



**pennsylvania**

DEPARTMENT OF HUMAN SERVICES

Office of Developmental Programs  
Bureau of Autism Services

## **ADULT AUTISM WAIVER**

**Quality Assurance Report  
State Fiscal Year 2015-2016**

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# PA'S ADULT AUTISM WAIVER ANNUAL QUALITY ASSURANCE REPORT

## State Fiscal Year 2015-2016 (July 1, 2015 through June 30, 2016)

### A. OVERVIEW

#### I. INTRODUCTION

Pennsylvania's Adult Autism Waiver (AAW) is a statewide, person-centered program with capacity to serve 518 participants in State Fiscal Year (FY) 2015-2016. It is administered by the Bureau of Autism Services (BAS), within the PA Department of Human Services' Office of Developmental Programs to provide home and community-based services (HCBS) designed to help adults with autism live in their communities with the necessary supports, based on their identified goals and needs. The AAW is a Medicaid program jointly funded by the Commonwealth of Pennsylvania and the Federal Centers for Medicare and Medicaid Services (CMS), a branch of the U.S. Department of Health and Human Services.

This report summarizes the AAW's performance during FY 2015-2016, as required by CMS. For areas of performance that fell under 85% compliance with any of the 29 performance measures in the AAW during this reporting period, BAS has provided details on remediation implemented by BAS to improve performance.

The complete text of the current AAW is available at [www.dhs.pa.gov/citizens/autismservices/adultautismwaiver](http://www.dhs.pa.gov/citizens/autismservices/adultautismwaiver).

#### II. QUALITY MANAGEMENT STRATEGY

CMS requires states to provide a description of every waiver's Quality Management Strategy (QMS) as part of a waiver application. A QMS is an ongoing process that measures performance in a number of areas, such as assuring a participant's rights are protected. This annual Quality Assurance Report details how BAS implemented its QMS for the AAW, evaluated compliance, and made improvements. Each of the six assurances specified in Section 1915(c) of the Social Security Act, the law that authorizes HCBS waivers, is included in the "CMS Assurances & AAW Monitoring Results" section of this report.

If/when the QMS process reveals areas needing improvement BAS devises a plan to address those areas. On the individual provider level, that may mean a provider must develop and implement a Plan of Correction (POC) for the identified non-compliance. On the systemic level, BAS may need to design and implement a new process to ensure the assurances are met in the future.

#### III. PARTICIPANT & PROVIDER MONITORING

Each year, BAS staff interviews a sample of participants and reviews the qualifications of their provider staff to assess compliance with waiver requirements and assurances. BAS may select additional participants for this review if complaints, critical incident reports, or other information indicates that one or more particular providers may not be providing services according to waiver requirements. BAS develops a standard template for these interviews and record reviews to ensure BAS program monitors capture necessary information to assess compliance with the CMS assurances. The statistically significant representative random sample for FY 2015-2016 included 61 participants.

BAS program monitoring is conducted by AAW Regional Office representatives and consists of on-site interviews with each participant in the sample and some participant family members. These interviews focus on the participants':

- Satisfaction with services (e.g., whether the frequency and duration of service(s) was appropriate);
- Quality of life (e.g., whether they are treated with respect by provider staff);
- Health and welfare (e.g., whether participants see a medical doctor when necessary).

AAW Regional Office representatives also monitor providers who serve each of the participants in the sample. The provider monitoring includes, but is not limited to, the review of documentation that confirms whether:

- Direct Support staff completed required training;
- Services were initiated in a timely manner;
- Providers submitted quarterly reports showing progress made toward participant goals and objectives in the ISP;
- Services were delivered and billed in the frequency and duration indicated in the ISP.

After a provider is monitored, BAS notifies the provider of any instances of non-compliance or program concerns and may require a formal, documented POC. For example, BAS may request: a) additional documentation to support staff qualifications; b) provider policies be established and communicated to ensure that the provider is not out of compliance in the future. During FY 2015-2016, 37 of the 49 providers monitored were required to develop POCs. These plans and accompanying documentation are reviewed by BAS and accepted or returned for revision. Once a provider's POC is accepted by BAS, including timelines for completion, BAS continues to monitor the provider until the plan is implemented satisfactorily.

#### IV. DATA SOURCES

BAS utilizes two online data systems—HCSIS and PROMISe—in administering the AAW program.

**Home and Community Services Information System (HCSIS):** HCSIS stores applicant and participant-specific data, including demographics, eligibility, enrollment status and Individual Support Plans (ISP). Supports Coordinators use HCSIS intensively to update information, enter service notes and manage ISP revisions and annual ISP reviews. All AAW providers use HCSIS to access participant ISPs and verify authorization of services. BAS also uses HCSIS for a variety of waiver management business process purposes.

**Provider Reimbursement & Operations Management Information System (PROMISe):** PROMISe is Pennsylvania's CMS-certified Medicaid Management Information System (MMIS), which includes HIPAA-compliant claims processing and financial management. Waiver providers use PROMISe to submit claims for payment of service delivery. PROMISe works in concert with HCSIS to assure that only qualified providers are paid for claims for eligible participants.

Other Data Sources: BAS develops and maintains internal databases to track information, monitor and manage program performance, and identify trends not captured in either of the online data systems.

## V. BY THE NUMBERS

This table is provided as a reference for the data collected, analyzed and reported for the AAW during FY 2015-2016.

Performance Measure(s)	Represents for FY 2015-16	Denominator
LOC1, LOC3, SP3	Participant applications / initial ISPs completed	43
LOC2, LOC4, SP4	Annual ISPs completed	498
SP1, SP2	Annual and initial ISPs completed (Note: Four participants disenrolled during FY 2015-2016 prior to the annual ISP review.)	537
HW6, HW7, HW8	Total enrolled participants	541
SP5, SP6, SP7, HW3, HW4, HW5	Participants selected as part of random sample to be interviewed during annual monitoring	61
QP1	Enrolled and licensed service providers	132
QP2	All enrolled providers	996
QP3, QP4, QP5	Direct support staff reviewed during annual monitoring	209
HW1	All critical incidents filed	230
HW2	Abuse and/or neglect incidents filed	26
AA1	Functional eligibility determinations	43
AA2	Random sample of FE determinations	9
FA1	Claims reviewed for participants selected as part of random sample	178

## B. CMS ASSURANCES & AAW MONITORING RESULTS

### I. STATE CONDUCTS LEVEL OF CARE DETERMINATIONS CONSISTENT WITH THE NEED FOR INSTITUTIONALIZATION (LOC)

**CMS Assurance:** “The State demonstrates 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, NF [Nursing Facility], or ICF/ID-DD [Intermediate Care Facility for Intellectual or Developmental Disabilities].”

**AAW Performance for FY 2015-16:** BAS met this assurance. It is notable that performance for LOC2 rose from 83% for FY 2014-2015 to 85% in the first quarter of FY 2015-2016 and 95% for the fourth quarter, with an average of 89% for the year. This increase is the result of an improvement project launched at the beginning of FY 2015-2016 that provides timelines for Regional Office Representatives for when to contact the participant’s supports coordinator (SC) with standard emails as reminders for when the level of care (LOC) redetermination is due. (SCs are responsible for ensuring the timeliness of the LOC redetermination submission.) This process promotes early coordination between the SC, participant and physician to ensure timely completion of the annual LOC redeterminations. In addition, as an incentive for compliance, BAS instituted a policy to not approve an annual ISP until the LOC redetermination is received by BAS.

**Performance Measure LOC1:** Number of applicants who receive a level of care determination within 60 days of BAS receipt of application divided by total number of applicants.

**Performance:** 98% (42) of 43 LOC determinations were received within 60 days.

**Performance Measure LOC2:** Number of enrolled participants who receive a level of care redeterminations within 12 months of previous evaluation divided by number of participants who have been enrolled for at least 12 months.

*Performance: 89% (443) of 498 LOC redeterminations were received within 365 days of the previous level of care evaluation.*

**Performance Measure LOC3:** Number of initial level of care determinations where the instrument described in Appendix B-6 is used and BAS agrees with the decision divided by the number of initial level of care determinations reviewed by BAS.

*Performance: 100% of 43 initial LOC determinations were completed using the instrument described in Appendix B-6 of the AAW.*

**Performance Measure LOC4:** Number of level of care redeterminations where the instrument described in Appendix B-6 is used and BAS agrees with the decision divided by total number of level of care re-determinations.

*Performance: 100% of 498 LOC redeterminations were completed using the instrument described in Appendix B-6 of the AAW.*

## II. SERVICE PLANS ARE RESPONSIVE TO WAIVER PARTICIPANT NEEDS (SP)

**CMS Assurance:** “The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.”

**AAW Performance for FY 2015-16:** BAS met this assurance. During FY 2015-2016, BAS launched an improvement plan to address the 75% performance for SP3 during FY 2014-2015. This plan involved developing and distributing a comprehensive checklist to SCs and BAS regional office staff, and using it for each ISP, to ensure that plans received for review do not need to be returned to the SCs due to missing or incomplete information.

**Performance Measure SP1:** Number of Individual Support Plans (ISP) that address the participant’s needs and goals identified in the assessments divided by total number of ISPs.

*Performance: 100% of 537 ISPs addressed the participant’s needs and goals identified in the assessments.*

**Performance Measure SP2:** Number of ISPs in which the ISP is approved without revisions, which indicates the service planning process in Appendix D was followed, divided by total number of ISPs.

*Performance: 88% (473) of 537 ISPs were approved without revisions.*

**Performance Measure SP3:** Number of initial ISPs completed within 45 days of the selection of an SC agency divided by total number of initial ISPs completed during a quarter.

*Performance: 88% (38) of 43 initial ISPs were completed within 45 days of the selection of an SC agency.*

**Performance Measure SP4:** Number of ISPs for which revisions were completed within 12 months of most recent previous ISP divided by total number of ISPs for which a revision was due in a quarter.

*Performance: 100% of 498 annual ISPs were completed within 12 months of the most recent previous ISP.*

**Performance Measure SP5:** Number of participant interview respondents who reported unmet needs divided by number of participants interviewed by BAS staff (a number above zero indicates the assurance is not met for some individuals).

**Performance:** 5% (3) of 61 participant interview respondents reported unmet needs.  
(Note: A lower score reflects better performance.)

**Performance Measure SP6:** Number of participants with at least one unit of service that was authorized and not used, where unused services is not explained by participant illness; hospitalization; participant refusing services; or participant vacation with family or friends divided by number of participants interviewed by BAS (a number above zero indicates the assurance is not met for some individuals).

**Performance:** 13% (8) of 61 participant interview respondents reported unmet needs.  
(Note: A lower score reflects better performance.)

**Performance Measure SP7:** Number of participants who indicated they were able to choose between a) waiver and institutional care and b) among waiver services and providers are documented divided by number of participants interviewed by BAS staff.

**Performance:** 98% (60) of 61 participants interviewed indicated they were able to choose between waiver and institutional care and among waiver services.

### III. QUALIFIED PROVIDERS SERVE WAIVER PARTICIPANTS (QP)

**AAW Performance for FY 2015-16:** BAS met this assurance.

**Performance Measure QP1:** Number of providers with a current license divided by total number of providers enrolled for services that require a license (i.e., Day Habilitation, Residential Habilitation, Occupational Therapy, Speech/Language Therapy, Family Counseling, and Nutritional Consultation).

**Performance:** 100% of 132 enrolled and licensed providers have the required license

**Performance Measure QP2:** Number of providers with a Medical Assistance Provider Agreement and an AAW Supplemental Agreement divided by number of providers enrolled in the AAW.

**Performance:** 100% of 996 enrolled providers have an approved Medical Assistance Provider Agreement and a signed AAW Supplemental Agreement

**Performance Measure QP3:** Number of direct support staff who meet age, education, and experience requirements in the AAW/Appendix C-3 divided by number of direct support staff serving AAW participants in a given month.

**Performance:** 98% (205) of 209 direct support staff reviewed met the age, education and experience requirements for the services they were providing.

**Performance Measure QP4:** Number of direct support staff for whom criminal background checks have been completed divided by number of direct support staff serving AAW participants in a given month.

**Performance:** 100% of 209 direct support staff had criminal background checks completed.

**Performance Measure QP5:** Number of direct support staff for whom required training has been completed divided by number of direct support staff serving AAW participants in a given month.

**Performance:** 97% (203) of 209 direct support staff had completed the required training.

## IV. HEALTH AND WELFARE OF WAIVER PARTICIPANTS (HW)

**AAW Performance for FY 2015-16:** BAS continued to work toward higher compliance with the Health and Welfare performance measures. In many cases, the negative outcomes can be explained by the fact that the performance measures were designed in a way that doesn't accurately answer to the intent of the assurance to safeguard participants. To remediate, new performance measures were designed by BAS as part of the 2016 waiver renewal with a goal of providing a better approach to measuring and reacting to participants' needs on an ongoing basis and BAS will report on the new measures for the FY 2016-2017 report. For HW1, 42% of reports were returned to providers for revisions or correction and technical assistance was provided as needed. For HW2, it is not atypical for some reported incidents to be investigated and abuse and/or neglect not be confirmed. For HW3, HW4 and HW6, actions were taken by BAS to follow up on the findings and appropriate remediation was taken by the providers and approved by BAS.

**Performance Measure HW1:** Number of reported critical incidents where BAS approved the provider's initial submission of the final report divided by total number of reported critical incidents.

*Performance: 58% (134) of 230 reported critical incident final reports were approved by BAS upon initial submission by the provider.*

**Performance Measure HW2:** Number of reported critical incidents where a certified investigator found abuse and/or neglect divided by number of reported critical incidents where an investigation was required and finalized.

*Performance: 38% (10) of 26 abuse and/or neglect critical incidents where an investigation was required and finalized were determined to be valid when the investigation was finalized.*

**Performance Measure HW3:** Number of participants interviewed by BAS who reported that someone hit or hurt them physically divided by number of participants BAS interviewed.

*Performance: 0% of 61 participants who were interviewed reported that a staff hurt them. (Note: A lower score reflects better performance.)*

**Performance Measure HW4:** Number of participants interviewed by BAS who reported they do not feel safe where they live divided by number of participants BAS interviewed.

*Performance: 3% (2 participants of 61 who were interviewed) reported that they "sometimes" do not feel safe where they live. The provider was notified and BAS followed up to ensure that appropriate remediation occurred. (Note: A lower score reflects better performance.)*

**Performance Measure HW5:** Number of participants interviewed by BAS who reported staff yelled or screamed at them divided by number of participants BAS interviewed.

*Performance: 0% of 61 participants who were interviewed reported that staff yell or scream at them. (Note: A lower score reflects better performance.)*

**Performance Measure HW6:** Number of critical incident reports indicating the use of restraint, including improper or unauthorized use of restraint, divided by total number of waiver participants.

*Performance: 0% of critical incident reports indicating the use of restraint were entered for the 541 participants enrolled. (Note: A lower score reflects better performance.)*

**Performance Measure HW7:** Number of critical incident reports indicating psychiatric hospitalizations divided by total number of waiver participants.



**Performance:** 2.4% of participants (13 of 541 enrolled) accounted for 19 psychiatric hospitalizations. (Note: A lower score reflects better performance.)

**Performance Measure HW8:** Number of critical incidents involving police intervention because a participant is charged with a crime or is the subject of a police investigation that may lead to criminal charges; a participant causes an event, such as pulling a fire alarm, that requires involvement of police; or a crisis intervention involving police/law enforcement personnel divided by total number of waiver participants.

**Performance:** 3% of participants (17 of 541 enrolled) accounted for 19 incidents involving police intervention. (Note: A lower score reflects better performance.)

## V. STATE MEDICAID AGENCY RETAINS ADMINISTRATIVE AUTHORITY OVER THE WAIVER PROGRAM (AA)

**AAW Performance for FY 2015-16:** BAS met this assurance.

**Performance Measure AA1:** Number of applicants who receive a functional eligibility determination within 30 days of BAS receipt of an application divided by total number of applications received by BAS.

**Performance:** 91% (39) of 43 functional eligibility determinations were completed within 30 days of BAS receipt of the application.

**Performance Measure AA2:** Number of initial functional eligibility determinations where BAS agrees with the decision after a review of documentation is complete divided by the number of initial functional eligibility determinations reviewed by BAS.

**Performance:** 100% of 9 functional eligibility determinations reviewed by BAS were found to meet BAS's standards.

## VI. STATE PROVIDES FINANCIAL ACCOUNTABILITY FOR THE WAIVER (FA)

**CMS Assurance:** "State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver."

**AAW Performance for FY 2015-2016:** Compliance with performance measure FA1 was calculated at 92% for FY 2015-2016. For nine of the 49 monitored providers, remediation was required and completed. However, BAS acknowledges that, as stated by CMS after review of the three fiscal years prior to this one, "The state reported on services and not total claims which does not meet the performance measure outlined in the approved waiver to meet the financial assurance." As a result, CMS required BAS to develop and submit a waiver-specific work plan to assist BAS in preparations for the renewal of the waiver. The work plan submitted to CMS included the design and planned implementation of a quality improvement system to assist BAS in meeting and demonstrating the financial assurance for the AAW. It also required BAS to develop new and quantifiable performance measures demonstrating that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver and designed to demonstrate that claims are paid for only those services that have been rendered. The work plan BAS submitted was approved by CMS and all tasks associated with the work plan were approved by CMS upon completion.

**Performance Measure FA1:** Number of claims for which provider documentation indicates services were provided as billed divided by total number of claims paid for a sample of participants.

**Performance:** 92% (164) of 178 services reviewed had matching documentation substantiated paid claims.