

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
150 S. Independence Mall West  
Suite 216, The Public Ledger Building  
Philadelphia, Pennsylvania 19106-3499



**Region III/Division of Medicaid and Children's Health Operations**

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SWIFT #012520124065

**JUN 29 2012**

Bonnie L. Rose, Deputy Secretary  
Office of Long-Term Living  
Department of Public Welfare  
555 Walnut Street, 5th floor  
Harrisburg, PA 17101-2675

**RECEIVED**

JUL 05 2012

BUREAU OF INDIVIDUAL SUPPORT

**Re: Final Assessment Report – Pennsylvania's Home and Community-Based Services (HCBS) Waiver Program for Attendant Care, CMS Control #0277**

Dear Ms. Rose:

Enclosed is the final report of the Centers for Medicare & Medicaid Services' (CMS) quality review of the Pennsylvania's HCBS waiver program for Attendant Care, CMS control number 0277. This waiver offers individuals ages 18-59, who are mentally alert with physical disabilities and who are Medicaid eligible, the choice of home and community-based services to avoid institutionalization.

We found the State to be in full compliance with one of the six review components. For the areas in which the State is not fully compliant, we have included recommendations for program improvements. Those recommendations are in accordance with the Global Corrective Action Plan approved by CMS on September 15, 2011, which specifies corrective action steps that OLTL must take in order to bring operation of its HCBS waivers, including the Attendant Care Waiver, into compliance with CMS requirements. We suggest that you address our recommendations prior to renewal of the waiver in order to meet the assurances and maximize the quality of the waiver program.

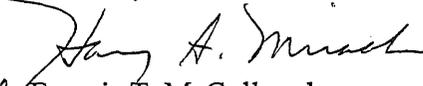
We would like to remind you to submit a renewal package on this waiver to CMS Central and Regional Offices at least 90 days prior to the expiration of the waiver on June 30, 2013. Your waiver renewal application should address any issues identified in the final report as necessary for renewal and should incorporate the State's commitments in response to the report. Please note the State must provide CMS with 90 days to review the submitted application. If we do not receive your renewal request 90 days prior to the waiver expiration date, we will contact you to discuss termination plans. Should the State choose to abbreviate the 90-day timeline, 42 CFR 441.307 and 42 CFR 431.210 require the State to notify recipients of service thirty days before expiration of the waiver and termination of services. In this instance, we also request that you send CMS the draft beneficiary notification letter 60 days prior to the expiration of the waiver.

Page 2 – Letter to Bonnie L. Rose

Thank you for your assistance throughout this process, and for sending comments on the draft report. The State's responses to CMS' recommendations have been incorporated in the appropriate sections of the report.

Finally, we want to extend our sincere appreciation to the staff within the Departments of Aging and Public Welfare who assisted in the process and provided information for this review. If you have any questions, please contact Gilson DaSilva of my staff at (215) 861-4181.

Sincerely,

  
for Francis T. McCullough  
Associate Regional Administrator

Enclosure

cc: Virginia Brown, OLTL ✓  
Marge Sciulli, CMCS



**U.S. Department of Health and Human Services**

**Centers for Medicare & Medicaid Services**

**Region III**

**FINAL REPORT**

**Home and Community-Based Services Waiver Review**

**PA HCBS Attendant Care Waiver**

**Control Number 0277**

**June 29, 2012**

**Home and Community-Based Services  
Waiver Review Report**

## EXECUTIVE SUMMARY

The Pennsylvania Home and Community-Based Services Attendant Care Waiver (Attendant Care Waiver), Control #0277 offers individuals ages 18 through 59 who are mentally alert with physical disabilities and who are Medicaid eligible the choice of home and community-based services to avoid institutionalization. The Attendant Care Waiver was initially implemented on July 1, 1995.

Historically, the Attendant Care Program (includes the Attendant Care Waiver and the Act 150 Program) exists pursuant to the Attendant Care Services Act, also known as Act 150. Act 150 provides for basic and ancillary services that enable an eligible person to remain in their home and community rather than an institution and to carry out functions of daily living, self-care and mobility. An eligible person as defined under Act 150 is any individual with physical disabilities who is mentally alert and at least 18 years of age but less than 60 who, in addition to requiring attendant care services, experiences any medically determinable physical impairment which can be expected to last for a continuous period of 12 months or may result in death. That person must also be capable of selecting, supervising and, if needed, firing an attendant and be capable of managing their own financial and legal affairs.

The Attendant Care Waiver was last renewed by the Centers for Medicare & Medicaid Services (CMS) for a five-year period from July 1, 2008 to June 30, 2013. In accordance with 42 CFR § 441.302 and instructions in the February 6, 2007, Interim Procedural Guidance, CMS conducted a quality assessment of the Waiver to determine if the Waiver has met the required state assurances described in Federal regulations. We requested that the State provide evidence to CMS to substantiate that the waiver is being administered in accordance with the terms of the approved Section 1915(c) waiver and that the specified assurances are being met. CMS conducted a desk review of the materials submitted.

In accordance with 42 CFR Section 431.10, the State Medicaid Agency (Department of Public Welfare) is responsible for ensuring that the Attendant Care Waiver is operated in accordance with applicable federal regulations and the provisions of the waiver program. The State Medicaid Agency is responsible for issuing rules, regulations and policy that affect the waiver program. Policies and guidance regarding Attendant Care Waiver operations are issued by the Medicaid Agency and the operating agency jointly. The waiver is operated and overseen by the Office of Long-Term Living (OLTL), a joint office of the PA Departments of Public Welfare and Aging.

The most recently approved CMS-372 Report, for the waiver year ending June 30, 2009, indicated that the Attendant Care Waiver served 6,969 individuals at an average annual per capita cost of \$21,713. Total costs for the Waiver reported amounted to \$151,315,687.00.

On September 15, 2011, CMS approved the Global Corrective Action Plan (Global CAP) submitted by OLTL on August 26, 2011. The Global CAP specifies corrective action steps that OLTL must take in order to bring operation of its HCBS waivers, including the Attendant Care Waiver, into compliance with CMS requirements.

The report findings for each assurance are as follows:

**I. State Conducts Level of Care Determinations Consistent with the Need for Institutionalization**

The State substantially meets this assurance.

**II. Service Plans are Responsive to Waiver Participant Needs**

The State demonstrates the assurance, but CMS recommends improvements or requests additional information.

**III. Qualified Providers Serve Waiver Participants**

The State demonstrates the assurance, but CMS recommends improvements or requests additional information.

**IV. Health and Welfare of Waiver Participants**

The State demonstrates the assurance, but CMS recommends improvements or requests additional information.

**V. State Medicaid Agency Retains Administrative Authority over the Waiver Program**

The State demonstrates the assurance, but CMS recommends improvements or requests additional information.

**VI. State Provides Financial Accountability for the Waiver**

The State demonstrates the assurance, but CMS recommends improvements or requests additional information.

**Home and Community-Based Services  
Waiver Review Report  
Pennsylvania HCBS Attendant Care Waiver  
Control #0277**

**Introduction:**

Pursuant to §1915(c) of the Social Security Act, the Secretary of the Department of Health and Human Services has the authority to waive certain Medicaid statutory requirements to enable a State to provide a broad array of HCBS as an alternative to institutionalization. CMS has been delegated the responsibility and authority to approve State HCBS waiver programs. CMS must assess each HCBS waiver program in order to determine that State assurances are met. This assessment also serves to inform CMS in its review of the State's request to renew the waiver.

**Operating Agency:** Pennsylvania Departments of Aging and Public Welfare,  
Office of Long-Term Living

**State Waiver Contact:** Leesa Allen, Director  
Bureau of Policy, Analysis and Planning

**Target Population:** Mentally Alert Adults Ages 18 through 59 with Physical  
Disabilities

**Level of Care:** Nursing facility

**Number of Waiver Participants:** 6,969 reported for the year ending June 30, 2009

**Average Annual Per Capita  
Waiver Costs:** \$21,713 reported for the year ending June 30, 2009

**Effective Dates of Waiver:** From July 1, 2008 to June 30, 2013

**Approved Waiver Services:** Personal Assistance Services, Supports Coordination,  
Personal Emergency Response System (PERS), Financial  
Management Services (FMS), Participant-Directed  
Community Supports, Participant-Directed Goods &  
Services and Community Transition Services.

**CMS Contact:** Gilson DaSilva  
HCBS Waiver Coordinator  
(215) 861-4181

## **I. State Conducts Level of Care Need Determinations Consistent with the Need for Institutionalization**

**The State must demonstrate that it implements the processes and instrument(s) specified in its approved waiver for evaluating/reevaluating an applicant's/waiver participant's level of care consistent with care provided in a hospital, nursing facility or ICF/MR.**

*Authority: 42 CFR 441.301; 42 CFR 441.302; 42 CFR 441.303; SMM 4442.5*

**The State demonstrates the assurance, but CMS recommends improvements or requests additional information**

### **Background**

OLTL is the Agency responsible within the Commonwealth of Pennsylvania to assure compliance with Level of Care (LOC) waiver requirements and CMS LOC Assurances. OLTL staff conducts ongoing monitoring of LOC data to identify problems and follow-up on remediation of identified problems.

The Level of Care Sub-assurances are monitored via 100% data sampling of specific information that forms the numerator, denominator and parameters for each performance measure. The Quality and Compliance Unit within the Office of Quality Management, Metrics and Analytics is responsible for review and analysis of the report information on a semi-annual basis. The Bureau of Individual Support and the Quality Management Efficiency Unit complete the follow-up with either provider or case-specific remediation for areas of noncompliance.

**Sub-Assurance I-A: An evaluation for level of care is provided to all applicants for whom there is reasonable indication that services may be needed in the future.**

***Performance Measure:*** Number and percentage of all new enrollees who have level of care determination prior to receipt of waiver services.

**Evidentiary Summary for Attendant Care Waiver - Level of Care**

**PM LOC 1.4 - Number and percent of all new enrollees who have level of care determination, prior to receipt of waiver services**

<b>Data Source - Administrative Data</b>	<b>Numerator - Total number of all new enrollees who have level of care determination, prior to receipt of waiver services</b>									
	<b>Denominator - Total number of all new enrollees</b>									
<b>Report Frequency</b>	Semi-Annually		<b>Sampling Approach</b>			100%				
<b>July 2008 through June 2013</b>	<b>Number and Percent of New Enrollees</b>									
	<b>2008</b>	<b>2009</b>	<b>2010</b>		<b>2011</b>		<b>2012</b>		<b>2013</b>	
<b>In Compliance</b>			1,888	100%						
<b>Not In Compliance</b>			-	0%						
<b>Total # New Enrollees</b>			1,888							

**2008 Comments:** Level of Care (LOC) data collection was in development as a Work Plan item during 2008, therefore no data was collected.

**2009 Comments:** Level of Care (LOC) data collection was in development as a Work Plan item during the first half of 2009, therefore no data was collected. Report design problems were identified and curtailed the production of data for the remainder of 2009.

**2010 Comments:** Report design became successful in 2010 and data was able to be reviewed, although non-compliant findings required manual review due to database limitations. A review of report outcomes indicated that initial non-compliance findings were related to: initial LOC assessment was conducted out of the county from where enrollment occurred (LOC assessment results are applicable cross county), and initial LOC assessment for the enrollment occurred outside the 60 day parameter that the report looks for the initial assessment. In actuality, all level of care determinations were completed prior to the receipt of waiver services in 2010.

**2011 Comments:** Going forward in 2011, the Quality and Compliance Unit will be reviewing LOC for a sample of participants when BIS performs their annual review of the service plans of participants. QMMA will review the current statewide LOC instrument and collect findings for tracking and trending of LOC issues, as well as reviewing BIS activity for consistency in remediating individual cases. Due to the timing of this report, data is not available for this report for 2011.

<b>Evidentiary Summary for Attendant Care Waiver - Level of Care</b>
<b>Remediation Report</b>
<b>Non-Compliance Discovered 2008-2013</b>
<b>2008/2009 Remediation Comments:</b> The development of Level of Care (LOC) data collection was a Work Plan item during 2008 and 2009, therefore no data was collected and no remediation was required.
<b>2010 Remediation Comments:</b> No remediation was required in 2010 as all new enrollees had level of care determinations completed, prior to receipt of waiver services
<b>2011 Remediation Comments:</b> Due to the timing of this report, data is not available for this report for 2011.

**CMS Findings and Recommendations**

Evidence provided by Pennsylvania demonstrates that the sub-assurance has been met.

**Sub-Assurance 1-B: The level of care of enrolled individuals is reevaluated at least annually or as specified in the approved waiver.**

**Performance Measure:** Number and percentage of individuals requiring and receiving an annual level of care review.

PM LOC 2.4 - Number and percent of Waiver Participants who received an annual re-determination of LOC within 12 months of their initial LOC evaluation or within 12 months of their last annual LOC evaluation									
Data Source - Administrative Data	Numerator - Total number of Waiver Participants who received an annual re-determination of LOC as required								
	Denominator - Total number of waiver participants								
Report Frequency	Quarterly		Sampling Approach		100%				
July 2008 through June 2013	Number and Percent of Participants								
	2008	2009	2010		2011		2012		2013
In Compliance			7034	100%					
Not In Compliance			0	0%					
Total # Participants			7034						
2008 Comments: Level of Care (LOC) data collection was in development as a Work Plan item during 2008, therefore no data was collected.									
2009 Comments: Level of Care (LOC) data collection was in development as a Work Plan item during the first part of 2009, and no source was able to be identified for this information, therefore, no data was collected during 2009.									
Evidentiary Summary for Attendant Care Waiver - Level of Care									
2010 Comments: The Attendant Care Waiver had no consistent source for measuring compliance at an individual case level for this performance measure until July 2010. At that time a review of all active individuals for the annual state authorized plan review ( including LOC) was completed as has been the ongoing state review pattern and practice. This source identified for the 2010 case reviews that provided for annual reassessment and verification of LOC will no longer be available. In 2010, all participants received an annual re-determination of LOC within 12 months of their initial LOC evaluation or within 12 months of their last annual LOC evaluation. Because of the timing of this additional review, 100% compliance was achieved.									

**2011 Comments:** Going forward in 2011, the Quality and Compliance Unit will be reviewing LOC for a sample of participants when BIS performs their annual review of the service plans of participants. QMMA will review the current statewide LOC instrument and collect findings for tracking and trending of LOC issues, as well as reviewing BIS activity for consistency in remediating individual cases. As of March 31, 2011, data is not available for this report.

**Remediation Report  
Non-Compliance Discovered 2008-2013**

**2008/2009 Remediation Comments:** The development of Level of Care (LOC) data collection was a Work Plan item during 2008 and 2009, therefore no data was collected and no remediation was required.

**2010 Remediation Comments:** No remediation was required for this performance measure in 2010, as no instances of non-compliance were identified.

**2011 Remediation Comments:** As of March 31, 2011, no remediation data was available for this report.

**CMS Findings and Recommendations**

Pursuant to the Global CAP, Item H, OLTL should continue to assure Level of Care assessments are completed annually. Specifically, OLTL should continue to verify that annual recertification is conducted for individuals in the physical disability HCBS waiver programs, such as the Attendant Care Waiver.

Evidence provided by Pennsylvania demonstrates that the sub-assurance has been met.

**Sub-Assurance 1-C: The process and instruments described in the approved waiver are applied appropriately and according to the approved description to determine participant level of care.**

*Performance Measure:* Number and percentage of records reviewed indicating that the individual meets the appropriate level of care for the waiver.

<b>PM LOC 3.4 - Number and percent of initial LOC determinations that adhered to timeliness and specifications</b>			
<b>Data Source - Administrative Data</b>	<b>Numerator - Total number of initial LOC determinations, within a specific time period, that adhered to timeliness and specifications</b>		
	<b>Denominator - Total number of waiver participants</b>		
<b>Report Frequency</b>	Quarterly	<b>Sampling Approach</b>	100%

July 2008 through June 2013	Number and Percent of Initial LOC Determinations											
	2008		2009		2010		2011		2012		2013	
In Compliance					17,264	98%						
<b>Evidentiary Summary for Attendant Care Waiver - Level of Care</b>												
Not In Compliance					322	2%						
Total # Participants					17,586							
<p><b>2008 Comments:</b> Level of Care (LOC) data collection was in development as a Work Plan item during 2008, therefore no data was collected.</p>												
<p><b>2009 Comments:</b> Level of Care (LOC) data collection was in development as a Work Plan item during the first part of 2009, and no source was able to be identified for this information, therefore, no data was collected during 2009.</p>												
<p><b>2010 Comments:</b> Data shown represents all Level of Care (LOC) determinations completed by AAAs in Pennsylvania including waivers, nursing facilities, personal care homes, etc. Pennsylvania is currently unable to stratify out the Attendant Care Waiver LOC determinations.</p>												
<p><b>2011 Comments:</b> No data is available as of this report data. OLTL expects to achieve stratification by program/waiver by the end of 2011, which will enable remediation for this performance measure.</p>												
<b>Remediation Report</b>												
<b>Non-Compliance Discovered 2008-2013</b>												
<p><b>2008/2009 Remediation Comments:</b> The development of Level of Care (LOC) data collection was a Work Plan item during 2008 and 2009, therefore no data was collected and no remediation was required.</p>												
<p><b>2010 Remediation Comments:</b> Since Pennsylvania is currently unable to stratify out the Attendant Care Waiver LOC determinations, remediation was not possible.</p>												
<p><b>2011 Remediation Comments:</b> No data was available for possible remediation during the first quarter of 2011. OLTL expects to achieve stratification by program/waiver by the end of 2011, which will enable remediation for this performance measure.</p>												

**PM LOC 4.4 - Number and percent of annual LOC determinations that adhered to timeliness and specifications**

<b>Data Source - Administrative Data</b>	<b>Numerator - Number and percent of annual LOC determinations that adhered to timeliness and specifications</b>					
	<b>Denominator - Total number of annual LOC redeterminations</b>					
<b>Report Frequency</b>	Continuously	<b>Sampling Approach</b>		100%		
<b>July 2008 through June 2013</b>	<b>Number and Percent of Annual LOC Determinations</b>					
	2008	2009	2010	2011	2012	2013

**Evidentiary Summary for Attendant Care Waiver - Level of Care**

<b>In Compliance</b>				7034	100%					
<b>Not In Compliance</b>				0	0%					
<b>Total # Reviewed</b>				7034						

**2010 Comments:** This performance measure (PM) was established and became effective July 1, 2010. The Attendant Care Waiver had no consistent source for measuring compliance at an individual case level for this performance measure until July 2010. At that time a review of all active individuals for the annual state authorized plan review ( including LOC) was completed as has been the ongoing state review pattern and practice. This source identified for the 2010 case reviews that provided for annual reassessment and verification of LOC will no longer be available. In 2010, all participants received an annual re-determination of LOC within 12 months of their initial LOC evaluation or within 12 months of their last annual LOC evaluation, and according to waiver specifications. Because of the timing of this additional review, 100% compliance was achieved.

**2011 Comments:** Going forward in 2011, the Quality and Compliance Unit will be reviewing LOC for a sample of participants when BIS performs their annual review of the service plans of participants. QMMA will review the current statewide LOC instrument and collect findings for tracking and trending of LOC issues, as well as reviewing BIS activity for consistency in remediating individual cases. As of March 31, 2011, data is not available for this report.

**Remediation Report**  
**Non-Compliance Discovered 2008-2013**

**2010 Remediation Comments:** No remediation was required for this performance measure in 2010, as no instances of non-compliance were identified.

**2011 Remediation Comments:** As of March 31, 2011, no remediation data was available for this report.

**CMS Findings and Recommendations**

Pursuant to the Global CAP, Item H, OLTL should continue to assure Level of Care assessments are completed annually. Specifically, OLTL should continue to verify that annual recertification is conducted for individuals in the Attendant Care Waiver.

Evidence provided by Pennsylvania demonstrates that the sub-assurance has been met.

**II. Service Plans are Responsive to Waiver Participant Needs**

**The State must demonstrate that it has designed and implemented a system to assure that plans of care for waiver participants are adequate and services are delivered and are meeting their needs.**

*Authority: 42 CFR 441.301; 42 CFR 441.302; 42 CFR 441.303; SMM 4442.6; SMM 4442.7; Section 1915(c) Waiver Format, Item Number 13*

**The State demonstrates the assurance, but CMS recommends improvements or requests additional information.**

**Background**

OLTL is the Agency responsible within the Commonwealth of Pennsylvania to assure that Individual Service Plans (ISPs) for Attendant Care Waiver participants meet requirements as delineated in the waiver application. At the Service Coordination/Care Management Agency, the SC/CM supervisor, as the first step in the monitoring process, reviews the ISP for completeness and appropriateness prior to submitting the ISP to the Bureau of Individual Support (BIS) for approval.

BIS staff reviews 100% of new ISPs and 100% of ISPs that have a 10% change in services using the guidelines specified in the OLTL Service Plan Review Protocol. Data from this ongoing review is collected in the Service Plan Review Database where the data is aggregated monthly and quarterly for tracking and trending by the Service Plan (SP) Assurance Liaison in the Office of Quality Management, Metrics & Analytics (QMMA). The SP Assurance Liaison tracks the sample size to ensure a statistically valid sample using CMS sampling parameters has been reviewed. The SP Assurance Liaison also performs a quarterly retrospective review of the ISPs reviewed by BIS in the previous three months using the same review criteria. Data regarding

Service My Way (SMW) participants is stratified from the total waiver population data for tracking and trending of service plan issues for SMW participants.

Data is pulled from the OLTL Complaint Database regarding complaints received about service plans. The SP Assurance Liaison monitors a 100% sample of the service plan complaints on a monthly basis to track and trend service plan issues for potential system improvement.

The SP Assurance Liaison reviews data from the OLTL participant satisfaction surveys for questions 11, 23, 28 and 25 for new participants, and questions 7, 10, 16, and 35 from the annual survey, pertaining to participant's needs and goals, and delivery of services. One hundred percent (100%) of returned surveys responses are monitored and aggregated three times a year.

Quarterly, the SP Assurance Liaison conducts a 100% data review of participants' authorized services and claims to determine if participants are receiving services in the type and amount specified in the ISP.

The Quality Management Efficiency Teams (QMETs) monitor the HCBS Waiver providers on a biennial basis. The QMET utilizes a standardized monitoring tool for each monitoring, and monitors providers against standards derived from the approved waiver. The standards include monitoring to ensure the provider delivers services in the type, scope, amount, duration, and frequency as required on the Individual's Service Plan. QMET reviews each provider at a 95% accuracy rating for each waiver in which the provider is enrolled. Each finding is reported on a Statement of Findings, and the provider is required to respond with a Standards Implementation Plan (StIP) to remediate the finding. The StIP is reviewed and approved by the Office of Long Term Living to ensure that the proposed plan will remediate the findings if completed. The QMET conducts follow-up reviews as necessary to ensure each finding is remediated in accordance with the StIP.

**Sub-Assurance II-A: Service plans address all individuals' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.**

***Performance Measures:***

- Number and percentage of waiver participants with ISPs adequate and appropriate to their needs, capabilities, and desired outcomes, as indicated in the assessment.
- Number and percentage of waiver participant satisfaction survey respondents who reported unmet need(s).
- Number and percentage of waiver participants who have service plans that address the participant's goals as indicated in the assessment.

Evidentiary Summary for Attendant Care Waiver - Service Plan Assurance										
PM - 1.4: Number and percent of waiver participants with ISPs adequate and appropriate to their needs, capabilities, and desired outcomes, as indicated in the assessment										
Data Source - SP Review Database	Numerator - Total number of waiver participants with ISPs adequate and appropriate to their needs, capabilities, and desired outcomes, as indicated in the assessment									
	Denominator - Total number of waiver participants who had ISPs reviewed									
Report Frequency	Monthly			Sampling Approach	95% +/- 5% confidence level					
Total # Reviewed										
Data available August, 2011										
2008/2009/2010 Comments: Service Plan data collection remained in development as a Work Plan item during 2008, 2009 and 2010, therefore no data was collected.										
2011 Comments: In April of 2011, the newly developed Service Plan Review Database was piloted. After an analysis of the identified issues, the database was revised, and staff were trained on the revisions. Full implementation of the database began in July, 2011, with data collection planned for August, 2011.										

PM - 2.4: Number and percent of waiver participant satisfaction survey respondents who reported unmet need/needs										
Data Source - Returned Surveys	Numerator - Total number of participants reporting unmet needs in returned surveys									
	Denominator - Total number of returned surveys with yes or no answers									
Report Frequency	Three times per year (New Participants), Annually (Annual Participants)			Sampling Approach	100% of returned surveys					
July 2008 through June 2013	Number and Percent of "New" Survey Participants									
	2008	2009	2010	2011	2012	2013				
Survey Question - I need services more often than I get them. (Question 11 - "New") Note: This is an inverse question, a negative response is desired.										
"Yes" Responses			84	38%	131	40%	137	25%		
"No" Responses			140	63%	197	60%	402	75%		

Evidentiary Summary for Attendant Care Waiver - Service Plan Assurance											
Total # Yes/No Responses			224		328		539				
Survey Question - Overall, I am satisfied that my individual service plan meets my needs. (Question 28 - "New")											
"Yes" Responses			190	84%	307	93%	506	91%			
"No" Responses			35	16%	24	7%	48	9%			
Total # Yes/No Responses			225		331		554				
July 2008 through June 2013	Number and Percent of "Annual" Survey Participants										
	2008	2009	2010	2011	2012	2013					
Survey Question - I get service(s) as often as I need it. (Question 16 - "Annual")											
"Yes" Responses			1,128	90%	249	92%					
"No" Responses			130	10%	22	8%					
Total # Yes/No Responses			1,258		271						
Survey Question - Overall, the person(s) who are paid to provide hands on assistance meets my needs (Question 35 - "Annual").											
"Always" Responses			1,197	96%	260	95%					
"Never" Responses			52	4%	13	5%					
Total # Always/Never			1,249		273						
2008 Comments: The Participant Satisfaction Surveys were in development as Work Plan Items during 2008, therefore no data was collected.											

**Evidentiary Summary for Attendant Care Waiver - Service Plan Assurance**

**2009 Comments:** Participant Satisfaction Survey mailings for "Annual" participants commenced in November 2009. The sample for the survey mailing included all participants enrolled in the Attendant Care Waiver for at least 365 days. In 2009, 4,951 surveys were mailed (1 mailing) to "Annual" participants, with 1,258 responding to Question 16 and 1,249 responding to Question 35. These included 3 Services My Way participants, out of which two replied "Yes" to Question 16 and "Always" to Question 35. Participant Satisfaction Survey mailings for "New" participants commenced in October 2009. The sample for each survey mailing included all participants newly enrolled within specific previous quarters, and but did not include any Services My Way participants. In 2009, 904 surveys were mailed (2 mailings) to "New" participants, with 224 responding to Questions 11, and 225 responding to Question 28. The sample for the annual survey went out to 3 Services My Way participants, out of which two replied "Yes" to Question 16 and "Always" to Question 35. Data for 2009 provides baseline survey data for the Attendant Care Waiver.

**2010 Comments:** In 2010, the Participant Satisfaction Survey mailing interval for "New" participants was changed to three times per year. The sample for each survey mailing included all participants newly enrolled within specific previous four months. In 2010, 1259 surveys were mailed (3 mailings) to "New" participants, with 328 responding to Question 11, and 331 responding to Question 28. Since 2009, more respondents replied services are needed more often, however, the number of respondents answering that overall, they are satisfied that their ISP meets their needs also increased since 2009. In 2010, the Participant Satisfaction Survey sample for "Annual" participants was changed due to limited resources for processing of replies. Instead of mailing to all participants in the Attendant Care Waiver, a statistically valid, random sample was chosen.

In 2010, 1253 surveys were mailed (1 mailing) to "Annual" participants, with 271 responding to Question 16 and 273 responding to Question 35. No one participating in Services My Way responded to the survey. Analysis identified a 2% increase in "yes" responses that services are received as often as needed, with a 1% decrease in the percentage of persons answering that overall, their paid attendants are meeting their needs. Due to the minimal and conflicting changes, further monitoring will be conducted and exploration of revision of the surveys will be considered.

**2011 Comments:** Data shown represents one of four survey mailings for 2011, the "New" Participant Survey which was mailed March 1, 2011 to 349 participants. A complete analysis will be developed after data is available for all survey mailings.

**Remediation Report  
Non-Compliance Discovered 2008-2013**

**2008 Remediation Comments:** No remediation is required for 2008 because Participant Satisfaction Surveys were in development through the approved Work Plan.

**2009 Remediation Comments:** Because the satisfaction survey is anonymous, this performance measure does not provide data for individual remediation, therefore no remediation data exists. Ongoing tracking and trending of these outcomes, however, demonstrates whether, collectively, waiver participants report unmet needs, therefore, giving OLTL the opportunity to pursue system improvement.

<p><b>2010 Remediation Comments:</b> Because the satisfaction survey is anonymous, this performance measure does not provide data for individual remediation, therefore no remediation data exists. During 2010, OLTL established thresholds as quality markers for the survey performance measures. If the outcome falls below these thresholds and a consistent trending pattern emerges, a system improvement for all participants in the waiver would be developed. In 2010, the thresholds were not met for the questions that have produced conflicting feedback. After future tracking, the need to revise the survey questions is a possibility.</p>
<p><b>2011 Remediation Comments:</b> Because the satisfaction survey is anonymous, this performance measure does not provide data for individual remediation, therefore no remediation data exists. Data shown represents one of four survey mailings for 2011, the "New" Participant Survey which was mailed March 1, 2011. Potential system improvements will be considered after a complete analysis of the year's data.</p>

<p><b>PM - 3.4 PM: Number and percent of waiver participants who have service plans that address the participant's goals as indicated in the assessment</b></p>			
<p><b>Data Source - SP Review Database</b></p>	<p><b>Numerator - Total number of waiver participants who had ISPs that addressed participant goals</b></p>		
	<p><b>Denominator - Total number waiver participants who had ISPs reviewed</b></p>		
<p><b>Report Frequency</b></p>	<p>Monthly</p>	<p><b>Sampling Approach</b></p>	<p>95% +/- 5% confidence level</p>
<p><b>Data available August, 2011</b></p>			
<p><b>2008/2009/2010 Comments:</b> Service Plan data collection remained in development as a Work Plan Item during 2008, 2009 and 2010, therefore no data was collected.</p>			
<p><b>2011 Comments:</b> In April of 2011, the newly developed Service Plan Review Database was piloted. After an analysis of the identified issues, the database was revised, and staff were trained on the revisions. Full implementation of the database began in July, 2011, with data collection planned for August, 2011.</p>			

**CMS Findings and Recommendations**

Pursuant to the Global CAP, Item C, OLTL is developing more specific processes for development and oversight of service plans. To date, OLTL has successfully implemented a Service Plan Review Database that allows for improved data collection and reporting on the service plan sub-assurances to identify issues for remediation, trend and track data, and bring issues to Quality Management and Quality Council. Through the new implemented processes, OLTL should collect, analyze and act on what the data shows.

**State Response:** Following the Global CAP, Item C, the State is continuing to utilize the Service Plan Review Database to collect data for various performance measures. Non-compliance issues for individuals are remediated to ensure that service plans address all individuals' assessed needs and personal goals. Additionally, through analysis of the collected data, the State makes appropriate system changes to ensure compliance occurs initially without the need for remediation, and to improve processes. Refinements to the database and processes are continuing so that enhanced implementation will allow for improved data collection and reporting on the service plan sub-assurances.

**Sub-Assurance II-B: The State monitors service plan development in accordance with its policies and procedures.**

***Performance Measures:***

- Number and percentage of Individual Service Plans and related service plan activities that comply regarding who develops the plan, who participates in the process and the timing of the plan development.
- Number and percentage of Individual Service Plans and related service plan activities that comply regarding how waiver services and other non-waiver services are coordinated.
- Number and percentage of Individual Service Plans and related service plan activities that comply with how the participant is informed of the services that are available under the waiver.
- Number and percentage of waiver participants whose Individual Service Plan included a risk factor assessment and needs assessment instrument.

<b>PM - 4.4: Number and percent of Individual Service Plans and related service plan activities that comply regarding who develops the plan, who participates in the process and the timing of the plan development</b>			
<b>Data Source - SP Review Database</b>	<b>Numerator - Total number of ISPs that comply regarding who develops the service plan, who participates in the process and the time of the plan</b>		
	<b>Denominator - Total number of ISPs reviewed</b>		
<b>Report Frequency</b>	Monthly	<b>Sampling Approach</b>	95% +/- 5% confidence level
Data available August, 2011			
<b>2008/2009/2010 Comments:</b> Service Plan data collection remained in development as a Work Plan item during 2008, 2009 and 2010, therefore no data was collected.			
<b>2011 Comments:</b> In April of 2011, the newly developed Service Plan Review Database was piloted. After an analysis of the identified issues, the database was revised, and staff were trained on the revisions. Full implementation of the database began in July, 2011, with data collection planned for August, 2011.			

**PM - 5.4: Number and percent of Individual Service Plans and related service plan activities that comply regarding how waiver services and other non-waiver services are coordinated**

<b>Data Source - SP Review Database</b>	<b>Numerator - Total number of ISPs that comply regarding how waiver and other non-waiver services are coordinated</b>		
	<b>Denominator - Total number of ISPs reviewed</b>		

<b>Report Frequency</b>	Monthly	<b>Sampling Approach</b>	95% +/- 5% confidence level
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**Data available August, 2011**

**2008/2009/2010 Comments:** Service Plan data collection remained in development as a Work Plan item during 2008, 2009 and 2010, therefore no data was collected.

**2011 Comments:** In April of 2011, the newly developed Service Plan Review Database was piloted. After an analysis of the identified issues, the database was revised, and staff were trained on the revisions. Full implementation of the database began in July, 2011, with data collection planned for August, 2011.

**PM - 6.4 PM: Number and percent of Individual Service Plans and related service plan activities that comply with how the participant is informed of the services that are available under the waiver**

<b>Data Source - SP Review Database</b>	<b>Numerator - Total number of ISPs that comply regarding how the participant was informed of the services that are available under the waiver</b>		
	<b>Denominator - Total number of ISPs reviewed</b>		

<b>Report Frequency</b>	Monthly	<b>Sampling Approach</b>	95% +/- 5% confidence level
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**Data available August, 2011**

**2008/2009/2010 Comments:** Service Plan data collection remained in development as a Work Plan item during 2008, 2009 and 2010, therefore no data was collected.

**2011 Comments:** In April of 2011, the newly developed Service Plan Review Database was piloted. After an analysis of the identified issues, the database was revised, and staff were trained on the revisions. Full implementation of the database began in July, 2011, with data collection planned for August, 2011.

<b>PM - 7.4 PM: Number and percent of waiver participants whose Individual Service Plan included a risk factor assessment and needs assessment instrument</b>			
<b>Data Source - SP Review Database</b>	<b>Numerator - Total number of waiver participants who had ISPs that included a risk factor assessment and needs assessment instrument</b>		
	<b>Denominator - Total number of participants who had ISPs reviewed</b>		
<b>Report Frequency</b>	Monthly	<b>Sampling Approach</b>	95% +/- 5% confidence level
Data available August, 2011			
<b>2008/2009/2010 Comments:</b> Service Plan data collection remained in development as a Work Plan item during 2008, 2009 and 2010, therefore no data was collected.			
<b>2011 Comments:</b> In April of 2011, the newly developed Service Plan Review Database was piloted. After an analysis of the identified issues, the database was revised, and staff were trained on the revisions. Full implementation of the database began in July, 2011, with data collection planned for August, 2011.			

**CMS Findings and Recommendations**

Pursuant to the Global CAP, Item C, OLTL is developing more specific processes for development and oversight of service plans. To date, OLTL has successfully implemented a Service Plan Review Database that allows for improved data collection and reporting on the service plan sub-assurances to identify issues for remediation, trend and track data, and bring issues to Quality Management and Quality Council. Through the new implemented processes, OLTL should collect, analyze and act on what the data shows.

**State Response:** Following the Global CAP, Item C, the State is continuing to utilize the Service Plan Review Database to collect data for various performance measures. Non-compliance issues for individuals are remediated to ensure that service plans are developed in accordance with policies and procedures. Additionally, through analysis of the collected data, the State makes appropriate system changes to ensure compliance occurs initially without the need for remediation, and to improve processes.

**Sub-Assurance II-C: Service plans are updated or revised at least annually or when warranted by changes in waiver individual needs.**

**Performance Measures:**

- Number and percentage of Individual Service Plans (ISPs) reviewed and revised before the waiver participant's annual review date.
- Number and percentage of waiver participants reviewed whose Individual Service Plans (ISPs) was revised as needed, to address changing needs.

<b>PM - 8.4 PM: Number and percent of Individual Service Plans (ISPs) reviewed and revised before the waiver participant's annual review date</b>			
<b>Data Source - SP Review Database</b>	<b>Numerator - Total number of ISPs that were reviewed and/or revised annually</b>		
	<b>Denominator - Total number of ISPs reviewed</b>		
<b>Report Frequency</b>	Monthly	<b>Sampling Approach</b>	95% +/- 5% confidence level
<b>Data available August, 2011</b>			
<b>2008/2009/2010 Comments:</b> Service Plan data collection remained in development as a Work Plan item during 2008, 2009 and 2010, therefore no data was collected.			
<b>2011 Comments:</b> In April of 2011, the newly developed Service Plan Review Database was piloted. After an analysis of the identified issues, the database was revised, and staff were trained on the revisions. Full implementation of the database began in July, 2011, with data collection planned for August, 2011.			

<b>PM - 9.4 PM: Number and percent of waiver participants reviewed whose Individual Service Plan (ISP) was revised as needed, to address changing needs</b>			
<b>Data Source - SP Review Database</b>	<b>Numerator - Total number of waiver participants who had ISPs that were revised as needed to address change of needs</b>		
	<b>Denominator - Total number of waiver participants reviewed</b>		
<b>Report Frequency</b>	Monthly	<b>Sampling Approach</b>	95% +/- 5% confidence level
<b>Data available August, 2011</b>			
<b>2008/2009/2010 Comments:</b> Service Plan data collection remained in development as a Work Plan item during 2008, 2009 and 2010, therefore no data was collected.			
<b>2011 Comments:</b> In April of 2011, the newly developed Service Plan Review Database was piloted. After an analysis of the identified issues, the database was revised, and staff were trained on the revisions. Full implementation of the database began in July, 2011, with data collection planned for August, 2011.			

### **CMS Findings and Recommendations**

Pursuant to the Global CAP, Item C, OLTL is developing more specific processes for development and oversight of service plans. To date, OLTL has successfully implemented a Service Plan Review Database that allows for improved data collection and reporting on the service plan sub-assurances to identify issues for remediation, trend and track data, and bring issues to Quality Management and Quality Council. Through the new implemented processes, OLTL should collect, analyze and act on what the data shows.

**State Response:** Following the Global CAP, Item C, the State is continuing to utilize the Service Plan Review Database to collect data for various performance measures. Non-compliance issues for individuals are remediated to ensure that service plans are updated/revised at least annually or when warranted by changes in waiver individuals' needs. Additionally, through analysis of the collected data, the State makes appropriate system changes to ensure compliance occurs initially without the need for remediation, and to improve processes.

**Sub-Assurance II-D: Services are delivered in accordance with the service plan, including in the type, scope, amount, duration, and frequency specified in the service plan.**

**Performance Measures:**

- Number and percentage of waiver participants who received at least 80% of authorized services in the type and amount specified in the Individual Service Plan.
- Number and percentage of waiver providers who delivered services in the type, amount, and frequency specified in the Individual Service Plan (ISP).
- Number and percentage of complaints regarding non-receipt of services.
- Number and percentage of participant satisfaction survey respondents reporting the receipt of all services in Individual Service Plan (ISP).

PM - 10.4: Number and percent of waiver participants who received at least 80% of authorized services in the type and amount specified in the Individual Service Plan									
Data Source - Administrative Data	Numerator - Total number of participants who received at least 80% of authorized services in the type and amount specified in the Individual Service Plan								
	Denominator - Total number of participants								
Report Frequency	State Fiscal Year		Sampling Approach		100%				
July 2008 through June 2013	Number and Percent of Participants								
	2008/2009		2009/2010		2010/2011		2011/2012		2012/2013
Financial Management Services ≥ 80%	4983	85%	6090	90%					
Total receiving FMS	5835		6806						
Personal Assistance Services - Agency ≥ 80%	1147	54%	1268	56%					
Total receiving PAS - Agency	2138		2268						

Personal Assistance Services - Consumer $\geq$ 80%	4577	79%	5323	79%						
Total receiving PAS - Consumer	5824		6764							
Personal Emergency Response System $\geq$ 80%	1115	75%	1115	75%						
Total receiving PERS	1489		1301							
Support Coordination $\geq$ 80%	6491	92%	1686	77%						
Total receiving SC	7079		8255							

2008/2009/2010 Comments: Service plan data collection was included in the approved work plan during 2008, 2009 and 2010, therefore no data was collected during these calendar years.

2011 Comments: In 2011, information regarding service usage was obtained for previous state fiscal years. Data is available by service, for each individual participant, not by service plan. Through previous experience, OLTL has established an 80% threshold for service receipt, as participants have many life occurrences or reasons to receive fewer services than authorized. OLTL will work with National Quality Enterprise (NQE) to improve this performance measure and resulting report parameters.

**Remediation Report  
Non-Compliance Discovered 2008-2013**

Remediation Comments: Due to the lapse in time, individual remediation is not possible. The data will be reviewed for potential system improvements.

<b>PM - 11.4: Number and percent of waiver providers who delivered services in the type, amount, and frequency specified in the Individual Service Plan (ISP) EFFECTIVE 07/01/2010</b>	
Data Source - Provider Performance Monitoring	Numerator - Total number of reviewed providers who delivered services in the type, amount and frequency specified in the ISP
	Denominator - Total number of providers reviewed
Report Frequency	Monthly
Sampling Approach	100%

July 2008 through June 2013	Number and Percent of Providers											
	2008		2009		2010		2011		2012		2013	
In Compliance					18	95%	10	100%				
Not In Compliance					1	5%	0	0%				
Total # Reviewed					19		10					

2008/2009 Comments: This Service Plan performance measure was not developed and effective until July 1, 2010, therefore no data is available for 2008 or 2009.

2010 Comments: Data shown represents July 1, 2010, the effective date of this performance measure, through December 31, 2010. The QMETs measured the provider's compliance with the service plan in the file. During this period, one provider was found out of compliance regarding this requirement, out of 19 reviewed for the Attendant Care Waiver.

2011 Comments: Data shown represents January 1, 2011 through March 31, 2011. No providers were found out of compliance, however, the QMETs recognized that the plan in the file was not always the service plan created by the Service Coordination agency. A refinement was made effective July 1, 2011 to the QMET monitoring tool, requiring the measurement of services received against the Individual Service Plan developed by the Service Coordination agency. Providers received specific clarification on this requirement as part of the Service Plan Bulletin issued in October 2010 and subsequent training.

#### Remediation Report

July 2008 through June 2013	Number and Percent of Providers											
	2008		2009		2010		2011		2012		2013	
StIP					1	100%	N/A	N/A				
Termination					0	0%	N/A	N/A				
Total # Remediated					1	100%	N/A	N/A				

#### Number of Remediations

July 2008 through June 2013	2008	2009	2010	2011	2012	2013
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#### Remediation Actions Summary

# Outstanding - non-compliance not addressed *			0	N/A		
Total instances of non-compliance addressed			1	N/A		

2008/2009 Remediation Comments: No remediation data exists for this performance measure as it did not exist until 2010.

**2010 Remediation Comments:** Data shown represents July 1, 2010, the effective date of this performance measure, through December 31, 2010. One provider was found out of compliance during 2010 however remediation was completed, bringing compliance to 100%.

**2011 Remediation Comments:** Data shown represents January 1, 2011 through March 31, 2011. No remediation was required for this time period.

**PM - 12.4: Number and percent of participant satisfaction survey respondents reporting the receipt of all services in Individual Service Plan (ISP)**

<b>Data Source - Returned Surveys</b>	Numerator - Total number of returned surveys reporting receipt of all services in ISP		
	Denominator - Total number of returned surveys with yes or no answers		

<b>Report Frequency</b>	Three times per year (New Participants), Annually (Annual Participants)	<b>Sampling Approach</b>	100% of returned surveys
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<b>July 2008 through June 2013</b>	<b>Number and Percent of "New" Survey Replies</b>					
	2008	2009	2010	2011	2012	2013

**Survey Question - I am satisfied with the amount of services I get. (Question 23 - New)**

<b>"Yes" Responses</b>		180	79%	272	82%	80	85%				
<b>"No" Responses</b>		47	21%	59	18%	14	15%				
<b>Total # Yes/No Responses</b>		227		331		94					

**Survey Question - Overall, I am satisfied with the types of services I get. (Question 25 - New)**

<b>"Yes" Responses</b>		208	89%	315	95%	89	93%				
<b>"No" Responses</b>		25	11%	16	5%	7	7%				
<b>Total # Yes/No Responses</b>		233		331		96					

<b>July 2008 through June 2013</b>	<b>Number and Percent of "Annual" Survey Replies</b>					
	2008	2009	2010	2011	2012	2013

**Survey Question - I am satisfied with the amount of services I get. (Question 7 - Annual )**

<b>"Yes" Responses</b>		1,208	71%	267	93%						
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"No" Responses		505	29%	19	7%						
Total # Yes/No Responses		1,713		286							
Survey Question - I receive all of the services I am supposed to. (Question 10 - Annual)											
"Yes" Responses		1,181	93%	264	94%						
"No" Responses		83	7%	18	6%						
Total # Yes/No Responses		1,264		282							
Survey Question - During the past month , I have gone without service(s) when I needed it. (Question 27 - Annual) Note: This is an inverse question, a negative response is desired.											
"Yes" Responses		114	9%	20	7%						
"No" Responses		1,154	91%	250	93%						
Total # Yes/No Responses		1,268		270							
2008 Comments: The Participant Satisfaction Surveys were in development as Work Plan items during 2008, therefore no data was collected.											
2009 Comments: Participant Satisfaction Survey mailings for "Annual" participants commenced in November 2009. The sample for the survey mailing included all participants enrolled in the Attendant Care Waiver for at least 365 days. In 2009, 4,951 surveys were mailed (1 mailing) to "Annual" participants, with 1,731 responding to Question 7; 1,264 responding to Question 10; and 1,268 responding to Question 27. Each of these questions included two Services My Way (SMW) participants responding "yes" to Question 7, "yes" to Question 10 and "no" to Question 27. Participant Satisfaction Survey mailings for "New" participants commenced in October 2009. The sample for each survey mailing included all participants newly enrolled within specific previous quarters. In 2009, 904 surveys were mailed (2 mailings) to "New" participants, with 227 responding to Questions 23, and 233 responding to Question 25. Data for 2009 provides baseline survey data for the Attendant Care Waiver.											

**2010 Comments:** In 2010, the Participant Satisfaction Survey mailing interval for "New" participants was changed to three times per year. The sample for each survey mailing included all participants newly enrolled within specific previous four months. In 2010, 1259 surveys were mailed (3 mailings) to "New" participants, with 331 responding to Question 23, and 331 responding to Question 25. No Services My Way participants responded to the surveys. Since 2009, the percentage of respondents reporting satisfaction with the type and amount of services they receive increased. In 2010, the Participant Satisfaction Survey sample for "Annual" participants was changed due to limited resources for processing of replies. Instead of mailing to all participants in the Attendant Care Waiver, a statistically valid, random sample was chosen.

In 2010, 1253 surveys were mailed (1 mailing) to "Annual" participants, with 286 responding to Question 7, 282 responding to Question 10, and 270 responding to Question 27. No Services My Way (SMW) responded to the survey. For 2010, increases were noted in the percentages of respondents reporting satisfaction with the amount of services; that they receive all services; and that they haven't gone without services.

**2011 Comments:** Data shown represents one of four survey mailings for 2011, the "New" Participant Survey which was mailed March 1, 2011 to 349 participants. A complete analysis will be developed after data is available for all survey mailings.

**Remediation Report  
Non-Compliance Discovered 2008-2013**

**2008 Remediation Comments:** No remediation is required for 2008 because Participant Satisfaction Surveys were in development through the approved Work Plan.

**2009 Remediation Comments:** Because the satisfaction survey is anonymous, this performance measure does not provide data for individual remediation, therefore no remediation data exists. Ongoing tracking and trending of these outcomes, however, demonstrates whether participants report the receipt of all services, collectively for all waiver participants, and, therefore, giving OLTL the opportunity to pursue system improvement.

**2010 Remediation Comments:** Because the satisfaction survey is anonymous, this performance measure does not provide data for individual remediation, therefore no remediation data exists. During 2010, OLTL established thresholds as quality markers for performance measures. If the outcome falls below these thresholds and a consistent trending pattern emerges, a system improvement for all participants in the waiver would be developed. In 2010, survey thresholds were met or exceeded except for "New" Survey Question 23. Question 23 was 13% lower than the threshold but did increase 3% from 2009. Future mailings will allow further tracking.

**2011 Remediation Comments:** Because the satisfaction survey is anonymous, this performance measure does not provide data for individual remediation, therefore no remediation data exists. Data shown represents one of four survey mailings for 2011, the "New" Participant Survey which was mailed March 1, 2011. Potential system improvements will be considered after a complete analysis of the year's data.

**PM - 13.4: Number and per cent of complaints regarding non-receipt of services  
- EFFECTIVE 07/01/2010**

<b>Data Source - Complaint database</b>	<b>Numerator - Total number of complaints regarding non-receipt of services</b>
	<b>Denominator - Total number of complaints</b>

Report Frequency	Monthly		Sampling Approach		100%					
July 2008 through June 2013	Number and Percent									
	2008	2009	2010		2011		2012		2013	
Complaints regarding non-receipt			3	3%	3	9%				
Total # Complaints			106		34					
2008/2009 Comments: This Service Plan performance measure was not developed and effective until July 1, 2010, therefore no data is available for 2008 or 2009.										
2010 Comments: Data shown represents July 1, 2010 through December 31, 2010. During this time period three out of 106 complaints were filed regarding non-receipt of services.										
2011 Comments: Data shown represents January 1, 2011 through March 31, 2011. During this time period, three out of 46 complaints were filed regarding non-receipt of services.										
<b>Remediation Report</b>										
<b>Non-Compliance Discovered 2008-2013</b>										
Remediation Comments: This performance measure provides statistical data only as in PM HW 1.4; it is not an individual discovery method, therefore no remediation exists.										

#### CMS Findings and Recommendations

Pursuant to the Global CAP, Item C, OLTL is developing more specific processes for development and oversight of service plans. Specifically, OLTL should continue to work to standardize the process for how service authorizations/service orders and care plans for providers are conveyed.

**State Response:** The State is continuing to complete and implement the action steps for the Global CAP, Item C, to standardize the process for how service authorizations/service orders and care plans are conveyed to service providers.

**Sub-Assurance II-E: Individuals are afforded choice between waiver services and institutional care and between/among waiver services and providers.**

#### *Performance Measures:*

- Number and percentage of waiver participants whose records contain appropriately completed and signed Freedom of Choice forms that specify choice was offered between institutional care and waiver services.
- Number and percentage of waiver participants whose records documented an opportunity was provided for choice of waiver services and providers.

<b>PM - 14.4: Number and percent of waiver participants whose records contain appropriately completed and signed Freedom of Choice forms that specifies choice was offered between institutional care and waiver services</b>			
<b>Data Source - SP Review Database</b>	<b>Numerator - Total number of waiver participants who had records that contained completed and signed Freedom of Choice Forms</b>		
	<b>Denominator - Total number of waiver participants</b>		
<b>Report Frequency</b>	Monthly	<b>Sampling Approach</b>	95% +/- 5% confidence level
<b>Data available August, 2011</b>			
<b>2008/2009/2010 Comments:</b> Service Plan data collection remained in development as a Work Plan item during 2008, 2009 and 2010, therefore no data was collected.			
<b>2011 Comments:</b> In April of 2011, the newly developed Service Plan Review Database was piloted. After an analysis of the identified issues, the database was revised, and staff were trained on the revisions. Full implementation of the database began in July, 2011, with data collection planned for August, 2011.			

<b>PM - 15.4: Number and percent of waiver participants whose records documented an opportunity was provided for choice of waiver services and providers</b>			
<b>Data Source - SP Review Database</b>	<b>Numerator - Total number of waiver participants who had reviewed ISPs that documented an opportunity for choice of waiver providers and services was provided</b>		
	<b>Denominator - Total number of waiver participants who had ISPs reviewed</b>		
<b>Report Frequency</b>	Monthly	<b>Sampling Approach</b>	95% +/- 5% confidence level
<b>Data available August, 2011</b>			
<b>2008/2009/2010 Comments:</b> Service Plan data collection remained in development as a Work Plan item during 2008, 2009 and 2010, therefore no data was collected.			
<b>2011 Comments:</b> In April of 2011, the newly developed Service Plan Review Database was piloted. After an analysis of the identified issues, the database was revised, and staff were trained on the revisions. Full implementation of the database began in July, 2011, with data collection planned for August, 2011.			

**CMS Findings and Recommendations**

Pursuant to the Global CAP, Item C, OLTL is developing more specific processes for development and oversight of service plans. Through the new implemented processes, OLTL should collect, analyze and act on what the data shows.

**State Response:** The State will continue to utilize the Service Plan Review Database to collect data for various performance measures, including choice. Non-compliance issues for individuals are remediated to ensure that individuals are afforded choice between waiver services and

institutional care and between/among waiver services and providers. Additionally, through analysis of the collected data, the State makes appropriate system changes to ensure compliance occurs initially without the need for remediation, and to improve processes.

### **III. Qualified Providers Serve Waiver Participants**

**The State must demonstrate that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.**

*Authority: 42 CFR 441.302; SMM 4442.4*

**The State demonstrates the assurance, but CMS recommends improvements or requests additional information.**

#### **Background**

OLTL is the Agency responsible within the Commonwealth of Pennsylvania to assure that Waiver Providers (Service Coordination agencies and providers of direct services) meet required licensing, certifications, and other standards for administering home and community based services. OLTL staff conducts ongoing monitoring of providers to assure that standards from the approved waiver are met.

On a monthly basis, the Qualified Provider Liaison reviews the Provider Application report from the Bureau of Provider Support (BPS), Enrollment Section for applications received to provide Attendant Care Waiver services. The sample size is 100% of Attendant Care Waiver provider applications.

The Quality Management Efficiency Teams (QMETs) monitor the HCBS Waiver providers on a biennial basis. The QMET utilizes a standardized monitoring tool for each monitoring, and monitors providers against standards derived from the approved waiver. QMET also reviews if the provider has the appropriate licensure as required by the waiver. QMET reviews each provider at a 95% confidence level for each waiver in which the provider is enrolled. Each finding is reported on a Statement of Findings, and the provider is required to respond with a Standards Implementation Plan (StIP) to remediate the finding. The StIP is reviewed and approved by the Office of Long Term Living to ensure that the proposed plan will remediate the findings if completed. The QMET conducts follow-up reviews as necessary to ensure each finding is remediated in accordance with the StIP.

**Sub Assurance III-A: The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other state standards prior to their furnishing waiver services.**

**Performance Measure:** Number and percentage of newly enrolled waiver providers who meet required licensure and initial QP standards prior to service provision.

PM - QP 1.4: Number and percent of newly enrolled waiver providers who meet required licensure and initial QP standards prior to service provision															
Data Source - BPS Provider Enrollment Report	Numerator - Total number of newly enrolled waiver providers meeting required licensure and initial QP standards prior to service provision														
	Denominator - Total number of newly enrolled waiver providers														
Report Frequency	Monthly			Sampling Approach		100%									
July 2008 through June 2013	Number and Percent of Providers														
	2008		2009		2010		2011		2012		2013				
In Compliance	/		/		32	100%	27	100%							
Total # Newly Enrolled Providers	/		/		32		27								
2008 Comments: The development of a report on provider enrollment was a Work Plan item during 2008, therefore no data was collected.															
2009 Comments: New provider enrollment data was not available until August 2010.															
2010 Comments: Data shown represents August 1, 2010 through December 31, 2010. All providers enrolled met required licensure and initial QP standards prior to service provision.															
2011 Comments: Data shown represents January 1, 2011 through March 31, 2011. All providers enrolled met required licensure and initial QP standards prior to service provision.															
<b>Remediation Report Non-Compliance Discovered 2008-2013</b>															
July 2008 through June 2013	Number and Percent of Providers Applications														
	2008		2009		2010		2011		2012		2013				
Rejected Applications	/		/		11	26%	11	29%							
Total # Reviewed	/		/		43		38								
<b>Number of Remediations</b>															
July 2008 through June 2013				2008		2009		2010		2011		2012		2013	
# Remediation completed ≤ 30 days				/		/		11	11						
<b>Remediation Actions Summary</b>															
# Outstanding - non-compliance not addressed *				/		/		0	0						
Total instances of non-compliance addressed				/		/		11	11						

**Remediation Comments:** When OLTL discovers an applicant provider does not meet licensure/certification or other waiver requirements, the provider's application is rejected and the provider is not enrolled to provide services until the appropriate license/certification is obtained and other waiver standards are met.

**CMS Findings and Recommendations**

Pursuant to the Global CAP, Item B, OLTL should develop more specific requirements for training and oversight of HCBS waiver providers to ensure providers meet qualifications and perform services appropriately, including amending MA provider agreements to include an HCBS addendum disclosing waiver standards.

**State Response:** The State is continuing to implement the action steps in the Global CAP, Item B, and promulgation of provider regulations which include specific requirements for training and oversight of HCBS waiver providers has also been initiated. The enactment of the regulations will negate the necessity of amending MA provider agreements.

**Sub-Assurance III-B: Periodic confirmation of provider qualifications**

**Performance Measure:** The number and percentage of providers continuing to meet applicable licensure/certification and applicable waiver standards following initial enrollment.

PM - QP 2.4 Total number and percent of providers continuing to meet applicable licensure/certification and applicable waiver standards following initial enrollment												
Data Source - Provider Performance Monitoring	Numerator - Total number of providers continuing to meet applicable licensure/certification and applicable waiver standards following initial enrollment											
	Denominator - Total number of providers reviewed											
Report Frequency	Monthly				Sampling Approach	100%						
July 2008 through June 2013	Number and Percent of Providers											
	2008		2009		2010		2011		2012		2013	
In Compliance			2	22%	2	8%	1	9%				
Not In Compliance			7	78%	23	92%	10	91%				
Total # Monitored			9		25		11					



**2010 Remediation Comments:** Due to the lack of a comprehensive database which necessitates hand counting of data, stratification of remediation timeframes is not possible. Remediation data is for a completed Standards Implementation Plan (StIP). All non-compliance issues found were addressed through the StIPs to upgrade compliance to 100%.

### **CMS Findings and Recommendations**

Pursuant to the Global CAP, Item B, OLTL should develop more specific requirements for training and oversight of HCBS waiver providers to ensure providers meet qualifications and perform services appropriately.

**State Response:** The State is continuing to implement the action steps in the Global CAP, Item B, and promulgation of provider regulations, which include specific requirements for training and oversight of HCBS waiver providers, has also been initiated.

**Sub-Assurance III-C: The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.**

#### ***Performance Measures:***

- The number and percentage of newly enrolled non-licensed/non-certified waiver providers who meet initial QP standards prior to service provision.
- Number and percentage of non-licensed/non-certified providers who continue to meet applicable waiver provider qualifications.
- Number and percentage of FEAs who verified consumer-employed attendant qualifications.
- Number and percentage of FEAs who met PA FEA Standards published December 2008.

PM - QP 5.4 Number and percent of newly enrolled non-licensed/non-certified waiver providers who meet initial QP standards prior to service provision												
Data Source - BPS Provider Enrollment Report	Numerator - Total number of non-licensed/non-certified providers meeting initial QP standards prior to service provision											
	Denominator - Total number of new waiver non-licensed/non-certified provider applicants											
Report Frequency	Monthly			Sampling Approach		100%						
July 2008 through June 2013	Number and Percent of Providers											
	2008		2009		2010		2011		2012		2013	
In Compliance					3	100%	33	100%				
Total of Newly Enrolled Providers					3		33					
2008 Comments: The development of a report on provider enrollment was a Work Plan item during 2008, therefore no data was collected.												
2009 Comments: New provider enrollment data was not available until August 2010.												
2010 Comments: Data shown represents provider applications monitored from August 1, 2010 through December 31, 2010. All providers enrolled met initial QP standards prior to service provision.												
2011 Comments: Data shown represents provider applications monitored from January 1, 2011 through March 31, 2011. All providers enrolled met initial QP standards prior to service provision.												
<b>Remediation Report Non-Compliance Discovered 2008-2013</b>												
July 2008 through June 2013	Number and Percent of Provider Applications											
	2008		2009		2010		2011		2012		2013	
Rejected Applications					3		N/A					
Total # Reviewed					6		33					
<b>Timeliness of Remediation Actions</b>												
						<b>Number of Remediations</b>						
July 2008 through June 2013						2008	2009	2010	2011	2012	2013	
# Remediation completed ≤ 30 days								3	N/A			
<b>Remediation Actions Summary</b>												
# Outstanding - non-compliance not addressed *								0	N/A			
Total instances of non-compliance addressed								3	N/A			
Remediation Comments: When OLTL discovers an applicant provider does not meet waiver requirements, the provider's application is rejected and the provider is not enrolled to provide services until the appropriate requirements are met.												

PM - QP 6.4 Number and percent of non-licensed/non-certified providers continuing to meet applicable waiver standards following initial enrollment												
Data Source - Provider Performance Monitoring	Numerator - Total number of non-licensed/non-certified providers continuing to meet applicable waiver standards following initial enrollment											
	Denominator - Total number of non-licensed/non-certified providers reviewed											
Report Frequency	Monthly				Sampling Approach	100%						
July 2008 through June 2013	Number and Percent of Providers											
	2008		2009		2010		2011		2012		2013	
In Compliance			1	10%	2	8%	0	0%				
Not In Compliance			9	90%	22	92%	1	100%				
Total # Monitored			10		24		1					
<p><b>2008 Comments:</b> The development of the Quality Management Efficiency Teams (QMETS) for provider monitoring was a Work Plan item during 2008, therefore no providers were monitored and no data was collected.</p> <p><b>2009 Comments:</b> Data shown represents providers monitored from July 1, 2009 through December 31, 2009. Due to the lack of a comprehensive database, necessitating hand counting of data, stratification of provider non-compliance data is not possible. Issues were found with compliance and addressed through remediation to reach 100% compliance. The issues included non-compliance with standards for: LEP, Confidentiality, Criminal History Background Checks, Child Abuse Clearances, Back-up Plans, Incident Reporting, Audits, and Outsourcing Services.</p> <p><b>2010 Comments:</b> Due to the lack of a comprehensive database, necessitating hand counting of data, stratification of provider non-compliance data is not possible. Provider compliance issues continued as provider monitoring was implemented through the year. Compliance reached 100% through remediation.</p>												

**2011 Comments:** Data shown represents providers monitored from January 1, 2011 through March 31, 2011. Due to the lack of a comprehensive database, necessitating hand counting of data, stratification of provider non-compliance data is not possible. Work is commencing with a request for an IT contractor to create a QMMA database that will allow the ability to stratify and drill down. Compliance reached 100% through remediation.

**Remediation Report  
Non-Compliance Discovered 2008-2013**

July 2008 through June 2013	Number and Percent of Providers											
	2008		2009		2010		2011		2012		2013	
StIP			8	89%	22	100%	1	100%				
Terminated			1	11%	0	0%	0	0%				
Total # Remediated			9	100%	22	100%	1	100%				
Total # Requiring Remediation			9		22		1					

July 2008 through June 2013	Number of Remediations					
	2008	2009	2010	2011	2012	2013

Remediation Actions Summary						
# Outstanding - non-compliance not addressed *			0	0	0	
Total instances of non-compliance addressed			9	22	1	

**2008 Remediation Comments:** The QMETs were in development under the Work Plan during 2008, therefore monitoring did not occur and remediation was not required.

**2009 Remediation Comments:** Data shown represents providers monitored from July 1, 2009 through December 31, 2009. Due to the lack of a comprehensive database which necessitates hand counting of data, stratification of remediation timeframes is not possible. Remediation data is for a completed Standards Implementation Plan (StIP) and one terminated provider in October who voluntarily closed. All non-compliance issues found were addressed through the StIPs and the termination to upgrade compliance to 100%.

**2010 Remediation Comments:** Due to the lack of a comprehensive database which necessitates hand counting of data, stratification of remediation timeframes is not possible. Remediation data is for a completed Standards Implementation Plan (StIP). All non-compliance issues found were addressed through the StIPs to upgrade compliance to 100%.

**2011 Remediation Comments:** Data shown represents providers monitored from January 1, 2011 through March 31, 2011. Due to the lack of a comprehensive database which necessitates hand counting of data, stratification of remediation timeframes is not possible. Remediation data is for a completed Standards Implementation Plan (StIP). All non-compliance issues found were addressed through the StIPs to upgrade compliance to 100%.

**PM - QP 7.4 Number and percent of FEAs who met PA FEA Standards published December 2008**

<b>Data Source</b> - Provider Performance Monitoring	<b>Numerator</b> - Total number of FEA providers who met PA FEA standards published in December 2008										
	<b>Denominator</b> - Total number of FEA providers reviewed										

<b>Report</b>	Monthly	<b>Sampling Approach</b>	100%
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July 2008 through June 2013	Number and Percent of FEAs											
	2008		2009		2010		2011		2012		2013	
In Compliance			0	0%	0	0	0	0				
Not In Compliance			12	1	23	1	1	1				
Total # Reviewed			12		23		1					

**2008 Comments:** The development of the Quality Management Efficiency Teams (QMETS) for provider monitoring was a Work Plan item during 2008, therefore no providers were monitored and no data was collected.

**2009/2010 Comments:** Monitoring of FEAs started in March 2009. The results reflect monitoring of tax year 2007, the most recently completed tax year available when monitoring began, explaining why no provider met the standards established in December 2008. Since most providers missed a majority of the standards established, much change is necessary in order for providers to meet the December 2008 established guidelines.

**2011 Comments:** Initial monitoring of all FMS/FEA providers registered in Pennsylvania was completed February, 3, 2011. Follow-up monitorings to verify remediation of issues identified in initial monitorings are in progress.

**Remediation Report  
Non-Compliance Discovered 2008-2013**

July 2008 through June 2013	Number and Percent of FEAs											
	2008		2009		2010		2011		2012		2013	
StIP			12	100%	23	100%	1	100%				
Terminated			0	0%	0	0%	0	0%				
Total # Remediated			12	100%	23	100%	1	100%				

Total # Requiring Remediation		12	23	1						
					<b>Number of Remediations</b>					
July 2008 through June 2013					2008	2009	2010	2011	2012	2013
<b>Remediation Actions Summary</b>										
# Outstanding - non-compliance not addressed *					0	0	0			
Total instances of non-compliance addressed					12	23	1			
<b>2008 Remediation Comments:</b> The development of the Quality Management Efficiency Teams (OMETs) for provider monitoring was a Work Plan item during 2008, therefore no providers were monitored and no remediation was required.										
<b>2009 Remediation Comments:</b> Data shown represents FEA providers monitored from March 1, 2009 through December 31, 2009. Through the completion of Standards Implementation Plans (StIPs), 100% compliance was achieved.										
<b>2010 Remediation Comments:</b> 2010 represents a full year of FEA monitoring. Through the completion of Standards Implementation Plans (StIPs), 100% compliance was achieved.										
<b>2011 Remediation Comments:</b> Initial monitoring of all FMS/FEA providers registered in Pennsylvania was completed February, 3, 2011. Follow-up monitorings to verify remediation of issues identified in initial monitorings is in progress.										

<b>PM - QP 7.4.1 Number and percent of FEAs who verified consumer-employed attendants' qualifications</b>										
Data Source - Provider Performance Monitoring	Numerator - Total number of FEA providers who verified consumer-employed attendants' qualifications									
	Denominator - Total number of FEA providers reviewed									
Report Frequency	Monthly				Sampling Approach	100%				
July 2008 through June 2013	<b>Number and Percent of FEAs</b>									
	2008	2009		2010		2011		2012		2013
In Compliance		5	42%	11	48%	0	0%			
Not In Compliance		7	58%	12	52%	1	100%			
Total # Reviewed		12		23		1				
<b>2008 Comments:</b> The development of the Quality Management Efficiency Teams (OMETs) for provider monitoring was a Work Plan item during 2008, therefore no providers were monitored and no data was collected.										

<b>2009 Comments:</b> Monitoring of FEAs started in March 2009. Out of 12 FEAs monitored, seven required StIPs to fulfill 100% compliance.												
<b>2010 Comments:</b> 2010 represents a full year of FEA monitoring, with 100% compliance met through remediation.												
<b>2011 Comments:</b> Initial monitoring of all FMS/FEA providers registered in PA was completed February, 3, 2011, providing a baseline. Follow-up monitorings to verify remediation of issues identified in initial monitorings are in progress.												
Remediation Report Non-Compliance Discovered 2008-2013												
July 2008 through June 2013	Number and Percent of FEAs											
	2008		2009		2010		2011		2012		2013	
StIP			12	100%	23	100%	1	100%				
Terminated			0	0%	0	0%	0	0%				
Total # Remediated			12	100%	23	100%	1	100%				
Timeliness of Remediation Actions												
Total #			12		23		1					
Number of Remediations												
July 2008 through June 2013							2008	2009	2010	2011	2012	2013
Remediation Actions Summary												
# Outstanding - non-compliance not addressed *								0	0	0		
Total instances of non-compliance addressed								12	23	1		
<b>2008 Remediation Comments:</b> The development of the Quality Management Efficiency Teams (QMETs) for provider monitoring was a Work Plan item during 2008, therefore no providers were monitored and no remediation was required.												
<b>2009 Remediation Comments:</b> Data shown represents FEA providers monitored from March 1, 2009 through December 31, 2009. Through the completion of Standards Implementation Plans (StIPs), 100% compliance was achieved.												
<b>2010 Remediation Comments:</b> 2010 represents a full year of FEA monitoring. Through the completion of Standards Implementation Plans (StIPs), 100% compliance was achieved.												
<b>2011 Remediation Comments:</b> Initial monitoring of all FMS/FEA providers registered in Pennsylvania was completed February, 3, 2011. Follow-up monitorings to verify remediation of issues identified in initial monitorings are in progress.												

### CMS Findings and Recommendations

Pursuant to the Global CAP, Item B, OLTL should develop more specific requirements for training and oversight of HCBS waiver providers to ensure providers meet qualifications and perform services appropriately.

**State Response:** The State is continuing to implement the action steps in the Global CAP, Item B, and has initiated promulgation of provider regulations, which include specific requirements for training and oversight of HCBS waiver providers. Monitoring of non-licensed/non-certified providers will continue through the on-site monitoring reviews conducted by the Quality Management Efficiency Teams (QMETs).

**Sub-Assurance III-D: The State implements its policies and procedures for verifying that provider training is conducted in accordance with State requirements and the approved waiver.**

**Performance Measure:** The number and percentage of providers meeting provider training requirements.

PM - QP 8.4 Number and percent of providers meeting provider training requirements												
Data Source - Provider Performance Monitoring	Numerator - Total number of providers meeting provider training requirements											
	Denominator - Total number of providers reviewed											
Report Frequency	Monthly			Sampling Approach				100%				
July 2008 through June 2013	Number and Percent of Providers											
	2008		2009		2010		2011		2012		2013	
In Compliance			6	60%	0	0%	10	100%				
Not In Compliance			4	40%	4	15%	0	0%				
Total # Reviewed			10		27		10					
<b>2008 Comments:</b> The development of the Quality Management Efficiency Teams (QMETs) for provider monitoring was a Work Plan item during 2008, therefore no providers were monitored and no data was collected.												
<b>2009 Comments:</b> Data shown represents providers monitored from July 1, 2009 through December 31, 2009, and includes providers represented in the data for PM 2.4 and 6.4. Due to the lack of a comprehensive database, necessitating hand counting of data, stratification of provider non-compliance data is not possible. Issues were found with compliance and addressed through remediation to reach 100% compliance.												
<b>2010 Comments:</b> Data shown represents providers who are also represented in the data for PM 2.4 and 6.4. Due to the lack of a comprehensive database, necessitating hand counting of data, stratification of provider non-compliance data is not possible. Provider training requirements compliance issues continued as provider monitoring was implemented through the year. Compliance reached 100% through remediation.												
<b>2011 Comments:</b> Data shown represents providers monitored from January 1, 2011 through March 31, 2011, and includes providers represented in the data for PM 2.4 and 6.4. Due to the lack of a comprehensive database, necessitating hand counting of data, stratification of provider non-compliance data is not possible. Work is commencing with a request for an IT contractor to create a QMMA database that will allow the ability to stratify and drill down. All 10 providers monitored during this time period were in compliance with provider training requirements.												

Remediation Report Non-Compliance Discovered 2008-2013												
July 2008 through June 2013	Number and Percent of Providers											
	2008		2009		2010		2011		2012		2013	
StIP			4	100%	4	100%	N/A	N/A				
Terminated			0	0%	0	0%	N/A	N/A				
Total # Remediated			4	100%	4	100%	N/A	N/A				
Total # Requiring Remediation			4		4		N/A					
							Number of Remediations					
July 2008 through June 2013							2008	2009	2010	2011	2012	2013
Remediation Actions Summary												
# Outstanding - non-compliance not addressed *								0	0	N/A		
Total instances of non-compliance addressed								4	4	N/A		
<b>2008 Remediation Comments:</b> The development of the Quality Management Efficiency Teams (QMETs) for provider monitoring was a Work Plan item during 2008, therefore no providers were monitored and no remediation was required.												
<b>2009 Remediation Comments:</b> Data shown represents providers monitored from July 1, 2009 through December 31, 2009, and includes providers represented in the data for PM 2.4 and 6.4. Due to the lack of a comprehensive database which necessitates hand counting of data, stratification of remediation timeframes is not possible. Remediation data is for a completed Standards Implementation Plan (StIP) and one terminated provider in October who voluntarily closed. All non-compliance issues found were addressed through the StIPs and the termination to upgrade compliance to 100%.												
<b>2010 Remediation Comments:</b> Data shown represents providers who are also represented in the Remediation data for PM 2.4 and 6.4. Due to the lack of a comprehensive database which necessitates hand counting of data, stratification of remediation timeframes is not possible. Remediation data is for a completed Standards Implementation Plan (StIP). All non-compliance issues found were addressed through the StIPs to upgrade compliance to 100%.												
<b>2011 Remediation Comments:</b> Data shown represents providers monitored from January 1, 2011 through March 31, 2011. Due to the lack of a comprehensive database which necessitates hand counting of data, stratification of remediation timeframes is not possible. As no providers were found to be out of compliance with provider training standards, no remediation was required for this time period.												

### CMS Findings and Recommendations

Pursuant to the Global CAP, Item B, OLTL should develop more specific requirements for training and oversight of HCBS waiver providers to ensure providers meet qualifications and perform services appropriately. Specifically, OLTL should:

- Require trainings for service coordinators and care managers
- Develop and distribute an HCBS waiver policy manual outlining policies and procedures for HCBS waiver providers.

**State Response:** The State is continuing to develop more specific requirements for training and oversight of HCBS waiver providers by completing the action steps in Global CAP, Item B, as identified above.

#### **IV. Health and Welfare of Waiver Participants**

**The State must demonstrate that it assures the health and welfare of waiver participants including identification, remediation and prevention of abuse, neglect and exploitation.**

*Authority: 42 CFR 441.302; 42 CFR 441.303; 42 CFR 447.200; SMM 4442.4; SMM 4442.9*

**The State demonstrates the assurance, but CMS recommends improvements or requests additional information.**

##### **Background**

The Health and Welfare Assurance focuses upon ensuring safeguards are in place to protect the basic health and safety of waiver participants. A formalized incident policy commenced April 10, 2010; an interim incident database was established. OLTL continued to maintain a Toll Free complaint Helpline for participants to voice concerns and improve documentation within the interim complaint database.

Statistical reports on 100% of reported critical incidents and complaints are reviewed monthly by the Quality Management, Metrics & Analytics (QMMA) HW Assurance Liaison for patterns in the types of incidents and complaints received, as well as processing issues. A quarterly retrospective review is conducted by the HW Assurance Liaison on a random sample of the reported critical incidents and complaints to ensure compliance with processing standards. Data regarding Service My Way (SMW) participants is stratified from the total waiver population data for tracking and trending of Health & Welfare issues.

The HW Assurance Liaison reviews data from the OLTL participant satisfaction surveys for question 32 for new participants and question 28 from the annual survey, pertaining to participants who indicate knowledge of how to report abuse, neglect and exploitation. Data regarding Service My Way (SMW) participants is stratified from the total waiver population data for tracking and trending of Health & Welfare issues.

**Sub-Assurance IV-A: On an ongoing basis the State identifies, addresses and seeks to prevent instances of abuse, neglect and exploitation.**

##### **Performance Measures:**

- Number of reportable incidents by type: Abuse, neglect, and exploitation, as well as other reportable incidents.
- Number and percentage of waiver participants with more than three reported incidents within the past 365 days.
- Number and percentage of urgent incidents reported within the required time frame.

- Number and percentage of non-urgent incidents reported within the required time frame.
- Number and percentage of urgent incidents investigated within the required time frame.
- Number and percentage of non-urgent incidents investigated within the required time frame.
- Number of complaints by type: basic service delivery issues.
- Number and percentage of complaints investigated regarding basic service delivery issues.
- Number and percentage of urgent/non-urgent complaints with investigation initiated within the required time frame.
- Number and percentage of complaints closed within required time frame.
- Number and percentage of "new" waiver participants responding to the Participant Satisfaction Survey who indicate knowledge of how to report abuse, neglect, or exploitation (ANE).
- Number and percentage of "annual" waiver participants responding to the Participant Satisfaction Survey who indicate knowledge of how to report abuse, neglect, or exploitation (ANE).

PM - HW 1.4: Number and percent of reportable incidents by type											
Data Source - Incident Database	Numerator - Total number of incidents by type								Denominator - Total number of incidents		
	Report Frequency				Sampling Approach				100%		
July 2008 through June 2013	Number and Percent of Incidents										
Incident Type	2008		2009		2010		2011		2012		2013
Abuse (Physical)					9	13%	8	5%			
(Psychological)					2	3%	2	1%			
(Sexual)					2	3%	0	0%			
(Verbal)					4	6%	3	2%			
Death					0	0%	20	28%			
Exploitation					13	18%	6	4%			
Hospitalization					6	8%	106	62%			
Injury					10	14%	6	4%			
Neglect					6	8%	8	5%			
Provider / Staff Misconduct					9	13%	4	2%			
Service Interruption					10	14%	7	4%			

Restraints/Restrictive interventions identified					0	0%	0	0%				
Total # Incidents					71		170					

**2008/2009 Comments:** Incident Management was in development as a Work Plan item during 2008 and 2009, therefore no data was collected.

**2010 Comments:** OLTL initiated a formalized incident policy in April 2010. Data shown represents April 9, 2010 through December 31, 2010, and provides baseline incident reporting data for the Attendant Care Waiver. An interim data collection process was created to document and track all incidents while development began to create an Enterprise Incident Management (EIM) system for improved data collection. Issues were identified regarding incident categories. Many providers initially used incorrect categories to report case management events that were not reportable, according to the OLTL Incident Policy. Technical assistance provided clarification directly to the providers involved. Data for the 2010 baseline year indicates the possibility of under-reporting by providers, due to: newness of incident policy, lack of understanding, participant reluctance to report, and perceived privacy issues of participants. In response, OLTL commenced discussion regarding policy revision. Stratification for Services My Way (SMW) participants revealed no incidents were reported for the five Attendant Care Waiver SMW participants during 2010.

**2011 Comments:** Data shown represents January 1, 2011 through March 31, 2011. Through ongoing technical assistance on the incident policy, statistical numbers demonstrate that reporting of critical events has increased. Incident policy revisions remain under development and are expected to provide further clarification on reportable categories. The new incident database system, EIM, was piloted April 2011 in 21 counties in central Pennsylvania, and will eventually be used statewide.

**Remediation Report  
Non-Compliance Discovered 2008-2013**

**2008/2009 Remediation Comments:** No remediation is required for 2008 or 2009 because Incident Management was in development through the approved Work Plan.

**2010/2011 Remediation Comments:** This performance measure provides statistical data only, it is not an individual discovery method, therefore no remediation exists.

**PM - HW 2.4: Number and percent of waiver participants with more than three reported incidents in the past 365 days**

Data Source - Incident Database	Numerator - Total number of waiver participants with more than three (>3) reported incidents in the past 365 days										
	Denominator - Total number of waiver participants with reportable incidents										
Report Frequency	Monthly			Sampling Approach				100%			
July 2008 through June 2013	Number and Percent of Participants										
	2008	2009	2010	2011	2012	2013					
Participants with >3 reported incidents in the past 365 days			0	0%	1	1%					

Total number of waiver participants with reportable incidents in the past 365 days					63		118				
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**2008/2009 Comments:** Incident Management was in development as a Work Plan item during 2008 and 2009, therefore no data was collected.

**2010 Comments:** With the initiation of the OLTL policy, data was collected and reviewed for the original performance measure which limited categories to abuse, neglect and exploitation, however, in 2010, no instances of participants with more than three reported incidents of abuse, neglect or exploitation occurred within the past 365 days. Because of the lack of findings, the performance measure was expanded to include all categories of reportable incidents starting with 2011.

**2011 Comments:** Data shown represents January 1, 2011 through March 31, 2011. Data reviewed indicates one instance of a participant with more than three reported incidents in the past 365 days, however after QMMA review of the specific incidents, a determination was made that no further action or remediation was required.

**Remediation Report  
Non-Compliance Discovered 2008-2013**

**2008/2009 Remediation Comments:** No remediation is required for 2008 or 2009 because Incident Management was in development through the approved Work Plan.

**2010 Remediation Comments:** No remediation is required as no instances occurred meeting the original performance measure criteria.

**2011 Remediation Comments:** No remediation is required as QMMA review of the incidents indicated no further action was necessary.

**PM - HW 3.4 and HW 4.4: Number and percent of "Urgent" / "Non-Urgent" incidents reported within the required timeframe EFFECTIVE 01/01/2011**

<b>Data Source - Incident Database</b>	<b>Numerator - Total number of "Urgent" / "Non-Urgent" incidents reported within the required timeframe</b>		
	<b>Denominator - Total number of "Urgent" / "Non-Urgent" incidents submitted</b>		
<b>Report Frequency</b>	Monthly	<b>Sampling Approach</b>	100%

Data available November, 2011

**2011 Comments:** This Performance Measure (PM) was established and became effective January 1, 2011. The data elements for this PM are available with the implementation of the pilot Enterprise Incident Management System (EIM) on April 18, 2011. Data collection is expected to commence for the 21 pilot counties in the fall of 2011, retroactively to April 18, 2011. Statewide implementation of EIM is anticipated in January 2012, allowing this PM to be fully implemented across the state.

**Remediation Report  
Non-Compliance Discovered 2008-2013**

**2011 Remediation Comments:** Due to data collection timing for this PM, no data exists at this time, therefore no remediation was required.

<b>PM - HW 5.4 and 6.4: Number and percent of "Urgent" / "Non-Urgent" incidents investigated within the required timeframe EFFECTIVE 01/01/2011</b>			
Data Source - Incident Database	Numerator - Total number of "Urgent" / "Non-Urgent" incidents investigated within the required timeframe		
	Denominator - Total number of "Urgent" / "Non-Urgent" incidents investigated		
Report Frequency	Monthly	Sampling Approach	100%
<b>Data available November, 2011</b>			
<p><b>2011 Comments:</b> This Performance Measure (PM) was established and became effective January 1, 2011. The data elements for this PM are available with the implementation of the pilot Enterprise Incident Management System (EIM) on April 18, 2011. Data collection is expected to commence for the 21 pilot counties in the fall of 2011, retroactively to April 18, 2011. Statewide implementation of EIM is anticipated in January 2012, allowing this PM to be fully implemented across the state.</p>			
<b>Remediation Report Non-Compliance Discovered 2008-2013</b>			
<p><b>2011 Remediation Comments:</b> Due to data collection timing for this PM, no data exists, therefore no remediation was required</p>			

<b>PM - HW 7.4: Number and percent of "New" Waiver participants responding to the Participant Satisfaction Survey who indicate knowledge of how to report abuse, neglect, or exploitation (ANE)</b>										
Data Source - Returned Surveys	Numerator - Total number of "New" Waiver participants responding to the Participant Satisfaction Survey, who indicate "yes" - knowledge of how to report abuse, neglect, or exploitation									
	Denominator - Total number of "New" Waiver participants who responded to the Participant Satisfaction Survey									
Report Frequency	Three times per year	Sampling Approach	100% of returned surveys							
July 2008 through June 2013	<b>Number and Percent of Survey Participants Responding</b>									
	2008	2009	2010	2011	2012	2013				
<p><b>Survey Question:</b> I know how to report abuse, neglect or exploitation, including the use of restraints and other restrictions (Question 32 - "New").</p>										
"Yes" Response - Indicates knowledge			223	96%	330	96%	94	97%		
"No" Response - Lack of Knowledge			10	4%	13	4%	3	3%		
Total # Respondents			233		343		97			
<p><b>2008 Comments:</b> Participant Satisfaction Surveys were in development as a Work Plan item during 2008, therefore no data was collected.</p>										

**2009 Comments:** Participant Satisfaction Survey mailings for "New" participants commenced in October 2009. The sample for each survey mailing included all participants newly enrolled within specific previous quarters. In 2009, 904 surveys were mailed (2 mailings) to "New" participants, with 233 responding to Question 32. None of the individuals responding were enrolled in Services My Way (SMW). Data for 2009 provides baseline survey data for the Attendant Care Waiver.

**2010 Comments:** In 2010, the Participant Satisfaction Survey mailing interval for "New" participants was changed to three times per year. The sample for each survey mailing included all participants newly enrolled within specific previous four months. In 2010, 1259 surveys were mailed (3 mailings) to "New" participants, with 343 responding to Question 32. None of the individuals responding were enrolled in Services My Way (SMW). Although, an increase in the number of "No" responses was identified the percentage of participants indicating knowledge of how to report remained constant at 96%.

**2011 Comments:** Data shown represents January 1, 2011 through March 31, 2011. The sample for each Participant Satisfaction Survey mailing included all participants newly enrolled within specific previous four months. In 2011, 1259 surveys were mailed (1 mailing) to "New" participants, with 97 responding to Question 32. No "new" participants were enrolled in Services My Way at the time of the mailing. Data indicates a slight rise in the percentage of participants indicating knowledge of how to report. Recognizing the importance of ensuring participants know how to report abuse, neglect and exploitation, OLTL has drafted an additional Performance Measure with a different data source (Service Plan database). This new PM will be effective with the August 2011 Service Plan data. Obtaining this information via two different data sources will solidify the accuracy of OLTL's safeguard measurement.

**Remediation Report  
Non-Compliance Discovered 2008-2013**

**2008 Remediation Comments:** No remediation is required for 2008 because Participant Satisfaction Surveys were in development through the approved Work Plan.

**2009 Remediation Comments:** Because the Participant Satisfaction Survey is anonymous, this performance measure does not provide data for individual remediation, therefore no remediation data exists. Ongoing tracking and trending of these outcomes, however, demonstrates whether, collectively, waiver participants are knowledgeable regarding the reporting of abuse, neglect and exploitation and, therefore, giving OLTL the opportunity to pursue system improvement.

**2010 Remediation Comments:** Because the Participant Satisfaction Survey is anonymous, this performance measure does not provide data for individual remediation, therefore no remediation data exists. During 2010, OLTL established a 96% threshold as a quality marker for this performance measure. If the outcome falls below this threshold and a consistent trending pattern emerges, a system improvement for all participants in the waiver would be developed. No system improvement was required for 2010 since the 96% threshold was met.

**2011 Remediation Comments:** Because the Participant Satisfaction Survey is anonymous, this performance measure does not provide data for individual remediation, therefore no remediation data exists. The outcome of the March 2011 survey exceeds the threshold established in 2010 of 96% for this standard.

**PM - HW 8.4: Number and percent of "Annual" Waiver participants responding to the Participant Satisfaction Survey who indicate knowledge of how to report abuse, neglect, or exploitation (ANE)**

<b>Data Source -</b> Returned Surveys	<b>Numerator</b> - Total number of "Annual" Waiver participants responding to the Participant Satisfaction Survey, indicating "yes" - knowledge of how to report abuse, neglect, or exploitation (ANE)
	<b>Denominator</b> - Total number of participants who responded to the Participant Satisfaction Survey

Report Frequency  July 2008 through June 2013	Annually	Sampling Approach		100% of returned surveys									
	Number and Percent of Responses												
	2008	2009	2010	2011	2012	2013							
<b>Survey Question:</b> I know how to report abuse, neglect or exploitation, including the use of restraints and other restrictions (Question 28 - "Annual").													
"Yes" Response - Indicates knowledge		1246	97%	264	96%								
"No" Response - Lack of Knowledge		41	3%	12	4%								
<b>Total # Respondents</b>		1287		276									
<b>2008 Comments:</b> Participant Satisfaction Surveys were in development as a Work Plan item during 2008, therefore no data was collected.													
<b>2009 Comments:</b> Participant Satisfaction Survey mailings for "Annual" participants commenced in November 2009. The sample for the survey mailing included all participants enrolled in the Attendant Care Waiver for at least 365 days. In 2009, 4,951 surveys were mailed (1 mailing) to "Annual" participants, with 1,287 responding to Question 28 (2 of which were enrolled in Services My Way and responded yes). Data for 2009 provides baseline survey data for the Attendant Care Waiver.													
<b>2010 Comments:</b> In 2010, the Participant Satisfaction Survey sample for "Annual" participants was changed due to limited resources for processing of replies. Instead of mailing to all participants in the Attendant Care Waiver, a statistically valid, random sample was chosen. In 2010, 1,253 surveys were mailed (1 mailing) to "Annual" participants, with 276 responding to Question 28. None of the individuals responding were enrolled in Services My Way (SMW). The analysis identified a 1% decrease in "yes" responses.													
<b>2011 Comments:</b> The "Annual" survey mailing is scheduled for November 2011, therefore no data is available for this report.													
<b>Remediation Report Non-Compliance Discovered 2008-2013</b>													
<b>2008 Remediation Comments:</b> No remediation is required for 2008 because the Participant Satisfaction Surveys were in development through the approved Work Plan.													
<b>2009 Remediation Comments:</b> Because the Participant Satisfaction Survey is anonymous, this performance measure does not provide data for individual remediation, therefore no remediation data exists. Ongoing tracking and trending of these outcomes, however, demonstrates whether, collectively, waiver participants are knowledgeable regarding the reporting of abuse, neglect and exploitation and, therefore, giving OLTL the opportunity to pursue system improvement.													

**2010 Remediation Comments:** Because the Participant Satisfaction Survey is anonymous, this performance measure does not provide data for individual remediation, therefore no remediation data exists. During 2010, OLTL established a 96% threshold as a quality marker for this performance measure. If the outcome falls below this threshold and a consistent trending pattern emerges, a system improvement for all participants in the waiver would be developed. No system improvement was required for 2010 since the 96% threshold was met.

**2011 Remediation Comments:** Because the Participant Satisfaction Survey is anonymous, this performance measure does not provide data for individual remediation, therefore no remediation data will exist after the scheduled November mailing.

**PM - HW 9.4: Number of complaints by type: Basic service delivery issues**

Data Source - Complaint Database	Numerator - Total number of complaints by type											
	Denominator - Total number of complaints											
Report Frequency	Monthly				Sampling Approach				100%			
July 2008 through June 2013	Number and Percent of Complaints											
	2008		2009		2010		2011		2012		2013	
Complaint Type												
Choice			0	0%	0	0%	0	0%				
Enrollment			1	1%	8	8%	1	3%				
LOC			0	0%	0	0%	1	3%				
Other			9	8%	8	8%	3	9%				
Program Services			49	44%	40	38%	6	18%				
Provider			48	43%	35	33%	20	59%				
Service Plan			4	4%	15	14%	3	9%				
<b>Total # Complaints</b>			<b>111</b>		<b>106</b>		<b>34</b>					

**2008 Comments:** Complaint data collection was in development as a Work Plan item during 2008, therefore no data was collected.

**2009 Comments:** Data shown represents April 1, 2009 through December 31, 2009. Initial data collection was achieved with the utilization of the Referral Tracking System (RTS), providing a baseline of complaint data for future tracking and trending. The RTS was unable to capture all elements for complaint reporting, identifying the need for a new comprehensive database and refinement of complaint categories.

**2010 Comments:** Analysis of 2010 data indicates the largest number of complaints pertain to two broad categories: Program Services and Provider. Due to Referral Tracking System (RTS) complaint database limitations, development of a new database collection system for incidents and complaints was initiated. The new database, Enterprise Incident Management (EIM), will allow further refinement of complaint categories and further detailed analysis. Stratification for Services My Way (SMW) participants revealed no complaints were reported for the five Attendant Care Waiver SMW participants during 2010.

**2011 Comments:** Data shown represents January 1, 2011 through March 31, 2011. No significant statistical changes are indicated through the analysis of this data from the RTS database. Use of the new EIM system for complaint documentation started April 18, 2011 and will allow for enhanced data recording and monitoring. In EIM, the "Other" category was eliminated and complaint categories were revised to include secondary categories allowing for improved categorizations, monitoring of programmatic processes, and the identification of root causes.

**Remediation Report  
Non-Compliance Discovered 2008-2013**

**2008 Remediation Comments:** No remediation is required for 2008 because Complaint data collection was in development through the approved Work Plan.

**2009-2011 Remediation Comments:** This performance measure provides statistical data only; it is not an individual discovery method, therefore no remediation exists.

**PM - HW 10.3:** Number and percent of complaints investigated regarding basic service delivery issues  
**REPLACED with 10.4 & 11.4 effective 04/18/2011**

Data Source - Complaint Database	Numerator - Total number of complaints investigated											
	Denominator - Total number of complaints											
Report Frequency	Monthly		Sampling Approach			100%						
July 2008 through June 2013	<b>Number and Percent of Complaint Investigations</b>											
Complaint Investigations	2008		2009		2010		2011		2012		2013	
In Compliance - (Total investigated)	/		74 67%		84 79%		24 73%		/		/	
Not In Compliance - (Total Not investigated)			30 27%		20 19%		9 27%					
Total # Complaints			111		106		33					

**2008 Comments:** Complaint data collection was in development as a Work Plan item during 2008, therefore no data was collected.

**2009 Comments:** Data shown represents April 1, 2009 through December 31, 2009. Initial data collection was achieved with the utilization of the Referral Tracking System (RTS), providing a baseline of complaint investigation data for future tracking and trending. The RTS allowed documentation of investigative actions to be recorded in various fields, skewing data results and solidifying the need for a new comprehensive database. Other issues identified include lack of user identification, lack of reporting timeframes, allows entries to be changed (data vulnerability), and inability to obtain drill-down reports with specific complaint ID numbers.

**2010 Comments:** With the 2009 RTS limitations continuing throughout 2010, non-compliance data remained questionable. At the end of 2010, some reporting capabilities were enhanced and completed for RTS. Further enhancements were identified and requested in EIM. A retrospective data analysis revealed instances when investigations were not documented within RTS. Stratification for Services My Way (SMW) participants revealed no complaints were reported for the five Attendant Care Waiver SMW participants during 2010.

**2011 Comments:** Data shown represents January 1, 2011 through March 31, 2011, as collected from RTS. Instances were identified in which documentation of investigative actions was not captured in the appropriate field. Performance Measures were reviewed and 10.3 was replaced with Performance Measures 10.4 and 11.4 to distinguish the initiation of an investigation according to urgent or non-urgent status. This change is effective April 18, 2011, and 2011 data for Performance Measure 10.3 will be refreshed to include April. Performance Measures will be expanded with the onset of the EIM system, thus providing greater overall detail and the ability to collect, track and trend timeliness of complaint processes.

**Remediation Report  
Non-Compliance Discovered 2008-2013**

July 2008 through June 2013	Number and Percent of Complaints											
	2008		2009		2010		2011		2012		2013	
BIS Referral			30**	N/A	20**	N/A	9	100%				
Total # Requiring Remediation			30		20		9					

**Timeliness of Remediation Actions**

July 2008 through June 2013	Number of Remediations					
	2008	2009	2010	2011	2012	2013
# Remediation completed ≤ 30 days		0	0	0		
# Remediation completed 31-60 days		0	0	0		
# Remediation completed ≥ 60 days		30 **	20 **	9		
# Outstanding - non-compliance not addressed at year end *		30	20	Pending		
Total instances of non-compliance addressed		30 **	20 **	Pending		

<p><b>* Reason(s) not addressed at year end:</b> In 2009 and 2010, OLTJ was unable to determine the specific complaint ID numbers due to the reporting limitations of the RTS Database. At the end of 2010 into early 2011, after some reporting enhancements were implemented, QMMA was able to retrospectively review 2009 and 2010 data.</p>
<p><b>2008 Remediation Comments:</b> No remediation is required for 2008 because Complaint data collection was in development through the approved Work Plan.</p>
<p><b>2009 Remediation Comments:</b> The reporting element of RTS was never fully developed which caused problems in obtaining data. Various workarounds were required to identify data fields and begin tracking/trending activities. Enhancement of the complaint database continued to be a work plan item and remediation was completed informally by BIS.</p>
<p><b>2010 Remediation Comments:</b> With the capability of enhanced RTS reporting, a retrospective review of 2009 &amp; 2010 data was feasible by the end of the year. Retrospective data indicated some complaints originally thought not in compliance were actually investigated though documentation appeared in an incorrect field. ** Remediation on the remaining non-compliant complaints was not pursued due to the extensive time lapse and uncertainty of documentation. Investigative action was taken at the time of complaint reporting, without proper documentation within RTS.</p>
<p><b>2011 Remediation Comments:</b> Remediation will be possible for the 2011 data with the new RTS reporting capability developed at the end of 2010. Again, this performance measure has been replaced due to the implementation of the Enterprise Incident Management (EIM) system in April 2011, with Performance Measures 10.4 and 11.4. Non-compliant complaint data for the first quarter of 2011 was referred via a Quality Improvement Plan (QIP) to BIS in August, 2011, and is pending. The 2011 data will be refreshed to include any remediation required up to April 18, 2011.</p>

<p><b>PM: HW-10.4 and 11.4:</b> Number and percent of "Urgent"/"Non-Urgent" complaints with investigation initiated within the required timeframe <b>EFFECTIVE 01/01/2011</b></p>			
<p><b>Data Source -</b> Complaint Database</p>	<p><b>Numerator -</b> Total number of "Urgent/Non-Urgent" complaints with investigation initiated within the required timeframe</p>		
	<p><b>Denominator -</b> Total number of "Urgent/Non-Urgent" complaints</p>		
<p><b>Report Frequency</b></p>	<p>Monthly</p>	<p><b>Sampling Approach</b></p>	<p>100%</p>
<p><b>Data available November, 2011</b></p>			
<p><b>2011 Comments:</b> These Performance Measures (PMs) were established and became effective January 1, 2011, in preparation for the implementation of Enterprise Incident Management (EIM). The data elements for these PMs became available with the pilot EIM system on April 18, 2011. QMMA is poised for this data collection, expected to commence for the pilot counties in the fall of 2011, retroactively to April 18, 2011. Statewide implementation of EIM is anticipated in January 2012, allowing these PMs to be fully implemented across the state.</p>			
<p><b>Remediation Report</b> <b>Non-Compliance Discovered 2008-2013</b></p>			
<p><b>2011 Remediation Comments:</b> Due to data collection timing for these PMs, no data exists, therefore no remediation was required.</p>			

PM - HW 12.4: Number and percent of complaints closed within required timeframe	
Data Source - Complaint Database	Numerator - Total number of complaints closed within required timeframe
	Denominator - Total number of complaints
Report Frequency	Monthly                      Sampling Approach                      100%
<b>2008 Comments:</b> Complaint data collection was in development as a Work Plan item during 2008, therefore no data was collected.	
<b>2009/2010 Comments:</b> During 2009 and 2010, Pennsylvania's only complaint database was the Referral Tracking System (RTS). Since the RTS did not collect timeframe data, Pennsylvania was not able to collect data for this Performance Measure.	
<b>2011 Comments:</b> The data elements for this PM are available with the implementation of the pilot Enterprise Incident Management (EIM) system on April 18, 2011. QMMA is poised to implement data collection, which is expected to commence for the pilot counties in the fall of 2011, retroactively to April 18, 2011. Statewide implementation of EIM is anticipated in January 2012, allowing this PM to be fully implemented across the state.	
<b>Remediation Report</b> <b>Non-Compliance Discovered 2008-2013</b>	
<b>2008 Remediation Comments:</b> No remediation is required for 2008 because Complaint data collection was in development through the approved Work Plan.	
<b>2009/2010 Remediation Comments:</b> Since collection of data for this Performance Measure was not possible, no remediation was required.	
<b>2011 Remediation Comments:</b> Due to data collection timing for this PM, no data exists, therefore no remediation was required. With the onset of the EIM system, after April 18, 2011, remediation will be captured for the remainder of 2011, going forward.	

### CMS Findings and Recommendations

Pursuant to the Global CAP, Item D, OLTL should revise policies and procedures that improve the health and welfare of HCBS waiver participants. Specifically, OLTL should continue to improve incident management reporting, including implementation of a revised policy for standardized reporting.

**State Response:** Following the Global CAP, Item D, the State approved and implemented a revised incident management policy in October 2011. Standardized incident reporting for the Attendant Care Waiver through Enterprise Incident Management (EIM) began on October 24, 2011.

### V. State Medicaid Agency Retains Administrative Authority over the Waiver Program

The State must demonstrate that it retains administrative authority over the waiver program and that its administration of the waiver program is consistent with its approved waiver application.

*Authority: 42 CFR 441.303; 42 CFR 431; SMM 4442.6; SMM 4442.7*

**The State demonstrates the assurance, but CMS recommends improvements or requests additional information.**

**Background**

OLTL is the Agency responsible within the Commonwealth of Pennsylvania to assure the administrative authority for home and community based services. OLTL staff conducts ongoing monitoring of the administrative functions that are delegated to non-state public and non-governmental agencies entities that are under the waiver.

The Bureau of Individual Support (BIS) monitors the performance of the IEB through written reports, enrollment data, and on site visits to determine compliance with the contract. The AA Assurance Liaison reviews a monthly report from BIS delineating BIS's determination on IEB contractual compliance. Compliance data is aggregated for tracking and trending.

The Administrative Authority (AA) Assurance Liaison reviews data received from the Level of Care Assurance Liaison and the Qualified Providers Assurance Liaison regarding LOC determinations by AAAs and SCAs in accordance with waiver obligations. The AA Assurance Liaison aggregates and analyzes the reports for longitudinal tracking and trending.

**Sub-assurance V-A: The Medicaid agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other State and local/regional non-State agencies (if appropriate) and contracted entities.**

**Performance Measures:**

- Number and percentage of AAAs that meet waiver obligations regarding initial level of care determinations.
- Number and percentage of Service Coordination agencies that meet waiver obligations regarding ongoing level of care determinations.
- Number and percentage of contractual obligations met by the Independent Enrollment Broker (IEB).

<b>PM - AA 1.4 Number and percent of AAAs that meet waiver obligations regarding level of care determinations - EFFECTIVE 07/01/2010</b>			
<b>Data Source - Provider Performance</b>	<b>Numerator - Number of AAAs meeting LOC obligations</b>		
	<b>Denominator - Number of AAAs reviewed</b>		
<b>Report Frequency</b>	Quarterly	<b>Sampling Approach</b>	100%

July 2008 through June 2013	Number and Percent of AAAs											
	2008		2009		2010		2011		2012		2013	
In Compliance			3	100%	4	100%	0					
Not In Compliance			0	0%	0	0%	0					
Total # Reviewed			3		4		0					

**2009/2010 Comments:** Although this performance measure (PM) was established and became effective July 1, 2010, data was also available for 2009 and is included above. Monitoring of AAAs for LOC obligations found no instances of non-compliance.

**2011 Comments:** Data shown represents January 1, 2011 through March 31, 2011. No AAAs were monitored for LOC obligations during the first quarter of 2011.

**Remediation Report  
Non-Compliance Discovered 2008-2013**

**2009/2010 Remediation Comments:** During 2009 and 2010, no instances of non-compliance were found, therefore no remediation was required.

**2011 Remediation Comments:** As no AAAs were monitored from January 1 through March 31, 2011, no remediation has been required yet in 2011. Monitoring will continue in 2011.

**PM - AA 2.4** Number and percent of Service Coordination Agencies that meet waiver obligations regarding ongoing level of care determinations - **EFFECTIVE 07/01/2010**

Data Source - Provider Performance Monitoring (QMET)	Numerator - Number of SCAs meeting waiver obligations regarding LOC											
	Denominator - Total number of SCAs reviewed											
Report Frequency	Quarterly				Sampling Approach		100%					
July 2008 through June 2013	Number and Percent of SCAs											
	2008		2009		2010		2011		2012		2013	
In Compliance			6	67%	13	65%	8	80%				
Not In Compliance			3	33%	7	35%	2	20%				

Total # Reviewed		9	20	10					
<p><b>2009/2010 Comments:</b> This performance measure (PM) was established and became effective 7/1/2010. Data was able to be obtained for 2009, and the 2009 data shown represents July 1, 2009 through December 31, 2009. Non-compliance issues were found and addressed through remediation.</p> <p><b>2011 Comments:</b> Data shown is for January 1, 2011 through March 31, 2011. Non-compliance issues continue to be found and addressed through remediation.</p>									

Remediation Report Non-Compliance Discovered 2008-2013												
July 2008 through June 2013	Number and Percent of SCAs											
	2008		2009		2010		2011		2012		2013	
StIP			3	100%	7	100%	2	100%				
Termination of SCA			0	0%	0	0%	0	0%				
Total Remediated			3	100%	7	100%	2	100%				
Total # Requiring Remediation			3		7		2					
Timeliness of Remediation Actions												
						Number of Remediations						
July 2008 through June 2013						2008	2009	2010	2011	2012	2013	
Remediation Actions Summary												
# Outstanding - non-compliance not addressed *							0	0	0			
Total instances of non-compliance addressed							3	7	2			
<p><b>2010 Remediation Comments:</b> This performance measure (PM) was established and became effective 7/1/2010. Data was able to be obtained for 2009 and 2009 remediation data shown represents July 1, 2009 through December 31, 2009. Remediation through StIPs has brought compliance to 100%.</p> <p><b>2011 Remediation Comments:</b> Data shown is for January 1, 2011 through March 31, 2011. Remediation through StIPs has brought compliance to 100%.</p>												

**PM - AA 3.4 Number and percent of contractual obligations met by the Independent Enrollment Broker - EFFECTIVE 07/01/2010**

Data Source - Administrative Data	Numerator - Number and percent of contractual obligations met by the Independent Enrollment Broker							
	Denominator - Number of contractual obligations							
Report Frequency	Monthly		Sampling Approach		100%			
July 2008 through June 2013	Number and Percent of Contractual Obligations							
	2008	2009	2010		2011		2012	2013
In Compliance			4	67%	4	67%		
Not In Compliance			2	33%	2	33%		
Total # Reviewed			6		6			

**2010 Comments:** This Performance Measure (PM) was established and became effective July 1, 2010. Since the Independent Enrollment Broker contract began December, 2010, data shown represents only December 1, 2010 through December 31, 2010. Non-compliance was found for two contractual obligations.

**2011 Comments:** Data shown represents January 1, 2011 through March 31, 2011. Non-compliance was found for the same two contractual obligations discovered for December of 2010.

**Remediation Report  
Non-Compliance Discovered 2008-2013**

July 2008 through June 2013	Number and Percent of CAPs							
	2008	2009	2010		2011		2012	2013
Corrective Action Plan - (Standard 1 - Calls answered in 60 seconds)			1	50%	1	50%		
Corrective Action Plan - (Standard 2 - Calls answered by a live person)			0	0%	0	0%		

Corrective Action Plan - (Standard 3 - Personnel have a disability)					0	0%	0	0%				
Corrective Action Plan - (Standard 4 - Contact referrals in 1 business day)					0	0%	0	0%				
Corrective Action Plan - (Standard 5 - Intake visit within 7 business days)					1	50%	1	50%				
Corrective Action Plan - (Standard 6 - Documents to SC within 2 business days)					0	0%	0	0%				
Total # Non-Compliance					2		2					

**Timeliness of Remediation Actions**

	Number of Remediations					
	2008	2009	2010	2011	2012	2013
July 2008 through June 2013						
# Remediation completed ≤ 30 days			0	0		
# Remediation completed 31-60 days			2	2		
# Remediation completed ≥ 60 days			0	0		

**Remediation Actions Summary**

# Outstanding - non-compliance not addressed *			0	0		
Total instances of non-compliance addressed			2	2		

**2010 Remediation Comments:** The Independent Enrollment Broker (IEB) had significant challenges keeping up with the volume of calls received because the staffing model was based on inadequate enrollment data. The IEB very quickly became unable to give in-home visits within 7 days, and were unable to answer all calls within 60 seconds. The IEB developed and instituted a corrective action plan (CAP) to ensure compliance within the 7 day in-home visit time frame. The contract monitor meets frequently with IEB staff to resolve issues with the CAP initiated February 7, 2011.

**2011 Remediation Comments:** The significant challenges identified in 2010 for the Independent Enrollment Broker (IEB) continued in 2011. Because the staffing model was based on inadequate enrollment data, the IEB continued to experience difficulties keeping up with the volume of calls received. The IEB continued to be unable to give in-home visits within 7 days, and was unable to answer all calls within 60 seconds. The IEB developed and instituted a corrective action plan (CAP) to ensure compliance within these issues. The contract monitor meets frequently with IEB staff to resolve issues with the CAP initiated February 7, 2011.

### **CMS Findings and Recommendations**

Pursuant to the Global CAP, Item E, the existing administrative authority within OLTL should be strengthened and enforced. Specifically, OLTL should:

- Standardize and enforce the existing hearing and appeals process;
- Develop standardized informational materials for distribution to the public, and;
- Implement a process to track and manage enrollment volumes against approved limits.

In addition, the evidence report only shows performance data related to four AAAs. OLTL should monitor and report compliance data for all AAAs.

**State Response:** The State is continuing to strengthen and enforce administrative authority within OLTL by completing the action steps in the Global CAP, Item E. Work is progressing to standardize and enforce the existing hearing and appeals process, and develop standardized informational materials for distribution to the public. Following the Global CAP, Item F, a process has been developed and is being implemented to track and manage enrollment volumes against approved limits.

Monitoring and reporting of compliance data for all AAAs, in addition to the four initially monitored, continues. The unit responsible for monitoring the AAA, the Quality and Compliance Unit, resumed monitoring and reporting compliance data after reorganizing and enhancing monitoring tools and processes during the beginning of 2011.

## **VI. State Provides Financial Accountability for the Waiver**

**The State must demonstrate that it has designed and implemented an adequate system for assuring financial accountability of the waiver program.**

*Authority: 42 CFR 441.302; 42 CFR 441.303; 42 CFR 441.308; 42 CFR 447.200; 45 CFR 74; SMM 2500; SMM 4442.8; SMM 4442.10*

**The State demonstrates the assurance, but CMS recommends improvements or requests additional information.**

### **Background**

OLTL is the Agency responsible within the Commonwealth of Pennsylvania to assure the financial accountability of funds expended for home and community based services. OLTL staff conducts ongoing monitoring of financial records to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.

The Paid Claims Report is processed by OLTL Bureau of Provider Support (BPS) against all paid waiver claims (100% sample) on a monthly basis, within the PA PROMISE MMIS claims processing system, to verify that only valid procedure codes are paid. The Financial Accountability (FA) Assurance Liaison aggregates the reports for longitudinal monitoring.

OLTL QMETs began monitoring waiver providers on 7/1/09. Five regional teams are responsible for financial monitoring reviews at least once every two years. Using a standardized monitoring tool, a probe sample compares paid claims to participant time sheets. A random sample of provider employee and consumer financial records are reviewed. Providers which do not meet the probe sample threshold of 95% are required to develop a Standards Implementation Plan (StIP). Providers must demonstrate through the StIP that they will be able to meet financial accountability standards and submit claim adjustments within 30 calendar days of QMET review.

The OLTL Bureau of Individual Support (BIS) prepares a report, on a quarterly basis, using data warehouse information. The report monitors 100% of Services My Way (SMW) participants to ensure participants are spending an adequate amount of their plan and whether there are issues regarding non-authorized use of funds. The Financial Accountability (FA) Assurance Liaison aggregates the reports for longitudinal monitoring.

**Sub assurance VI-A: State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.**

***Performance Measures:***

- Number and percentage of claims coded as specified in the waiver application.
- Number and percentage of providers submitting accurate claims for services authorized by the waiver and being paid for those services.
- Number and percentage of Services My Way participants who spend 80% or less of their spending plan.
- Number and percentage of Services My Way participants who are directed to other service models because of non-authorized use of funds.

**PM - FA 1.4 Number and percent of claims coded as specified in the waiver application**

Data Source - Administrative Data (BPS)	Numerator - Total number of claims that paid as specified in the waiver		
	Denominator - Total number of paid claims*		
Report Frequency	Monthly	Sampling Approach	100%

Note: Providers are allowed 180 days to submit an initial claim, therefore the Paid Claims report is run 180 days after the claim pay date to allow for the maximum amount of claims to process.

July 2008 through June 2013	Number and Percent of Claims											
	2008		2009		2010		2011		2012		2013	
In Compliance			383,856	100%	624,714	100%						
Not In Compliance			0	0%	0	0%						
Total # Paid			383,856		624,714							

\* Paid Claims include initial and amended claims.

2008 Comments: The Paid Claims monitoring report was in development as a Work Plan item during 2008, therefore no data was collected.

2009 Comments: All claims paid correctly during 2009 for the Attendant Care Waiver.

2010 Comments: Data shown represents the time period of January 1, 2010 through September 30, 2010. All claims paid correctly during 2010 for the Attendant Care Waiver.

**Remediation Report  
Non-Compliance Discovered 2008-2013**

2008 Comments: The Paid Claims monitoring report was in development as a Work Plan item during 2008, therefore no data was collected.

2009 Remediation Comments: Since all claims paid correctly, remediation was not required.

2010 Remediation Comments: Since all claims paid correctly, remediation was not required. The total paid claims for the nine month portion of 2010 exceeds the year total of 2009, most likely due to the implementation of Pennsylvania's Organized Health Care Delivery System (OHCDS). As a result of OHCDS, previously sub-contracted providers enrolled and began billing as primary providers. Additional reasons include an increase in total number of enrolled participants and provider training increased billing efficiency. Claims could also appear in more than one month if adjusted in a subsequent month.

<b>PM - FA 2.4 Number and percent of providers submitting accurate claims for services authorized by the waiver and being paid for those services</b>											
<b>Data Source - Provider Performance Monitoring (QMET)</b>	<b>Numerator - Total number of providers who submit accurate claims for waiver services</b>										
	<b>Denominator - Total number of providers reviewed</b>										
<b>Report Frequency</b>	Monthly				<b>Sampling Approach</b>			100%			
<b>July 2008 through June 2013</b>	<b>Number and Percent of Providers</b>										
	2008		2009		2010		2011		2012		2013
<b>In Compliance</b>			8	80%	20	74%	8	80%			
<b>Not In Compliance</b>			2	20%	7	26%	2	20%			
<b>Total # Reviewed</b>			10		27		10				
<b>2008 Comments:</b> The development of the Quality Management Efficiency Teams (QMETs) for provider monitoring was a Work Plan item during 2008, therefore no providers were monitored and no data was collected.											
<b>2009 Comments:</b> QMET Provider review began July 2009 after the development of monitoring tools and protocols. As data must be hand aggregated, the need for a database was identified. Issues were identified (no verification of claims billed, billing in excess of vendor cost) but through remediation, 100% compliance was met. A system improvement, the Organized Health Care Delivery System (OHCDs) project, eliminated issues regarding sub-contracting.											
<b>2010 Comments:</b> Data continues to be hand aggregated. Issues were identified (no verification of claims billed) but through remediation, 100% compliance was met.											
<b>2011 Comments:</b> Data continues to be hand aggregated. Issues were identified (no verification of claims billed) but through remediation, 100% compliance was met.											
<b>Remediation Report Non-Compliance Discovered 2008-2013</b>											
<b>2008 Remediation Comments:</b> The QMETs were in development under the Work Plan during 2008, therefore monitoring did not occur and remediation was not required.											
<b>2009/2010/2011 Remediation Comments:</b> Aggregated remediation is located in the Qualified Providers Assurance section. Due to the lack of a database, remediation for specific provider standards can not be determined.											

<b>PM - FA 4.4</b> Number and percent of Services My Way participants who spend 80% or less of their spending plan			
Data Source - Administrative Data (BPS)	Numerator - Total number of Services My Way participants who spend 80% or less of their spending plan		
	Denominator - Total number of Services My Way participants		
Report Frequency	Quarterly	Sampling Approach	100%
Data available Fall 2011			
2008 Comments: The Services My Way service delivery option was not available for home and community based services waivers in Pennsylvania during 2008.			
2009 Comments: The Services My Way service delivery option became available for Attendant Care Waiver participants in July 2009, however data for this performance measure was not available. The Consumer Direction Module (CDM) software was identified for use to aggregate SMW data, including this performance measure, however the CDM remained in the testing phase in 2009. When the CDM is implemented, providers will be able to input directly into the system, allowing OLTL to view SMW data in real time.			
2010 Comments: Implementation of the Consumer Direction Module (CDM) software was delayed due to system issues and the CDM remained in the testing phase in 2010.			
2011 Comments: The new Consumer Direction Module (CDM) software program is expected to begin in the fall of 2011 and will make data collection possible for this performance measure.			

<b>PM - FA 5.4</b> Number and percent of Services My Way participants who are directed to other service models because of non-authorized use of funds												
Data Source - Administrative Data (BIS)	Numerator - Total number of Services My Way participants who are directed to other service models because of non-authorized use of funds											
	Denominator - Total number of Services My Way participants											
Report Frequency	Quarterly			Sampling Approach			100%					
Note: During the reporting period from July 1, 2009 through March 31, 2011 SMW was available in the following counties: Beaver, Blair, Bradford, Cameron, Clinton, Cumberland, Delaware, Elk, Erie, Fayette, Greene, Indiana, Lycoming, McKean, Philadelphia, Somerset, Sullivan, Susquehanna, Tioga, Venango, and Washington County.												
July 2008 through June 2013	<b>Number and Percent of SMW Participants</b>											
	2008		2009		2010		2011		2012		2013	
In Compliance			2	100%	5	100%	5	100%				
Not In Compliance			0	0%	0	0%	0	0%				
Total # SMW Participants			2		5		5					
2008 Comments: The Services My Way service delivery option was not available for home and community based services waivers in Pennsylvania during 2008.												

**2009 Comments:** The Services My Way service delivery option became available for Attendant Care Waiver participants in July 2009, therefore data shown represents July 1, 2009 through December 31, 2009. In 2009, no SMW participants were directed to other service delivery options due to non-authorized use of funds. The Consumer Direction Module (CDM) software was identified for use to aggregate SMW data and remained in the testing phase in 2009. When the CDM is implemented providers will be able to input directly into the system, allowing OLTL to view SMW data in real time.

**2010 Comments:** In 2010, no SMW participants were directed to other service delivery models due to non-authorized use of funds. Implementation of the Consumer Direction Module (CDM) software was delayed due to system issues and the CDM remained in the testing phase in 2010.

**2011 Comments:** Data shown represents January 1, 2011 through March 31, 2011, and indicates no SMW participants were directed to other service delivery models due to non-authorized use of funds. The new Consumer Direction Module (CDM) software program is expected to begin in the fall of 2011 and will make data collection more efficient.

**Remediation Report  
Non-Compliance Discovered 2008-2013**

**2008 Remediation Comments:** The Services My Way service delivery option was not available for home and community based services waivers in Pennsylvania during 2008, therefore remediation was not required in 2008.

**2009/2010 Remediation Comments:** During 2009 and 2010, no SMW participants were identified as expending funds without authorization, therefore no remediation was required in 2009.

**2011 Remediation Comments:** During the January 1, 2011 through March 31, 2011 period represented, no SMW participants were identified as expending funds without authorization, therefore no remediation was required.

**CMS Findings and Recommendations**

Pursuant to the Global CAP, Item A, OLTL should revise procedures to strengthen financial accountability and oversight. Specifically, OLTL should implement a consistent rate setting methodology for services across HCBS waiver programs.

**State Response:** The State is continuing to complete and implement the action steps for the Global CAP, Item A, regarding the implementation of a consistent rate setting methodology for services across HCBS waiver programs.

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