licensing survey.
- 2390.56 **Annual Written Water Analysis** for facilities not using a public water system.
- 2390.82(a) **Emergency Evacuation Procedures.** (if changed since last licensing survey.)
- 2390.82(b) **Annual Inspection** by or letter to fire safety authority.
- 2390.83(b) **Documentation of Fire Alarm Monthly Check.**
- 2390.83(c) **Inoperative Fire Alarm Written Plan Procedure.** (if changed since last licensing survey.)
- 2390.84 **Fire Drill Records** (Records since last licensing survey.)
- 2390.87 **Documentation of Fire Safety and Extinguisher Training** (current year and previous year training.)
- 2390.112(a) **List of Individuals Served** by the services they participate in and the initial date of enrollment in the program.
- 2390.103 **Written Emergency Medical Plan.** (if changed since last licensing survey.)
- 2390.125 **Policy on Access to Files.** (if changed since last licensing survey.)

APPENDIX E: CHAPTER 6400 COMMUNITY HOME AGENCIES

The following is a list of the key information that will be reviewed during the licensing survey. To minimize disruptions of the home and program operations, materials for review should be made available in an area where the Licensing Staff may work. This list should prove useful in organizing the necessary records. Availability of the materials requested will expedite completion of the licensing survey.

In order to determine compliance with any regulation that is required annually, it will be necessary to review the current year and previous years' documentation.

Chapter 6400

Materials

- Correct Address Listing of all Licensed Homes** this list should include the individuals living at each home as well as the Program Specialist and the direct service workers of that home. Also a list of unlicensed homes if applicable. Homes to receive a full survey will be announced at the time of arrival of the survey team.
- 6400.11 **Copy of Application for Certificate of Compliance** (PW633).
- 6400.14a **Valid (current) Occupancy Permit** copies from the Department of Labor & Industry or the Department of Health (as applicable).
- 6400.15a **Self-Assessment** for each licensed home the agency operates serving eight or fewer individuals using the current score sheet. The self-assessment needs to be scored and dated with any corrective action taken.
- 6400.18 **Incident Management Policies and Procedures** (if changed since last licensing survey)
- 6400.21 **PA Criminal History Checks and/or FBI, and/or Child Abuse Checks** (as needed) for all new staff hired within the past year. *Date of request must be clearly identified.* OAPSA and Criminal History Checks with application completed up to but not exceeding date of hire. Affidavits as required under OAPSA regulation for new employees need to be available.
- 6400.22 **Written Policy for Administration and Management of Client Funds.**
- 6400.22(d) **Individual Financial Records and Personal Property Records.** (financial records for the past year of the individual selected).
- 6400.23 **Grievance Procedures.** (if changed since last licensing survey.)
- 6400.31(b) **Individual Rights Statements** signed and dated. (current and previous year.)
- 6400.34 **Civil Rights Policies and Procedures.** (if changed since last licensing survey.)

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- 6400.46 **Statement of Agency Training Year Dates**
Chief Executive Officer Training Record
Listing of All Staff with their Date of Hire, including Direct Service, Program Specialists, Part-Time, Floater Staff and Contract Staff, Director and CEO with detail of responsibility (working Job Title)
- New Staff Orientation/Training Syllabus**. (including promoted staff.)
- Required Training for Staff** (24 hours, MR Training, Fire Safety, First Aid, CPR). Staff training organized by employee. Access to records where annual training requirements are necessary for review. (Current and previous Training Year.)
- 6400.67(c) **Lead Paint Testing** (if applicable).
- 6400.68(c) **Coliform Water Test** (if applicable).
- 6400.103 **Emergency Evacuation Procedure**. (if changed since last licensing survey.)
- 6400.104 **Current Written Notification to Local Fire Company** (where applicable) (updated based upon needs of the individuals or changes within the home – dates individuals moved into the home if within the past year.)
- 6400.106 **Furnace Cleaning / Inspections** (current and previous year).
- 6400.110 **Fire Safety Monitoring Procedures**. (if changed since last licensing survey.)
- 6400.112.1 **Fire Drill Records** – Fire drills since last inspection plus any required documentation by a fire safety expert.
- 6400.113 **Fire Safety Training** for individuals (current year and previous year).
- 6400.114 **Smoking Safety Procedures** (for each home, if changed since last licensing survey.)
- 6400.213 **Individual Records** (current and previous year ISP/Assessment/Physical Examination).
- 6400.145 **Emergency Medical Plan**. (if changed since last licensing survey.)
- 6400.151 -.152 **Staff Physicals** (current and previous).
- 6400.161 -.166 **Medication and Medication Records**.
- 6400.167 **Medication Administration Training/Practicums** (current & previous year of trained staff.)
- 6400.168 **Diabetes Patient Training** (if applicable).
- 6400.192 **Restrictive Procedure Policy**. (if changed since last licensing survey.)

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Listing of Individuals served with the facility where Restrictive Procedures are implemented.

6400.194

Restrictive Procedure Review Committee – including composition of the Committee and minutes since the last licensing survey. (if applicable).

APPENDIX F: CHAPTER 6500 FAMILY LIVING HOME AGENCIES

The following is a list of the key information that will be reviewed during the licensing survey. To minimize disruptions of the family living home, materials for review should be made available in the administrative office where the Licensing Staff may work. This list should prove useful in organizing the necessary records. Availability of the materials requested will expedite completion of the licensing survey.

In order to determine compliance with any regulation that is required annually, it will be necessary to review the current year and previous years' documentation.

Home inspections will not be done on the first day of the survey until all records are reviewed, unless there is an urgent family need.

Chapter 6500

MATERIALS

- 6500.11 **Copy of Application for Certificate of Compliance** (PW633).
- 6500.16 **Valid (current) Occupancy Permit** copies from the Department of Labor & Industry for the Department of Health (as applicable).
- 6500.17a **Listing of all Licensed Family Living Homes** by address, family provider, individual(s) served and date individual(s) served moved into home. Also a list of unlicensed homes by address if applicable.
- Self Assessments** for each home the agency operates using the current score sheet (fully scored out with any corrective action taken noted).
- 6500.20 **Incident Management Policies and Procedures** (if changed since last licensing survey.)
- 6500.23 **PA Criminal History Check and/or FBI, and/or Child Abuse Checks** (as needed) for family members over the age of 18. *Date of request must be clearly identified.* OAPSA and Criminal History checks with application completed up to but not exceeding date of hire. Affidavits as required under OAPSA regulation for new providers need to be available.
- 6500.24 **Written policy for Administration and Management of Client Funds.**
- 6500.24(d) **Individual Financial Records.**
- Personal Possessions and Property Inventory.**
- 6500.31(b) **Individual Rights Statements** signed and dated.
- 6500.34 **Civil Rights Policies and Procedures.** (if changed since last licensing survey.)

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- 6500.46 **Statement of Annual Training Year** for agency.
- Chief Executive Officer Training Record.**
- New Family Provider/Agency Staff Orientation and Training Syllabus.**
(including agency new agency staff and/or promotion.)
- Required Training for Families/Staff** (First Aid/Heimlich, Fire Safety and CPR).
Agency staff listing CEO, Director, Family Living Specialists and detail of
responsibility. (Job Title – Family Living Specialist/Director/CEO.)
- Listing of Agency Staff** with date of hire detailed.
- 6500.103 -106 **Furnace Cleaning / Inspections/Fireplace/Woodstove.** if applicable. (current
and previous year.)
- 6500.109 **Fire Drill Records.** (records since last licensing survey plus any required
documentation by a fire safety expert.)
- 6500.110 **Fire Safety Training.** (Training for current year and previous year.)
- 6500.181 **List of Family Members and Individuals Served Living at Each Home**
(date individual moved into the home if within the past year.)
- 6500.181-.186 **Individual Records** (brought to the agency office for review of full survey
homes.) Family Living Specialist identified for each individual served.
- 6500.125 -.126 **Family Members’ Physical Examinations** (if applicable).
- 6500.131 -.136 **Medication and Medication Records**
- 6500.138 **Diabetes Patient Training** (if applicable).
- 6500.162 **Restrictive Procedure Policy.** (if changed since last licensing survey.)
Listing of Individuals served by the agency where Restrictive Procedures are
implemented. (if applicable.)
- 6500.164 **Restrictive Procedure Review Committee** – including composition of
the Committee and minutes since the last licensing survey. (if applicable).

APPENDIX G: WHO IS RESPONSIBLE FOR CERTIFYING PROVIDERS

This section is intended for providers to reference. Each office has its own certification process. Please contact the appropriate office if you have any questions about the process and its requirements.

Adult Day Service Centers

Requires: License

PA Department of Aging

Older Adult Day Services Center

<http://www.portal.state.pa.us/portal/server.pt?open=512&objID=4984&&PageID=481710&level=2&css=L2&mode=2>

(717) 772-2570

Email – aging@pa.gov

CRR Adult

Requires: License

PA Department of Public Welfare

Office of Mental Health and Substance Abuse Services

<http://www.dpw.state.pa.us/dpworganization/officeofmentalhealthandsubstanceabuseservices/index.htm>

Email – welfare@pa.gov

Child Residential Services

Requires: License

PA Department of Public Welfare

Office of Children and Youth Families

<http://www.dpw.state.pa.us/dpworganization/officeofchildrenyouthandfamilies/index.htm>

Email: - welfare@pa.gov

Community/Group Homes Requires: License

PA Department of Public Welfare

Office of Developmental Programs

Bureau of Community Programs

<http://www.dpw.state.pa.us/dpworganization/officeofdevelopmentalprograms/index.htm>

(717) 783-3636 or toll-free 1-888-565-9435

Email – welfare.pa.gov

Continuing Care Retirement Communities

Requires: License

Department of Insurance

Bureau of Consumer Services

http://www.ins.state.pa.us/portal/server.pt/community/insurance_department/4679

(717) 787-2317 or toll-free 1-877-881-6388

Counselors including:

- Psychologists
- Social Workers
- Family Therapists

Requires: License or Certification

PA Department of State

Bureau of Professional & Occupational Affairs

<http://www.licensepa.state.pa.us/>

(717) 787-8503

Email – dos@pa.gov

Domiciliary Care Homes

Requires: Certification

PA Department of Aging

Division of Licensing

<http://www.portal.state.pa.us/portal/server.pt?open=514&objID=616040&mode=2>

(717) 772-2570

Email – aging@pa.gov

Family Living Homes

Requires: License

PA Department of Public Welfare

Office of Developmental Programs

Bureau of Community Programs

<http://www.dpw.state.pa.us/dpworganization/officeofdevelopmentalprograms/index.htm>

(717) 783-3636 or toll-free 1-888-565-9435

Email – welfare@pa.gov

Home Delivered Meals

Requires: Certification

Local Health Department

Home Health Agencies

Requires: License and Certification

Department of Health

Office of Quality Assurance

Division of Community Program Licensure and Certification

http://www.portal.state.pa.us/portal/server.pt/community/department_of_health_home/17457

(717) 783-1379

Email – health@pa.gov

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Home Care Agencies or Homemaker Agencies

Requires: License

Department of Health

Office of Quality Assurance

Division of Community Program Licensure and Certification

http://www.portal.state.pa.us/portal/server.pt/community/department_of_health_home/17457#4564

(717) 783-1379

Email - Health@pa.gov

Hospice

Requires: License

PA Department of Health

Office of Quality Assurance

Bureau of Community Programs Licensure and Certification

Division of Home Health

http://www.portal.state.pa.us/portal/server.pt/community/department_of_health_home/17457#4564

(717) 783-1379

Email - health@pa.gov

Intermediate Care Facility – Intellectual Disability (ICF/ID)

Requires: License

PA Department of Public Welfare

Office of Developmental Programs

Bureau of Community Programs

<http://www.dpw.state.pa.us/dpworganization/officeofdevelopmentalprograms/index.htm>

(717) 783-3636 or toll-free 1-888-565-9435

Email – welfare@pa.gov

Medical Professionals including:

- Chiropractors
- Dental Hygienists
- Dentists
- Eye Doctors
- Pharmacists
- Practical Nurses
- Psychiatrists
- Registered Nurses

Requires: License

PA Department of State

Bureau of Professional & Occupational Affairs <http://www.licensepa.state.pa.us/>

(717) 787-8503

Email – dos@pa.gov

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Nurse Aide

Requires: Registration

PA Department of Health

Office of Quality Assurance

Bureau of Facility Licensure and Certification

Nurse Aide Registry

http://www.portal.state.pa.us/portal/server.pt/community/department_of_health_home/17457

(717) 772-3815 or Toll-free 1-800-852-0518

Email – health@pa.gov

Nursing Facilities

Requires: License

PA Department of Health

Office of Quality Assurance

Bureau of Facility Licensure and Certification

Division of Nursing Care Facilities

http://www.portal.state.pa.us/portal/server.pt/community/department_of_health_home/17457

(717) 787-1816

Email – health@pa.gov

Personal Care Homes

Requires: License

PA Department of Public Welfare

Division of Personal Care Homes

<http://www.dpw.state.pa.us/foradults/forolderpennsylvanians/longtermlivinginpa/index.htm>

(717) 783-3670

Email – welfare@pa.gov

