


Managed Care Program Annual Report (MCPAR) for Pennsylvania: Adult Community Autism Program (ACAP)

Due date	Last edited	Edited by	Status
12/27/2022	12/22/2022	Thomas Deisenroth	Submitted

Indicator	Response
Exclusion of CHIP from MCPAR Enrollees in separate CHIP programs funded under Title XXI should not be reported in the MCPAR. Please check this box if the state is unable to remove information about Separate CHIP enrollees from its reporting on this program.	Not Selected


Point of Contact

 Find in the Excel Workbook
A_Program_Info

Number	Indicator	Response
A1	State name Auto-populated from your account profile.	Pennsylvania

A2a	Contact name First and last name of the contact person. States that do not wish to list a specific individual on the report are encouraged to use a department or program-wide email address that will allow anyone with questions to quickly reach someone who can provide answers.	Thomas Deisenroth
A2b	Contact email address Enter email address. Department or program-wide email addresses ok.	tdeisenrot@pa.gov
A3a	Submitter name CMS receives this data upon submission of this MCPAR report.	Thomas Deisenroth
A3b	Submitter email address CMS receives this data upon submission of this MCPAR report.	Tdeisenrot@pa.gov
A4	Date of report submission CMS receives this date upon submission of this MCPAR report.	12/22/2022

Reporting Period

 Find in the Excel Workbook
A_Program_Info

Number	Indicator	Response
A5a	Reporting period start date Auto-populated from report dashboard.	07/01/2021
A5b	Reporting period end date Auto-populated from report dashboard.	06/30/2022
A6	Program name	Adult Community Autism Program (ACAP)

Add plans (A.7)

Enter the name of each plan that participates in the program for which the state is reporting data.



Find in the Excel Workbook

A_Program_Info

Indicator	Response
Plan name	Keystone Autism Services (KAS)

Add BSS entities (A.8)

Enter the names of Beneficiary Support System (BSS) entities that support enrollees in the program for which the state is reporting data. Learn more about BSS entities at [42 CFR 438.71](#). See Glossary in Excel Workbook for the definition of BSS entities.

Examples of BSS entity types include a: State or Local Government Entity, Ombudsman Program, State Health Insurance Program (SHIP), Aging and Disability Resource Network (ADRN), Center for Independent Living (CIL), Legal Assistance Organization, Community-based Organization, Subcontractor, Enrollment Broker, Consultant, or Academic/Research Organization.



Find in the Excel Workbook

A_Program_Info

Indicator	Response
BSS entity name	PA Office of Developmental Programs (ODP), Bureau of Supports for Autism and Special Populations (BSASP), ACAP Keystone Autism Service Supports Coordinator PA Health Law Project (PHLP)

Topic I. Program Characteristics and Enrollment



Find in the Excel Workbook

B_State

Number	Indicator	Response
BI.1	Statewide Medicaid enrollment Enter the total number of individuals enrolled in Medicaid as of the first day of the last month of the reporting year. Include all FFS and managed care enrollees, and count each person only once, regardless of the delivery system(s) in which they are enrolled.	3,518,666
BI.2	Statewide Medicaid managed care enrollment Enter the total, unduplicated number of individuals enrolled in any type of Medicaid managed care as of the first day of the last month of the reporting year. Include enrollees in all programs, and count each person only once, even if they are enrolled in more than one managed care program or more than one managed care plan.	3,278,809

Topic III. Encounter Data Report



Find in the Excel Workbook

B_State

Number	Indicator	Response
BIII.1	Data validation entity Select the state agency/division or contractor tasked with evaluating the validity of encounter data submitted by MCPs. Encounter data validation includes verifying the accuracy, completeness, timeliness,	State Medicaid agency staff Other, specify – Other - Mercer Government Human Services Consulting

and/or consistency of encounter data records submitted to the state by Medicaid managed care plans. Validation steps may include pre-acceptance edits and post-acceptance analyses. See Glossary in Excel Workbook for more information.

Topic X: Program Integrity



Find in the Excel Workbook
B_State

Number	Indicator	Response
BX.1	Payment risks between the state and plans Describe service-specific or other focused PI activities that the state conducted during the past year in this managed care program. Examples include analyses focused on use of long-term services and supports (LTSS) or prescription drugs or activities that focused on specific payment issues to identify, address, and prevent fraud, waste or abuse. Consider data analytics, reviews of under/overutilization, and other activities.	Quarterly compliance meetings, quarterly compliance reports, annual training, MCO provider reviews to identify and address fraud, waste, and abuse
BX.2	Contract standard for overpayments Does the state allow plans to retain overpayments, require the return of overpayments, or has established a hybrid system? Select one.	Allow plans to retain overpayments
BX.3	Location of contract provision stating overpayment standard Describe where the overpayment standard in the previous indicator is located in plan contracts, as required by 42 CFR 438.608(d)(1)(i).	ACAP Contract, Article IX, Section 9.9K

BX.4	Description of overpayment contract standard	The Contractor may retain all recovered overpayments or improper payments, including overpayments related to Fraud, Abuse or waste of Medical Assistance funds, from non-administrative overpayments or improper payments made to Network Providers.
	Briefly describe the overpayment standard (for example, details on whether the state allows plans to retain overpayments, requires the plans to return overpayments, or administers a hybrid system) selected in indicator B.X.2.	
BX.5	State overpayment reporting monitoring	"The Contractor must promptly notify the Department in writing if it identifies or recovers overpayments or improper payments. Overpayments are also tracked through quarterly compliance reports. "
	Describe how the state monitors plan performance in reporting overpayments to the state, e.g. does the state track compliance with this requirement and/or timeliness of reporting? The regulations at 438.604(a)(7), 608(a)(2) and 608(a)(3) require plan reporting to the state on various overpayment pieces (whether annually or promptly). This indicator is asking the state how it monitors that reporting.	
BX.6	Changes in beneficiary circumstances	Monthly meeting, quarterly enrollment report. ODP does the initial enrollment.
	Describe how the state ensures timely and accurate reconciliation of enrollment files between the state and plans to ensure appropriate payments for enrollees experiencing a change in status (e.g., incarcerated, deceased, switching plans).	
BX.7a	Changes in provider circumstances: Monitoring plans	Yes
	Does the state monitor whether plans report provider "for cause" terminations in a timely manner under 42 CFR 438.608(a)(4)? Select one.	
BX.7b	Changes in provider circumstances: Metrics	Yes
	Does the state use a metric or indicator to assess plan reporting performance? Select one.	

BX.7c	Changes in provider circumstances: Describe metric	It is monitored as a part of the annual review.
	Describe the metric or indicator that the state uses.	
BX.8a	Federal database checks: Excluded person or entities	No
	During the state's federal database checks, did the state find any person or entity excluded? Select one. Consistent with the requirements at 42 CFR 455.436 and 438.602, the State must confirm the identity and determine the exclusion status of the MCO, PIHP, PAHP, PCCM or PCCM entity, any subcontractor, as well as any person with an ownership or control interest, or who is an agent or managing employee of the MCO, PIHP, PAHP, PCCM or PCCM entity through routine checks of Federal databases.	
BX.9a	Website posting of 5 percent or more ownership control	No
	Does the state post on its website the names of individuals and entities with 5% or more ownership or control interest in MCOs, PIHPs, PAHPs, PCCMs and PCCM entities and subcontractors? Refer to §455.104 and required by 42 CFR 438.602(g)(3).	
BX.10	Periodic audits	N/A
	If the state conducted any audits during the contract year to determine the accuracy, truthfulness, and completeness of the encounter and financial data submitted by the plans, what is the link(s) to the audit results? Refer to 42 CFR 438.602(e).	

Topic I: Program Characteristics



C1_Program_Set

Number	Indicator	Response
C11.1	Program contract Enter the title and date of the contract between the state and plans participating in the managed care program.	Agreement for the Adult07/ Community Autism Program (ACAP), dated July 1, 2021
N/A	N/A	07/01/2021
C11.2	Contract URL Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program.	https://www.dhs.pa.gov/Services/Disabilities-Aging/Documents/ACAP/ACAP%20Agreement%20FY%2021%20-%2022%20FINAL%20with%20Signature%20page%20attached.pdf
C11.3	Program type What is the type of MCPs that contract with the state to provide the services covered under the program? Select one.	Prepaid Inpatient Health Plan (PIHP)
C11.4a	Special program benefits Are any of the four special benefit types covered by the managed care program: (1) behavioral health, (2) long-term services and supports, (3) dental, and (4) transportation, or (5) none of the above? Select one or more. Only list the benefit type if it	Behavioral health Long-term services and supports (LTSS) Dental Transportation

is a covered service as specified in a contract between the state and managed care plans participating in the program. Benefits available to eligible program enrollees via fee-for-service should not be listed here.

C11.4b	Variation in special benefits	N/A
	What are any variations in the availability of special benefits within the program (e.g. by service area or population)? Enter "N/A" if not applicable.	
C11.5	Program enrollment	183
	Enter the total number of individuals enrolled in the managed care program as of the first day of the last month of the reporting year.	
C11.6	Changes to enrollment or benefits	N/A
	Briefly explain any major changes to the population enrolled in or benefits provided by the managed care program during the reporting year.	

Topic III: Encounter Data Report



Number	Indicator	Response
C1III.1	<p>Uses of encounter data</p> <p>For what purposes does the state use encounter data collected from managed care plans (MCPs)? Select one or more.</p> <p>Federal regulations require that states, through their contracts with MCPs, collect and maintain sufficient enrollee encounter data to identify the provider who delivers any item(s) or service(s) to enrollees (42 CFR 438.242(c)(1)).</p>	<p>Rate setting</p> <p>Monitoring and reporting</p> <p>Contract oversight</p> <p>Program integrity</p> <p>Policy making and decision support</p> <p>Other, specify – Other - Data reporting; such as diagnosis level information and service utilization, special payment calculations</p>
C1III.2	<p>Criteria/measures to evaluate MCP performance</p> <p>What types of measures are used by the state to evaluate managed care plan performance in encounter data submission and correction? Select one or more.</p> <p>Federal regulations also require that states validate that submitted enrollee encounter data they receive is a complete and accurate representation of the services provided to enrollees under the contract between the state and the MCO, PIHP, or PAHP. 42 CFR 438.242(d).</p>	<p>Timeliness of initial data submissions</p> <p>Timeliness of data certifications</p> <p>Use of correct file formats</p> <p>Provider ID field complete</p> <p>Overall data accuracy (as determined through data validation)</p>
C1III.3	<p>Encounter data performance criteria contract language</p> <p>Provide reference(s) to the contract section(s) that describe the criteria by which managed care plan performance on encounter data submission and correction will be measured. Use contract section references, not page numbers.</p>	<p>The 2021/2022 ACAP agreement does not contain this language. The language is being incorporated into the 2023/2024 agreement.</p>
C1III.4	<p>Financial penalties contract language</p> <p>Provide reference(s) to the contract section(s) that describes any financial</p>	<p>The 2021/2022 ACAP agreement does not contain this language. The language is being incorporated into the 2023/2024 agreement.</p>

penalties the state may impose on plans for the types of failures to meet encounter data submission and quality standards. Use contract section references, not page numbers.

C1III.5	<p>Incentives for encounter data quality</p> <p>Describe the types of incentives that may be awarded to managed care plans for encounter data quality. Reply with "N/A" if the plan does not use incentives to award encounter data quality.</p>	<p>No direct incentive, but because encounter data is used for rate setting, the provider has an indirect incentive to provide accurate encounter data</p>
C1III.6	<p>Barriers to collecting/validating encounter data</p> <p>Describe any barriers to collecting and/or validating managed care plan encounter data that the state has experienced during the reporting period.</p>	<p>No specific barriers identified.</p>

Topic IV. Appeals, State Fair Hearings & Grievances

 Find in the Excel Workbook
C1_Program_Set

Number	Indicator	Response
C1IV.1	<p>State's definition of "critical incident," as used for reporting purposes in its MLTSS program</p> <p>If this report is being completed for a managed care program that covers LTSS, what is the definition that the state uses for "critical incidents" within the managed care program? Respond with "N/A" if the managed care program does not cover LTSS.</p>	<p>A type of incident that has been determined to be a sufficiently serious indicator of risk that it requires an investigation by a Department Certified Investigator.</p>
C1IV.2	<p>State definition of "timely" resolution for standard appeals</p> <p>Provide the state's definition of timely resolution for standard</p>	<p>Appendix G – C.2.s - The Contractor must send a written notice of the Grievance decision, using the template supplied by the Department (Appendix G(9)) to the Participant, the Participant’s representative, if the Participant</p>

appeals in the managed care program.
Per 42 CFR §438.408(b)(2), states must establish a timeframe for timely resolution of standard appeals that is no longer than 30 calendar days from the day the MCO, PIHP or PAHP receives the appeal.

has designated one in writing, service Provider, prescribing Provider, if applicable, and the Team within thirty (30) days from the date the Contractor received the Grievance, unless the time frame for deciding the grievance has been extended by up to fourteen (14) days at the request of the Participant.

C1IV.3

State definition of "timely" resolution for expedited appeals

Provide the state's definition of timely resolution for expedited appeals in the managed care program.
Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal.

Appendix G – B.3.h - The Contractor must issue the decision resulting from the expedited review in person or by phone to the Participant, the Participant's representative, if the Participant has designated one in writing, service Provider, prescribing Provider, if applicable, and the Team within seventy-two (72) hours of receiving the Participant's request for an expedited review, unless the time frame for deciding the expedited Complaint has been extended by up to fourteen (14) days at the request of the Participant. In addition, the Contractor must mail written notice of the decision to the Participant, the Participant's representative, if the Participant has designated one in writing, service Provider, prescribing Provider, if applicable, and the Team within two (2) business days of the decision, using the template supplied by the Department (Appendix G (11)). Appendix G – C.3.i -The Contractor must issue the decision resulting from the expedited review in person or by phone to the Participant, the Participant's representative, if the Participant has designated one in writing, service Provider, prescribing Provider, if applicable, and the Team within seventy-two (72) hours of receiving the Participant's request for an expedited review, unless the time frame for deciding the expedited Grievance has been extended by up to fourteen (14) days at the request of the Participant. In addition, the Contractor must mail written notice of the decision, to the Participant, the Participant's representative, if the Participant has designated one in writing, service Provider, prescribing Provider, if applicable, and the Team within two (2) business days of the decision, using the template supplied by the Department (Appendix G (11)).

C1IV.4

State definition of "timely" resolution for grievances

Appendix G – B.2.r - The Contractor must send a written notice of the Complaint decision, using the template supplied by the Department

Provide the state's definition of timely resolution for grievances in the managed care program. Per 42 CFR §438.408(b)(1), states must establish a timeframe for timely resolution of grievances that is no longer than 90 calendar days from the day the MCO, PIHP or PAHP receives the grievance.

(Appendix G (7)) to the Participant, the Participant's representative, if the Participant has designated one in writing, service Provider, if applicable, prescribing Provider, if applicable, and the Participant's Team within thirty (30) days from the date the Contractor received the Complaint, unless the time frame for deciding the Complaint has been extended by up to fourteen (14) days at the request of the Participant.

Topic V. Availability, Accessibility and Network Adequacy

Network Adequacy



Find in the Excel Workbook
C1_Program_Set

Number	Indicator	Response
C1V.1	<p>Gaps/challenges in network adequacy</p> <p>What are the state's biggest challenges? Describe any challenges MCPs have maintaining adequate networks and meeting standards.</p>	<p>Network reviewed during annual on-site monitoring; plan provides list of network providers for review. All LTSS are provided by PHIP or contracted with individual providers when PHIP lacks expertise or staff. Challenge – attracting providers due to the program's small population size.</p>
C1V.2	<p>State response to gaps in network adequacy</p> <p>How does the state work with MCPs to address gaps in network adequacy?</p>	<p>When gaps are identified, the state requires the MCP to provide a plan to address the gaps and assist as necessary.</p>

Topic V. Availability, Accessibility and Network Adequacy

Access Measures

Describe the measures the state uses to monitor availability, accessibility, and network adequacy. Report at the program level.

Revisions to the Medicaid managed care regulations in 2016 and 2020 built on existing requirements that managed care plans maintain provider networks sufficient to ensure adequate access to covered services by: (1) requiring states to develop quantitative network adequacy standards for at least eight specified provider types if

covered under the contract, and to make these standards available online; (2) strengthening network adequacy monitoring requirements; and (3) addressing the needs of people with long-term care service needs (42 CFR 438.66; 42 CFR 438.68).

42 CFR 438.66(e) specifies that the MCPAR must provide information on and an assessment of the availability and accessibility of covered services within the MCO, PHIP, or PAHP contracts, including network adequacy standards for each managed care program.



Find in the Excel Workbook

C2_Program_State

Access measure total count: 36



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

1 / 36

C2.V.2 Measure standard

Within thirty (30) minutes travel time in urban areas; within sixty (60) minutes travel time in rural areas.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Physician Services

C2.V.5 Region

Other - ACAP is available in Dauphin, Lancaster, Cumberland, and Chester Counties only

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

2 / 36

C2.V.2 Measure standard

Within thirty (30) minutes travel time in urban areas; within sixty (60) minutes travel time in rural areas.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Audiologist

C2.V.5 Region

Other - ACAP is available in Dauphin, Lancaster, Cumberland, and Chester Counties only

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

3 / 36

C2.V.2 Measure standard

Within thirty (30) minutes travel time in urban areas; within sixty (60) minutes travel time in rural areas.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

CRNP

C2.V.5 Region

Other - ACAP is available in Dauphin, Lancaster, Cumberland, and Chester Counties only

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually



C2.V.1 General category: General quantitative availability and accessibility standard

4 / 36

C2.V.2 Measure standard

Within thirty (30) minutes travel time in urban areas; within sixty (60) minutes travel time in rural areas.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Chiropractor

C2.V.5 Region

Other - ACAP is available in Dauphin, Lancaster, Cumberland, and Chester Counties only

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually



C2.V.1 General category: General quantitative availability and accessibility standard

5 / 36

C2.V.2 Measure standard

Within thirty (30) minutes travel time in urban areas; within sixty (60) minutes travel time in rural areas.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Health Promotion

C2.V.5 Region

Other - ACAP is available in Dauphin, Lancaster, Cumberland, and Chester Counties only

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

6 / 36

C2.V.2 Measure standard

Within thirty (30) minutes travel time in urban areas; within sixty (60) minutes travel time in rural areas.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Dental

C2.V.5 Region

Other - ACAP is available in Dauphin, Lancaster, Cumberland, and Chester Counties only

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

7 / 36

C2.V.2 Measure standard

Within thirty (30) minutes travel time in urban areas; within sixty (60) minutes travel time in rural areas.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Hospice

C2.V.5 Region

Other - ACAP is available in Dauphin, Lancaster, Cumberland, and

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Review of grievances related to access

C2.V.8 Frequency of oversight methods

Annually



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

8 / 36

C2.V.2 Measure standard

Within thirty (30) minutes travel time in urban areas; within sixty (60) minutes travel time in rural areas.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

ICF

C2.V.5 Region

Other - ACAP is available in Dauphin, Lancaster, Cumberland, and Chester Counties only

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

9 / 36

C2.V.2 Measure standard

Within thirty (30) minutes travel time in urban areas; within sixty (60) minutes travel time in rural areas.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Medical Supplies &
DME

C2.V.5 Region

Other - ACAP is
available in Dauphin,
Lancaster,
Cumberland, and
Chester Counties
only

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

10 / 36

C2.V.2 Measure standard

Within thirty (30) minutes travel time in urban areas; within sixty (60) minutes travel time in rural areas.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Mental Health Crisis
Intervention

C2.V.5 Region

Other - ACAP is
available in Dauphin,
Lancaster,
Cumberland, and
Chester Counties
only

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

11 / 36

C2.V.2 Measure standard

Within thirty (30) minutes travel time in urban areas; within sixty (60) minutes travel time in rural areas.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Non-Emergency
Transportation

C2.V.5 Region

Other - ACAP is
available in Dauphin,
Lancaster,
Cumberland, and
Chester Counties
only

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Review of grievances related to access

C2.V.8 Frequency of oversight methods

Annually



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

12 / 36

C2.V.2 Measure standard

Within thirty (30) minutes travel time in urban areas; within sixty (60) minutes travel time in rural areas.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Nursing Facility

C2.V.5 Region

Other - ACAP is
available in Dauphin,
Lancaster,
Cumberland, and
Chester Counties
only

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Review of grievances related to access

C2.V.8 Frequency of oversight methods

Annually



C2.V.1 General category: General quantitative availability and accessibility standard

13 / 36

C2.V.2 Measure standard

Within thirty (30) minutes travel time in urban areas; within sixty (60) minutes travel time in rural areas.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Optometrist

C2.V.5 Region

Other - ACAP is available in Dauphin, Lancaster, Cumberland, and Chester Counties only

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually



C2.V.1 General category: General quantitative availability and accessibility standard

14 / 36

C2.V.2 Measure standard

Within thirty (30) minutes travel time in urban areas; within sixty (60) minutes travel time in rural areas.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Psychiatric (Outpatient)

C2.V.5 Region

Other - ACAP is available in Dauphin, Lancaster, Cumberland, and Chester Counties only

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

15 / 36

C2.V.2 Measure standard

Within thirty (30) minutes travel time in urban areas; within sixty (60) minutes travel time in rural areas.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Podiatrist

C2.V.5 Region

Other - ACAP is available in Dauphin, Lancaster, Cumberland, and Chester Counties only

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

16 / 36

C2.V.2 Measure standard

Within thirty (30) minutes travel time in urban areas; within sixty (60) minutes travel time in rural areas.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Prosthetic eye/other eye appliances

C2.V.5 Region

Other - ACAP is available in Dauphin, Lancaster, Cumberland, and

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

17 / 36

C2.V.2 Measure standard

Within thirty (30) minutes travel time in urban areas; within sixty (60) minutes travel time in rural areas.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Respiratory

C2.V.5 Region

Other - ACAP is available in Dauphin, Lancaster, Cumberland, and Chester Counties only

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

18 / 36

C2.V.2 Measure standard

Within thirty (30) minutes travel time in urban areas; within sixty (60) minutes travel time in rural areas.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

TCM

C2.V.5 Region

Other - ACAP is available in Dauphin, Lancaster, Cumberland, and Chester Counties only

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Review of grievances related to access

C2.V.8 Frequency of oversight methods

Annually



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

19 / 36

C2.V.2 Measure standard

Within thirty (30) minutes travel time in urban areas; within sixty (60) minutes travel time in rural areas.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Assistive Tech

C2.V.5 Region

Other - ACAP is available in Dauphin, Lancaster, Cumberland, and Chester Counties only

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Other - Participant Satisfaction Survey

C2.V.8 Frequency of oversight methods

Annually



Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee

20 / 36

C2.V.2 Measure standard

Within thirty (30) minutes travel time in urban areas; within sixty (60) minutes travel time in rural areas.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Career Planning

C2.V.5 Region

Other - ACAP is available in Dauphin, Lancaster, Cumberland, and Chester Counties only

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Other - Participant Satisfaction Survey

C2.V.8 Frequency of oversight methods

Annually



Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee 21 / 36

C2.V.2 Measure standard

Within thirty (30) minutes travel time in urban areas; within sixty (60) minutes travel time in rural areas.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Community Transition Services

C2.V.5 Region

Other - ACAP is available in Dauphin, Lancaster, Cumberland, and Chester Counties only

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Other - Participant Satisfaction Survey

C2.V.8 Frequency of oversight methods

Annually



C2.V.1 General category: LTSS-related standard: enrollee travels to the provider ^{22 / 36}

C2.V.2 Measure standard

Within thirty (30) minutes travel time in urban areas; within sixty (60) minutes travel time in rural areas.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Day Hab

C2.V.5 Region

Other - ACAP is available in Dauphin, Lancaster, Cumberland, and Chester Counties only

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Other - Participant Satisfaction Survey

C2.V.8 Frequency of oversight methods

Annually



C2.V.1 General category: LTSS-related standard: enrollee travels to the provider ^{23 / 36}

C2.V.2 Measure standard

Within thirty (30) minutes travel time in urban areas; within sixty (60) minutes travel time in rural areas.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Family Support

C2.V.5 Region

Other - ACAP is available in Dauphin, Lancaster, Cumberland, and Chester Counties only

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Other - Participant Satisfaction Survey

C2.V.8 Frequency of oversight methods

Annually



Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee ^{24 / 36}**C2.V.2 Measure standard**

Within thirty (30) minutes travel time in urban areas; within sixty (60) minutes travel time in rural areas.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Homemaker/Chore

C2.V.5 Region

Other - ACAP is available in Dauphin, Lancaster, Cumberland, and Chester Counties only

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Other - Participant Satisfaction Survey

C2.V.8 Frequency of oversight methods

Annually



Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee ^{25 / 36}**C2.V.2 Measure standard**

Within thirty (30) minutes travel time in urban areas; within sixty (60) minutes travel time in rural areas.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Home Mod

C2.V.5 Region

Within thirty (30) minutes travel time in urban areas; within sixty (60)

C2.V.6 Population

Adult

minutes travel time
in rural areas.

C2.V.7 Monitoring Methods

Other - Participant Satisfaction Survey

C2.V.8 Frequency of oversight methods

Annually



Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee 26 / 36

C2.V.2 Measure standard

Within thirty (30) minutes travel time in urban areas; within sixty (60) minutes travel time in rural areas.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Non-medical
Transportation

C2.V.5 Region

Other - ACAP is
available in Dauphin,
Lancaster,
Cumberland, and
Chester Counties
only

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Other - Participant Satisfaction Survey

C2.V.8 Frequency of oversight methods

Annually



Complete

C2.V.1 General category: LTSS-related standard: enrollee travels to the provider 27 / 36

C2.V.2 Measure standard

Within thirty (30) minutes travel time in urban areas; within sixty (60) minutes travel time in rural areas.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Nutritional Consult

C2.V.5 Region

Other - ACAP is available in Dauphin, Lancaster, Cumberland, and Chester Counties only

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Other - Participant Satisfaction Survey

C2.V.8 Frequency of oversight methods

Annually



Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee 28 / 36**C2.V.2 Measure standard**

Within thirty (30) minutes travel time in urban areas; within sixty (60) minutes travel time in rural areas.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Personal Assistance

C2.V.5 Region

Other - ACAP is available in Dauphin, Lancaster, Cumberland, and Chester Counties only

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Other - Participant Satisfaction Survey

C2.V.8 Frequency of oversight methods

Annually



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

29 / 36

C2.V.2 Measure standard

Within thirty (30) minutes travel time in urban areas; within sixty (60) minutes travel time in rural areas.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Res Hab

C2.V.5 Region

Other - ACAP is available in Dauphin, Lancaster, Cumberland, and Chester Counties only

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Other - Participant Satisfaction Survey

C2.V.8 Frequency of oversight methods

Annually



Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee 30 / 36

C2.V.2 Measure standard

Within thirty (30) minutes travel time in urban areas; within sixty (60) minutes travel time in rural areas.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Respite

C2.V.5 Region

Other - ACAP is available in Dauphin, Lancaster, Cumberland, and Chester Counties only

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Other - Participant Satisfaction Survey

C2.V.8 Frequency of oversight methods

Annually



C2.V.1 General category: General quantitative availability and accessibility standard

C2.V.2 Measure standard

Within thirty (30) minutes travel time in urban areas; within sixty (60) minutes travel time in rural areas.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Small Group
Employment

C2.V.5 Region

Other - ACAP is
available in Dauphin,
Lancaster,
Cumberland, and
Chester Counties
only

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Other - Participant Satisfaction Survey

C2.V.8 Frequency of oversight methods

Annually



C2.V.1 General category: LTSS-related standard: provider travels to the enrollee

C2.V.2 Measure standard

Within thirty (30) minutes travel time in urban areas; within sixty (60) minutes travel time in rural areas.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

SC Services

C2.V.5 Region

Other - ACAP is
available in Dauphin,
Lancaster,
Cumberland, and
Chester Counties
only

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Other - Participant Satisfaction Survey

C2.V.8 Frequency of oversight methods

Annually



Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee 33 / 36

C2.V.2 Measure standard

Within thirty (30) minutes travel time in urban areas; within sixty (60) minutes travel time in rural areas.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Specialized Skill Development

C2.V.5 Region

Other - ACAP is available in Dauphin, Lancaster, Cumberland, and Chester Counties only

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Other - Participant Satisfaction Survey

C2.V.8 Frequency of oversight methods

Annually



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

34 / 36

C2.V.2 Measure standard

Within thirty (30) minutes travel time in urban areas; within sixty (60) minutes travel time in rural areas.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Therapies

C2.V.5 Region

Other - ACAP is available in Dauphin, Lancaster, Cumberland, and

C2.V.6 Population

Adult

Chester Counties
only

C2.V.7 Monitoring Methods

Other - Participant Satisfaction Survey

C2.V.8 Frequency of oversight methods

Annually



Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee 35 / 36

C2.V.2 Measure standard

Within thirty (30) minutes travel time in urban areas; within sixty (60) minutes travel time in rural areas.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Vehicle Mod

C2.V.5 Region

Other - ACAP is available in Dauphin, Lancaster, Cumberland, and Chester Counties only

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Other - Participant Satisfaction Survey

C2.V.8 Frequency of oversight methods

Annually



Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee 36 / 36

C2.V.2 Measure standard

Within thirty (30) minutes travel time in urban areas; within sixty (60) minutes travel time in rural areas.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Visiting Nurse

C2.V.5 Region

Other - ACAP is available in Dauphin, Lancaster, Cumberland, and Chester Counties only

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Other - Participant Satisfaction Survey

C2.V.8 Frequency of oversight methods

Annually

Topic IX: Beneficiary Support System (BSS)



Find in the Excel Workbook

C1_Program_Set

Number	Indicator	Response
C1IX.1	BSS website List the website(s) and/or email address that beneficiaries use to seek assistance from the BSS through electronic means. Separate entries with commas.	N/A
C1IX.2	BSS auxiliary aids and services How do BSS entities offer services in a manner that is accessible to all beneficiaries who need their services, including beneficiaries with disabilities, as required by 42 CFR 438.71(b)(2)? CFR 438.71 requires that the beneficiary support system be accessible in multiple ways including phone, Internet, in-person, and via auxiliary aids and services when requested.	Qualified interpreters on-site or through video remote interpreting services, note takers; real-time computer-aided transcription services; written materials; exchange of written notes; telephone handset amplifiers; assistive listening devices; assistive listening systems; telephones compatible with hearing aids; closed caption decoders; open and closed captioning, including real-time captioning; voice, text, and video-based telecommunication products and systems, text telephones (TTYs), videophones, and captioned telephones, or equally effective telecommunications devices; videotext displays; accessible electronic and information technology; or other effective methods of making aurally delivered information available to Participants who are deaf or hard of hearing; qualified readers; taped texts; audio recordings; Braille materials

and displays; screen reader software; magnification software; optical readers; secondary auditory programs; large print materials; accessible electronic and information technology; or other effective methods of making visually delivered materials available to Participants who are blind or have low vision; and other similar services.

C1IX.3	BSS LTSS program data	N/A
	How do BSS entities assist the state with identifying, remediating, and resolving systemic issues based on a review of LTSS program data such as grievances and appeals or critical incident data? Refer to 42 CFR 438.71(d)(4).	
C1IX.4	State evaluation of BSS entity performance	N/A
	What are steps taken by the state to evaluate the quality, effectiveness, and efficiency of the BSS entities' performance?	

Topic X: Program Integrity



Find in the Excel Workbook

C1_Program_Set

Number	Indicator	Response
C1X.3	Prohibited affiliation disclosure	No
	Did any plans disclose prohibited affiliations? If the state took action, enter those actions under D: Plan-level Indicators, Section VIII - Sanctions (Corresponds with Tab D3 in the Excel Workbook). Refer to 42 CFR 438.610(d).	

Topic I. Program Characteristics & Enrollment

Find in the Excel Workbook



D1_Plan_Set

Number	Indicator	Response
D1I.1	<p>Plan enrollment</p> <p>What is the total number of individuals enrolled in each plan as of the first day of the last month of the reporting year?</p>	<p>Keystone Autism Services (KAS)</p> <p>183</p>
D1I.2	<p>Plan share of Medicaid</p> <p>What is the plan enrollment (within the specific program) as a percentage of the state's total Medicaid enrollment?</p> <ul style="list-style-type: none"> • Numerator: Plan enrollment (D1.I.1) • Denominator: Statewide Medicaid enrollment (B.I.1) 	<p>Keystone Autism Services (KAS)</p> <p>0.01%</p>
D1I.3	<p>Plan share of any Medicaid managed care</p> <p>What is the plan enrollment (regardless of program) as a percentage of total Medicaid enrollment in any type of managed care?</p> <ul style="list-style-type: none"> • Numerator: Plan enrollment (D1.I.1) • Denominator: Statewide Medicaid managed care enrollment (B.I.2) 	<p>Keystone Autism Services (KAS)</p> <p>0.01%</p>

Topic II. Financial Performance



Find in the Excel Workbook D1_Plan_Set

Number	Indicator	Response
D1II.1a	<p>Medical Loss Ratio (MLR)</p> <p>What is the MLR percentage? Per 42 CFR 438.66(e)(2)(i), the Managed Care Program Annual Report must provide information on the Financial performance of each MCO, PIHP, and PAHP, including MLR experience.</p>	<p>Keystone Autism Services (KAS)</p> <p>0%</p>

If MLR data are not available for this reporting period due to data lags, enter the MLR calculated for the most recently available reporting period and indicate the reporting period in item D1.II.3 below. See Glossary in Excel Workbook for the regulatory definition of MLR.

D1II.1b Level of aggregation Keystone Autism Services (KAS)

What is the aggregation level that best describes the MLR being reported in the previous indicator? Select one.
As permitted under 42 CFR 438.8(i), states are allowed to aggregate data for reporting purposes across programs and populations.

Other, specify – undefined

D1II.2 Population specific MLR description Keystone Autism Services (KAS)

Does the state require plans to submit separate MLR calculations for specific populations served within this program, for example, MLTSS or Group VIII expansion enrollees? If so, describe the populations here. Enter "N/A" if not applicable.
See glossary for the regulatory definition of MLR.

Per 42 CFR 438.8(h)(3), ACAP does not meet the minimum threshold for partial credibility and is assumed to meet CMS' MLR standards.

D1II.3 MLR reporting period discrepancies Keystone Autism Services (KAS)

Does the data reported in item D1.II.1a cover a different time period than the MCPAR report?

No

Topic III. Encounter Data



Find in the Excel Workbook

D1_Plan_Set

Number	Indicator	Response
D1III.1	Definition of timely encounter data submissions Describe the state's standard for timely encounter data submissions used in this program.	Keystone Autism Services (KAS) The Contractor must submit encounter data to the Department on a semiannual basis. Each submission must be submitted using the format specified in

If reporting frequencies and standards differ by type of encounter within this program, please explain.

Attachment III of the Agreement and is due ninety (90) days after the last day of December and June, unless the due date falls on a weekend. If the due date falls on a weekend, the encounter data is due the next business day. The submission must include encounter data for the six (6) month period ending the last day of December or June.

D1III.2	Share of encounter data submissions that met state's timely submission requirements	Keystone Autism Services (KAS) 100%
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What percent of the plan's encounter data file submissions (submitted during the reporting period) met state requirements for timely submission? If the state has not yet received any encounter data file submissions for the entire contract period when it submits this report, the state should enter here the percentage of encounter data submissions that were compliant out of the file submissions it has received from the managed care plan for the reporting period.

D1III.3	Share of encounter data submissions that were HIPAA compliant	Keystone Autism Services (KAS) 100%
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What percent of the plan's encounter data submissions (submitted during the reporting period) met state requirements for HIPAA compliance? If the state has not yet received encounter data submissions for the entire contract period when it submits this report, enter here percentage of encounter data submissions that were compliant out of the proportion received from the managed care plan for the reporting period.

Topic IV. Appeals, State Fair Hearings & Grievances

Appeals Overview



Number	Indicator	Response
D1IV.1	<p>Appeals resolved (at the plan level)</p> <p>Enter the total number of appeals resolved as of the first day of the last month of the reporting year. An appeal is "resolved" at the plan level when the plan has issued a decision, regardless of whether the decision was wholly or partially favorable or adverse to the beneficiary, and regardless of whether the beneficiary (or the beneficiary's representative) chooses to file a request for a State Fair Hearing or External Medical Review.</p>	<p>Keystone Autism Services (KAS)</p> <p>0</p>
D1IV.2	<p>Active appeals</p> <p>Enter the total number of appeals still pending or in process (not yet resolved) as of the first day of the last month of the reporting year.</p>	<p>Keystone Autism Services (KAS)</p> <p>0</p>
D1IV.3	<p>Appeals filed on behalf of LTSS users</p> <p>Enter the total number of appeals filed during the reporting year by or on behalf of LTSS users. Enter "N/A" if not applicable. An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the appeal was filed).</p>	<p>Keystone Autism Services (KAS)</p> <p>0</p>
D1IV.4	<p>Number of critical incidents filed during the reporting period by (or on behalf of) an LTSS user who previously filed an appeal</p> <p>For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting period by (or on behalf of) LTSS users who previously filed appeals in the</p>	<p>Keystone Autism Services (KAS)</p> <p>0</p>

reporting year. If the managed care plan does not cover LTSS, enter "N/A".

Also, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, enter "N/A".

The appeal and critical incident do not have to have been "related" to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the appeal need to have been filed in relation to delivery of LTSS — they may have been filed for any reason, related to any service received (or desired) by an LTSS user.

To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed an appeal during the reporting year, and whether the filing of the appeal preceded the filing of the critical incident.

D1IV.5a	Standard appeals for which timely resolution was provided	Keystone Autism Services (KAS) 0
	Enter the total number of standard appeals for which timely resolution was provided by plan during the reporting period. See 42 CFR §438.408(b)(2) for requirements related to timely resolution of standard appeals.	

D1IV.5b	Expedited appeals for which timely resolution was provided	Keystone Autism Services (KAS) 0
	Enter the total number of expedited appeals for which timely resolution was provided by plan during the reporting period. See 42 CFR §438.408(b)(3) for	

requirements related to timely resolution of standard appeals.

D1IV.6a	Resolved appeals related to denial of authorization or limited authorization of a service Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of authorization for a service not yet rendered or limited authorization of a service. (Appeals related to denial of payment for a service already rendered should be counted in indicator D1.IV.6c).	Keystone Autism Services (KAS) 0
D1IV.6b	Resolved appeals related to reduction, suspension, or termination of a previously authorized service Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's reduction, suspension, or termination of a previously authorized service.	Keystone Autism Services (KAS) 0
D1IV.6c	Resolved appeals related to payment denial Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial, in whole or in part, of payment for a service that was already rendered.	Keystone Autism Services (KAS) 0
D1IV.6d	Resolved appeals related to service timeliness Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to provide services in a timely manner (as defined by the state).	Keystone Autism Services (KAS) 0
D1IV.6e	Resolved appeals related to lack of timely plan response to an appeal or grievance	Keystone Autism Services (KAS) 0

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to act within the timeframes provided at 42 CFR §438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals.

D1IV.6f **Resolved appeals related to plan denial of an enrollee's right to request out-of-network care** **Keystone Autism Services (KAS)**
0

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to exercise their right, under 42 CFR §438.52(b)(2)(ii), to obtain services outside the network (only applicable to residents of rural areas with only one MCO).

D1IV.6g **Resolved appeals related to denial of an enrollee's request to dispute financial liability** **Keystone Autism Services (KAS)**
0

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to dispute a financial liability.

Topic IV. Appeals, State Fair Hearings & Grievances

Appeals by Service

Number of appeals resolved during the reporting period related to various services. Note: A single appeal may be related to multiple service types and may therefore be counted in multiple categories.



Find in the Excel Workbook
D1_Plan_Set

Number	Indicator	Response
D1IV.7a	Resolved appeals related to general inpatient services	Keystone Autism Services (KAS)

0

Enter the total number of appeals resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services.

Do not include appeals related to inpatient behavioral health services – those should be included in indicator D1.IV.7c. If the managed care plan does not cover general inpatient services, enter "N/A".

D1IV.7b Resolved appeals related to general outpatient services **Keystone Autism Services (KAS)**

0

Enter the total number of appeals resolved by the plan during the reporting year that were related to general outpatient care, including diagnostic and laboratory services. Please do not include appeals related to outpatient behavioral health services – those should be included in indicator D1.IV.7d. If the managed care plan does not cover general outpatient services, enter "N/A".

D1IV.7c Resolved appeals related to inpatient behavioral health services **Keystone Autism Services (KAS)**

0

Enter the total number of appeals resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover inpatient behavioral health services, enter "N/A".

D1IV.7d Resolved appeals related to outpatient behavioral health services **Keystone Autism Services (KAS)**

0

Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient mental health and/or substance use services. If the managed care plan does not

cover outpatient behavioral health services, enter "N/A".

D1IV.7e	Resolved appeals related to covered outpatient prescription drugs Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover outpatient prescription drugs, enter "N/A".	Keystone Autism Services (KAS) 0
D1IV.7f	Resolved appeals related to skilled nursing facility (SNF) services Enter the total number of appeals resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover skilled nursing services, enter "N/A".	Keystone Autism Services (KAS) 0
D1IV.7g	Resolved appeals related to long-term services and supports (LTSS) Enter the total number of appeals resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover LTSS services, enter "N/A".	Keystone Autism Services (KAS) 0
D1IV.7h	Resolved appeals related to dental services Enter the total number of appeals resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover dental services, enter "N/A".	Keystone Autism Services (KAS) 0
D1IV.7i	Resolved appeals related to non-emergency medical	Keystone Autism Services (KAS)

transportation (NEMT) 0

Enter the total number of appeals resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover NEMT, enter "N/A".

D1IV.7j Resolved appeals related to other service types **Keystone Autism Services (KAS)**

0

Enter the total number of appeals resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.7a-i, enter "N/A".

Topic IV. Appeals, State Fair Hearings & Grievances

State Fair Hearings



Find in the Excel Workbook
D1_Plan_Set

Number	Indicator	Response
D1IV.8a	State Fair Hearing requests Enter the total number of requests for a State Fair Hearing filed during the reporting year by plan that issued the adverse benefit determination.	Keystone Autism Services (KAS) 0
D1IV.8b	State Fair Hearings resulting in a favorable decision for the enrollee Enter the total number of State Fair Hearing decisions rendered during the reporting year that were partially or fully favorable to the enrollee.	Keystone Autism Services (KAS) 0
D1IV.8c	State Fair Hearings resulting in an adverse decision for the enrollee Enter the total number of State Fair Hearing decisions rendered	Keystone Autism Services (KAS) 0

during the reporting year that were adverse for the enrollee.

D1IV.8d	State Fair Hearings retracted prior to reaching a decision Enter the total number of State Fair Hearing decisions retracted (by the enrollee or the representative who filed a State Fair Hearing request on behalf of the enrollee) prior to reaching a decision.	Keystone Autism Services (KAS) 0
D1IV.9a	External Medical Reviews resulting in a favorable decision for the enrollee If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were partially or fully favorable to the enrollee. If your state does not offer an external medical review process, enter "N/A". External medical review is defined and described at 42 CFR §438.402(c)(i)(B).	Keystone Autism Services (KAS) N/A
D1IV.9b	External Medical Reviews resulting in an adverse decision for the enrollee If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were adverse to the enrollee. If your state does not offer an external medical review process, enter "N/A". External medical review is defined and described at 42 CFR §438.402(c)(i)(B).	Keystone Autism Services (KAS) N/A

Topic IV. Appeals, State Fair Hearings & Grievances

Grievances Overview

Find in the Excel Workbook



D1_Plan_Set

Number	Indicator	Response
D1IV.10	Grievances resolved Enter the total number of grievances resolved by the plan during the reporting year. A grievance is "resolved" when it has reached completion and been closed by the plan.	Keystone Autism Services (KAS) 0
D1IV.11	Active grievances Enter the total number of grievances still pending or in process (not yet resolved) as of the first day of the last month of the reporting year.	Keystone Autism Services (KAS) 0
D1IV.12	Grievances filed on behalf of LTSS users Enter the total number of grievances filed during the reporting year by or on behalf of LTSS users. An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the grievance was filed). If this does not apply, enter N/A.	Keystone Autism Services (KAS) 0
D1IV.13	Number of critical incidents filed during the reporting period by (or on behalf of) an LTSS user who previously filed a grievance For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting period by (or on behalf of) LTSS users who previously filed grievances in the reporting year. The grievance and critical incident do not have to have been "related" to the same issue -	Keystone Autism Services (KAS) 0

they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the grievance need to have been filed in relation to delivery of LTSS - they may have been filed for any reason, related to any service received (or desired) by an LTSS user.

If the managed care plan does not cover LTSS, the state should enter "N/A" in this field.

Additionally, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, the state can enter "N/A" in this field.

To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed a grievance during the reporting year, and whether the filing of the grievance preceded the filing of the critical incident.

D1IV.14

Number of grievances for which timely resolution was provided

Keystone Autism Services (KAS)

0

Enter the number of grievances for which timely resolution was provided by plan during the reporting period.

See 42 CFR §438.408(b)(1) for requirements related to the timely resolution of grievances.

Topic IV. Appeals, State Fair Hearings & Grievances

Grievances by Service

Report the number of grievances resolved by plan during the reporting period by service.



Find in the Excel Workbook

D1_Plan_Set

Number	Indicator	Response
D1IV.15a	Resolved grievances related to general inpatient services Enter the total number of grievances resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services. Do not include grievances related to inpatient behavioral health services — those should be included in indicator D1.IV.15c. If the managed care plan does not cover this type of service, enter "N/A".	Keystone Autism Services (KAS) N/A
D1IV.15b	Resolved grievances related to general outpatient services Enter the total number of grievances resolved by the plan during the reporting year that were related to general outpatient care, including diagnostic and laboratory services. Do not include grievances related to outpatient behavioral health services — those should be included in indicator D1.IV.15d. If the managed care plan does not cover this type of service, enter "N/A".	Keystone Autism Services (KAS) N/A
D1IV.15c	Resolved grievances related to inpatient behavioral health services Enter the total number of grievances resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not	Keystone Autism Services (KAS) N/A

cover this type of service, enter "N/A".

D1IV.15d	Resolved grievances related to outpatient behavioral health services Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter "N/A".	Keystone Autism Services (KAS) 0
D1IV.15e	Resolved grievances related to coverage of outpatient prescription drugs Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover this type of service, enter "N/A".	Keystone Autism Services (KAS) N/A
D1IV.15f	Resolved grievances related to skilled nursing facility (SNF) services Enter the total number of grievances resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover this type of service, enter "N/A".	Keystone Autism Services (KAS) N/A
D1IV.15g	Resolved grievances related to long-term services and supports (LTSS) Enter the total number of grievances resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover this type of service, enter "N/A".	Keystone Autism Services (KAS) 0
D1IV.15h	Resolved grievances related to dental services	Keystone Autism Services (KAS)

Enter the total number of grievances resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover this type of service, enter "N/A".

0

D1IV.15i Resolved grievances related to non-emergency medical transportation (NEMT) **Keystone Autism Services (KAS)**
0

Enter the total number of grievances resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover this type of service, enter "N/A".

D1IV.15j Resolved grievances related to other service types **Keystone Autism Services (KAS)**
0

Enter the total number of grievances resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.15a-i, enter "N/A".

Topic IV. Appeals, State Fair Hearings & Grievances

Grievances by Reason

Report the number of grievances resolved by plan during the reporting period by reason.



Find in the Excel Workbook

D1_Plan_Set

Number	Indicator	Response
D1IV.16a	Resolved grievances related to plan or provider customer service	Keystone Autism Services (KAS) 0
	Enter the total number of grievances resolved by the plan during the reporting year that	

were related to plan or provider customer service. Customer service grievances include complaints about interactions with the plan's Member Services department, provider offices or facilities, plan marketing agents, or any other plan or provider representatives.

D1IV.16b **Resolved grievances related to plan or provider care management/case management** **Keystone Autism Services (KAS)**
0

Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider care management/case management. Care management/case management grievances include complaints about the timeliness of an assessment or complaints about the plan or provider care or case management process.

D1IV.16c **Resolved grievances related to access to care/services from plan or provider** **Keystone Autism Services (KAS)**
0

Enter the total number of grievances resolved by the plan during the reporting year that were related to access to care. Access to care grievances include complaints about difficulties finding qualified in-network providers, excessive travel or wait times, or other access issues.

D1IV.16d **Resolved grievances related to quality of care** **Keystone Autism Services (KAS)**
0

Enter the total number of grievances resolved by the plan during the reporting year that were related to quality of care. Quality of care grievances include complaints about the

effectiveness, efficiency, equity, patient-centeredness, safety, and/or acceptability of care provided by a provider or the plan.

D1IV.16e	Resolved grievances related to plan communications Enter the total number of grievances resolved by the plan during the reporting year that were related to plan communications. Plan communication grievances include grievances related to the clarity or accuracy of enrollee materials or other plan communications or to an enrollee's access to or the accessibility of enrollee materials or plan communications.	Keystone Autism Services (KAS) 0
D1IV.16f	Resolved grievances related to payment or billing issues Enter the total number of grievances resolved during the reporting period that were filed for a reason related to payment or billing issues.	Keystone Autism Services (KAS) 0
D1IV.16g	Resolved grievances related to suspected fraud Enter the total number of grievances resolved during the reporting year that were related to suspected fraud. Suspected fraud grievances include suspected cases of financial/payment fraud perpetrated by a provider, payer, or other entity. Note: grievances reported in this row should only include grievances submitted to the managed care plan, not grievances submitted to another entity, such as a state Ombudsman or Office of the Inspector General.	Keystone Autism Services (KAS) 0
D1IV.16h	Resolved grievances related to abuse, neglect or	Keystone Autism Services (KAS)

exploitation 0

Enter the total number of grievances resolved during the reporting year that were related to abuse, neglect or exploitation.

Abuse/neglect/exploitation grievances include cases involving potential or actual patient harm.

D1IV.16i Resolved grievances related to lack of timely plan response to a service authorization or appeal (including requests to expedite or extend appeals) **Keystone Autism Services (KAS)**
0

Enter the total number of grievances resolved during the reporting year that were filed due to a lack of timely plan response to a service authorization or appeal request (including requests to expedite or extend appeals).

D1IV.16j Resolved grievances related to plan denial of expedited appeal **Keystone Autism Services (KAS)**
0

Enter the total number of grievances resolved during the reporting year that were related to the plan's denial of an enrollee's request for an expedited appeal.

Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal. If a plan denies a request for an expedited appeal, the enrollee or their representative have the right to file a grievance.

D1IV.16k Resolved grievances filed for other reasons **Keystone Autism Services (KAS)**
0

Enter the total number of grievances resolved during the reporting period that were filed

for a reason other than the reasons listed above.

Topic VII: Quality & Performance Measures

Report on individual measures in each of the following eight domains: (1) Primary care access and preventive care, (2) Maternal and perinatal health, (3) Care of acute and chronic conditions, (4) Behavioral health care, (5) Dental and oral health services, (6) Health plan enrollee experience of care, (7) Long-term services and supports, and (8) Other. For composite measures, be sure to include each individual sub-measure component.



Find in the Excel Workbook

D2_Plan_Measures

Quality & performance measure total count: 21



Complete

D2.VII.1 Measure Name: Behavioral health crisis: Community Based

1 / 21

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0000

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

Any behavioral health crisis event at a Participant's home or in the community to which law enforcement or emergency services respond and there is no need to transport the Participant to a psychiatric facility, such as a crisis facility or the psychiatric department of an acute care hospital.

There is no NQF for this measure.

Measure results

Keystone Autism Services (KAS)

95%



Complete

D2.VII.1 Measure Name: Law enforcement incidents

2 / 21

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0000

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

"Numerator= number of individuals who reduced or maintained, if at zero, their number of law enforcement incidents as compared to baseline
Denominator= all participants enrolled greater than a year". There is no NQF for this measure.

Measure results

Keystone Autism Services (KAS)

98%



Complete

D2.VII.1 Measure Name: Independence and skill building

3 / 21

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0000

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Evidenced by progress on Goal Attainment Scale reporting. There is no NQF for this measure.

Measure results

Keystone Autism Services (KAS)

50%



Complete

D2.VII.1 Measure Name: Behavioral Health Crisis: Facility Based

4 / 21

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0000

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

Any behavioral health crisis event that requires the Participant to be transported to a psychiatric facility, including a crisis facility or the psychiatric department of an acute care hospital for evaluation or treatment that does not result in an admission. There is no NQF for this measure.

Measure results

Keystone Autism Services (KAS)

95%



Complete

D2.VII.1 Measure Name: Behavioral Health Crisis: Psychiatric Hospitalization InVoluntary

5 / 21

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0000

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

An involuntary inpatient admission through a 302 to a psychiatric facility, including crisis facilities, and the psychiatric departments of acute care hospitals for the purpose of evaluation and/or treatment. This includes admissions for “23 hour” observation and those for the review and/or adjustment of medications prescribed for the treatment of psychiatric symptoms or for the control of challenging behaviors. There is no NQF for this this measure.

Measure results

Keystone Autism Services (KAS)

95%



D2.VII.1 Measure Name: Behavioral Health Crisis: Psychiatric Hospitalization Voluntary

6 / 21

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0000

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

A voluntary inpatient admission to a psychiatric facility, including crisis facilities and the psychiatric departments of acute care hospitals, for the purpose of evaluation and/or treatment. This includes admissions for “23 hour” observation and those for the review and/or adjustment of medications prescribed for the treatment of psychiatric symptoms and/or for the control of challenging behaviors. No NQF for this measure.

Measure results

Keystone Autism Services (KAS)

95%



D2.VII.1 Measure Name: Number of hours engaged in volunteer work 7 / 21

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

0000

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

"Numerator= # of individuals who increased or maintained the total number of hours volunteered compared to baseline Denominator= # of individuals who have baseline data and were enrolled in December of reporting year". No NQF for the measure.

Measure results

Keystone Autism Services (KAS)

75%



Complete

D2.VII.1 Measure Name: BMI

8 / 21

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0000

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

"Numerator= # of participants who remained in a healthy BMI category or improved their BMI category as compared to the previous year Denominator= # of participants with two years of BMI data". No NQF for this measure.

Measure results

Keystone Autism Services (KAS)

14%



Complete

D2.VII.1 Measure Name: Social Isolation

9 / 21

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

0000

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Numerator: # of individuals who decreased or maintained, if at eight, their Social Isolation score from baseline Denominator: # of individuals who have a baseline and most recent survey. No NQF for this measure.

Measure results

Keystone Autism Services (KAS)

34%



Complete

D2.VII.1 Measure Name: Initial PCP visit

10 / 21

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0000

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

"Numerator= # of new enrollees who had an initial visit with a PCP within 3 months prior to enrollment or within 3 weeks after enrollment Denominator= # of new enrollees". No NQF for this measure.

Measure results

Keystone Autism Services (KAS)

100%



Complete

D2.VII.1 Measure Name: Annual Dental Exam

11 / 21

D2.VII.2 Measure Domain

Dental and oral health services

D2.VII.3 National Quality Forum (NQF) number

000

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

"Numerator= # of individuals who were enrolled the entire year and had a dental exam Denominator= # of individuals who were enrolled the entire year". No NQF for this measure.

Measure results

Keystone Autism Services (KAS)

76%



Complete

D2.VII.1 Measure Name: Psychiatric Hospitalization Follow up Appointments

12 / 21

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0000

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

"Numerator= # of psychiatric hospitalization incidents that were followed by a psychiatric or PCP visit within 30 days Denominator= # of psychiatric

hospitalizations". No NQF for this measure.

Measure results

Keystone Autism Services (KAS)

57%



Complete

D2.VII.1 Measure Name: Polypharmacy

13 / 21

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0000

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Under Development. No NQF for this measure.

Measure results

Keystone Autism Services (KAS)

24%



Complete

D2.VII.1 Measure Name: Participants Employed

14 / 21

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

0000

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

"Numerator= # of participants employed Denominator= # of participants enrolled". No NQF for this measure.

Measure results

Keystone Autism Services (KAS)

57%



Complete

D2.VII.1 Measure Name: Tenure

15 / 21

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

000

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Numerator= # of employed participants who have worked with their current employer for four or more years Denominator= # of employed participants. No NQF for this measure.

Measure results

Keystone Autism Services (KAS)

37%



Complete

D2.VII.1 Measure Name: Type of Industry

16 / 21

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

0000

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

N/A as there is no specific goal for types of industry in which participants should be employed. No NQF for this measure.

Measure results

Keystone Autism Services (KAS)

"23% (24 of 104) Sales and Related 19% (20 of 104) Food Preparations and Serving Related 13% (14 of 104) Production 13% (14 of 104) Building and Grounds Cleaning and Maintenance"



Complete

D2.VII.1 Measure Name: Hours Worked

17 / 21

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

0000

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Numerator= # of individuals who increased or maintained total number of hours worked compared to previous year Denominator= # of individuals who were employed at any time during reporting year or previous year and were enrolled for entire two year period data. No NQF for this measure.

Measure results

Keystone Autism Services (KAS)

64%



Complete

D2.VII.1 Measure Name: Self-Employment

18 / 21

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

0000

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

"Numerator= # of individuals who are self-employed Denominator= # of individuals who are employed". No NQF for this measure.

Measure results

Keystone Autism Services (KAS)

4%



Complete

D2.VII.1 Measure Name: Paid Benefits

19 / 21

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

0000

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

"Numerator= # of individuals receiving paid benefits Denominator= # of individuals who are employed". No NQF for this measure.

Measure results

Keystone Autism Services (KAS)

17%



Complete

D2.VII.1 Measure Name: Employment Services

20 / 21

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

0000

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

"Numerator= # of individuals who received employment services
Denominator= # of individuals receiving services". No NQF for this measure.

Measure results

Keystone Autism Services (KAS)

95%



Complete

D2.VII.1 Measure Name: Employment Goals

21 / 21

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

0000

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

"Numerator= # of individuals with an employment goal
Denominator= # of enrolled individuals". No NQF for this measure.

Measure results

Keystone Autism Services (KAS)

20%

Topic VIII. Sanctions

Describe sanctions that the state has issued for each plan. Report all known actions across the following domains: sanctions, administrative penalties, corrective action

plans, other. Include any pending or unresolved actions.

42 CFR 438.66(e)(2)(viii) specifies that the MCPAR include the results of any sanctions or corrective action plans imposed by the State or other formal or informal intervention with a contracted MCO, PIHP, PAHP, or PCCM entity to improve performance.



Find in the Excel Workbook

D3_Plan_Sanctions

Sanction total count:

0 - No sanctions entered

Topic X. Program Integrity



Find in the Excel Workbook

D1_Plan_Set

Number	Indicator	Response
D1X.1	Dedicated program integrity staff Report or enter the number of dedicated program integrity staff for routine internal monitoring and compliance risks. Refer to 42 CFR 438.608(a)(1)(vii).	Keystone Autism Services (KAS) 1.1
D1X.2	Count of opened program integrity investigations How many program integrity investigations have been opened by the plan in the past year?	Keystone Autism Services (KAS) 0
D1X.3	Ratio of opened program integrity investigations to enrollees What is the ratio of program integrity investigations opened by the plan in the past year per 1,000 beneficiaries enrolled in the plan on the first day of the last month of the reporting year?	Keystone Autism Services (KAS) 0:0

D1X.4	<p>Count of resolved program integrity investigations</p> <p>How many program integrity investigations have been resolved by the plan in the past year?</p>	<p>Keystone Autism Services (KAS)</p> <p>0</p>
D1X.5	<p>Ratio of resolved program integrity investigations to enrollees</p> <p>What is the ratio of program integrity investigations resolved by the plan in the past year per 1,000 beneficiaries enrolled in the plan at the beginning of the reporting year?</p>	<p>Keystone Autism Services (KAS)</p> <p>0:0</p>
D1X.6	<p>Referral path for program integrity referrals to the state</p> <p>What is the referral path that the plan uses to make program integrity referrals to the state? Select one.</p>	<p>Keystone Autism Services (KAS)</p> <p>Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently</p>
D1X.7	<p>Count of program integrity referrals to the state</p> <p>Enter the count of program integrity referrals that the plan made to the state in the past year. Enter the count of unduplicated referrals</p>	<p>Keystone Autism Services (KAS)</p> <p>0</p>
D1X.8	<p>Ratio of program integrity referral to the state</p> <p>What is the ratio of program integrity referral listed in the previous indicator made to the state in the past year per 1,000 beneficiaries, using the plan's total enrollment as of the first day of the last month of the reporting year (reported in indicator D1.I.2) as the denominator.</p>	<p>Keystone Autism Services (KAS)</p> <p>0</p>
D1X.9	<p>Plan overpayment reporting to the state</p> <p>Describe the plan's latest annual overpayment recovery report submitted to the state as required under 42 CFR 438.608(d)(3). Include, for example, the</p>	<p>Keystone Autism Services (KAS)</p> <p>Fiscal Year July 2020- June 2021 - \$1,849 of overpayments recovered. Ratio - 0</p>

following information:

- The date of the report (rating period or calendar year).
- The dollar amount of overpayments recovered.
- The ratio of the dollar amount of overpayments recovered as a percent of premium revenue as defined in MLR reporting under 438.8(f)(2).

D1X.10

Changes in beneficiary circumstances

Select the frequency the plan reports changes in beneficiary circumstances to the state.

Keystone Autism Services (KAS)

Quarterly

Topic IX. Beneficiary Support System (BSS) Entities

Per 42 CFR 438.66(e)(2)(ix), the Managed Care Program Annual Report must provide information on and an assessment of the operation of the managed care program including activities and performance of the beneficiary support system. Information on how BSS entities support program-level functions is on the Program-Level BSS page.



Find in the Excel Workbook

E_BSS_Entities

Number	Indicator	Response
EIX.1	BSS entity type What type of entity was contracted to perform each BSS activity? Check all that apply. Refer to 42 CFR 438.71(b).	PA Office of Developmental Programs (ODP), Bureau of Supports for Autism and Special Populations (BSASP), ACAP State Government Entity Keystone Autism Service Supports Coordinator Other, specify – undefined PA Health Law Project (PHLP) Legal Assistance Organization

EIX.2

BSS entity role

What are the roles performed by the BSS entity? Check all that apply. Refer to 42 CFR 438.71(b).

**PA Office of Developmental Programs (ODP),
Bureau of Supports for Autism and Special
Populations (BSASP), ACAP**

Enrollment Broker/Choice Counseling
LTSS Grievance/Appeals Education
Review/Oversight of LTSS Data

**Keystone Autism Service Supports
Coordinator**

Beneficiary Outreach
LTSS Complaint Access Point
LTSS Grievance/Appeals Education
LTSS Grievance/Appeals Assistance

PA Health Law Project (PHLP)

LTSS Grievance/Appeals Assistance