




Office of Long-Term Living Bulletin

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SUBJECT Participant Review Tool		BY  Juliet Marsala Deputy Secretary, Office of Long-Term Living

PURPOSE:

This bulletin updates the standardized Participant Review Tool (PRT) for Service Coordinators (SCs) and provides additional clarification on the location of the face-to-face visit with the participant when completing the PRT. In addition, this bulletin provides guidance to SCs on when increased face-to-face visits with program participants should be scheduled to protect their health, safety, and welfare. The attached documents have been updated to include revised questions and appropriate skip patterns. This bulletin rescinds the Office of Long-Term Living’s (OLTL’s) bulletin #59-26-02 and any other OLTL policy documents or parts of policy documents that are inconsistent with this bulletin's contents.

SCOPE:

This bulletin applies to enrolled Service Coordination Entities (SCEs) performing services in OLTL’s Medicaid Home and Community-Based Services (HCBS) under the OBRA waiver and the Act 150 Program.

BACKGROUND/DISCUSSION:

Current regulations at 55 Pa. Code § 52.26(a)(1), § 52.26(a)(4)(i) and (ii), Appendix D in OLTL’s OBRA waiver, and the Act 150 Program Guidelines contain requirements for SCs related to participant-centered planning, monitoring the health, safety, and welfare of participants, and ensuring that services are provided in accordance with the Individual Service Plan (ISP). Since October 1, 2016, OLTL has provided SCEs with a standardized review tool designed to capture information on participants' health, safety, welfare, and service needs in all HCBS settings. The tool also captures information on provider-owned and operated residential settings to assist in assessing compliance with the Centers for Medicare & Medicaid Services HCBS regulations found in 42 CFR 441.301. With the issuance of this bulletin, an updated version of the tool is being implemented statewide. The overall goal is to assist SCs in their role of improving the experience of care for participants.

The PRT is separate from OLTL’s administration of the Home and Community-Based Consumer Assessment of Healthcare Providers and Systems (HCBS CAHPS®) Survey.

PROCEDURES:

Per 55 Pa. Code 52.26(a)(4)(i) and (ii), the SC will monitor the health and safety of the participant through regular contact, including visits with the participant, at a minimum frequency as required by OLTL. As part of these contacts, the SC will:

- Ensure that services are furnished in accordance with the ISP.
- Evaluate if services meet the participant's needs.
- Perform at least one contact per calendar quarter as described in the Individual Service Plan Development, Review, and Implementation bulletin. Contacts may be conducted by telephone or face-to-face visit, provided that, within the calendar year, at least two contacts are conducted as face-to-face visits.
- For the purpose of completing the PRT, **a face-to-face visit must be conducted in the participant's residence**. Sections of the tool require the SC to make observations about the environment in which the participant lives, which can only be achieved during an in-person home visit.

The SC will interview the participant and complete the PRT at least once every calendar year during one of the face-to-face visits. This includes:

- Entering the participant's responses and SC observations into OLTL-approved software.

Note: A copy of the PRT is attached to this bulletin for SCs to utilize when a laptop or tablet with internet access is not available in the field. SCs who utilize the paper form in the field will enter the information into the OLTL-approved software upon availability of electronic submission capabilities.
- Obtaining the participant's signature on the attached Participant Attestation Form, when the participant is unable to sign using the OLTL-approved software and maintaining the signed form in the participant's file.
- Printing a copy of the completed tool, as entered into the OLTL-approved software, and maintaining it in the participant's file.
- Determining whether ISP revisions or additional follow-up are needed based on the participant's responses and SC observations.

Additional information on the tool and gaining access to the software are contained in the attached Participant Review Tool Instructions. Utilization of the PRT is intended to enhance and complement—and does not take the place of—monitoring requirements found in the Individual Service Plan Development, Review and Implementation bulletin, the Billing Instructions - Home and Community-Based Waiver Service Plans through PROMISE™ bulletin, and the Billing Instructions - Home and

Community-Based Waiver Provider's Billing of Procedure Codes Based on Authorized Service Plans through PROMISE™.

Increased Monitoring Visits

In addition to the requirements listed above, per 55 Pa. Code § 52.26(a)(4)(ii), SCs will conduct more frequent calls or visits to program participants at the participant's request and/or when necessary to ensure the participant's health and safety. SCs should use their professional judgment and confer with their supervisors on the frequency of such additional face-to-face visits. Examples include, but are not limited to, the following:

- When a participant is newly enrolled, to ensure that they understand the program in which they are enrolled and their service plan.
- When a participant has medical conditions that require the SCE's Registered Nurse Consultant as described in Appendix D-1-d of the waiver.
- When a participant has had recurring unplanned hospitalizations and recurring critical incidents, or as directed by OLTL's Critical Incident Management team as part of risk mitigation.
- When there is suspected abuse, neglect, or exploitation of a participant.
- When a participant is receiving more than 40 hours of service per week from one direct care worker.
- When there is a decrease in the participant's informal supports.
- When a participant is underutilizing or overutilizing units of service.

ATTACHMENTS:

[Participant Review Tool](#)

[Participant Review Tool Instructions](#)

[Participant Attestation Form](#)

[SC Registration Form for OLTL-Approved Software](#)

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

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