



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Office of Developmental Programs  
Bureau of Autism Services

**ADULT AUTISM WAIVER**

**Quality Assurance Report  
State Fiscal Year 2016-2017**

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# PA'S ADULT AUTISM WAIVER ANNUAL QUALITY ASSURANCE REPORT

## State Fiscal Year 2016-2017 (July 1, 2016 through June 30, 2017)

### A. OVERVIEW

#### I. INTRODUCTION

Pennsylvania's Adult Autism Waiver (AAW) is a statewide, person-centered program with capacity to serve 668 participants in State Fiscal Year (FY) 2016-2017. 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 2016-2017, as required by the AAW. For areas of performance that fall under the threshold of compliance—at or below 85%—with any of the 22 performance measures in the AAW, BAS is required to write and implement a quality improvement plan to improve performance. During this fiscal year, no areas of performance fell at or below 85%, but it is important to note that remediation did occur for instances of noncompliance identified across these measures.

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. Because the FY 2016-2017 compliance performance did not fall at 85% or below for any measure, a BAS quality improvement plan was not required, but remediation did occur to address all individual instances of noncompliance.

#### III. PARTICIPANT & PROVIDER MONITORING

Each year, BAS staff interviews a sample of participants enrolled in the waiver 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 2016-2017 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 2016-2017, 34 of the 42 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 2016-2017.

<b>Performance Measure(s)</b>	<b>Represents for FY 2015-16</b>	<b>Denominator</b>
AA2	Waiver amendments	2
AA3	Enrolled providers	228
AA4	Enrolled participants	649
LOC1, LOC2	Newly enrolled participants	125
QP1	Licensed providers	77
QP2, QP3	Direct support staff serving random sample of participants	241
SP1, SP2, SP3, SP4, PS2, PS6	Random sample of participants	61
PS1	Confirmed incidents of abuse, neglect, exploitation and/or unexplained death	10
PS4	Confirmed incidents	14
FA1	Paid claims reviewed for random sample of participants	4,968
FA2, FA3	Paid claims	155,789

## B. CMS ASSURANCES & AAW MONITORING RESULTS

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

**CMS Assurance:** “The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities.”

**AAW Performance for FY 2016-2017:** BAS met this assurance.

<b>AAW Performance Measure AA1:</b> Number and percent of functional eligibility (FE) determinations conducted by contracted entities consistent with waiver requirements.	<b>FY 2016-2017</b>	
<b>DISCOVERY DATA</b> <b>Data Source:</b> AAW Participant Tracking Database		
<i>Numerator (N)</i> = Number of FE determinations conducted by contracted entities consistent with waiver requirements. <i>Denominator (D)</i> = Number of FE determinations conducted by contracted entities. <b>NOTE: During FY 2016-2017, all FE determinations were conducted by AAW staff.</b>	N	0
	D	0
	% (N/D)	N/A

<b>AAW Performance Measure AA2:</b> Number and percent of waiver amendments, renewals and notices in the PA Bulletin reviewed and approved by the State Medicaid Director.	<b>FY 2016-2017</b>	
<b>DISCOVERY DATA</b> <b>Data Source:</b> AAW PA Bulletin Tracking Spreadsheet		
<i>Numerator (N)</i> = Number of waiver amendments, renewals and notices in the PA Bulletin reviewed and approved by the State Medicaid Director. <i>Denominator (D)</i> = Number of waiver amendments, renewals and notices in the PA Bulletin.	N	2
	D	2
	% (N/D)	100%

<b>AAW Performance Measure AA3:</b> Number and percent of providers with signed Medical Assistance Provider Agreements and AAW Supplemental Agreements.	<b>FY 2016-2017</b>	
<b>DISCOVERY DATA</b> <b>Data Source:</b> AAW Provider Enrollment Database		
<i>Numerator (N)</i> = Number of providers with signed Medical Assistance Provider Agreements and AAW. <i>Denominator (D)</i> = Number of providers.	N	228
	D	228
	% (N/D)	100%

<b>AAW Performance Measure AA4:</b> Number and percent of participants distributed by region utilizing the geographic distribution criteria identified in Appendix B-3 of the waiver.	<b>FY 2016-2017</b>	
<b>DISCOVERY DATA</b> <b>Data Source:</b> AAW Participant Tracking Database		
<i>Numerator (N)</i> = Number of participants distributed by region utilizing the geographic distribution criteria identified in Appendix B-3 of the waiver. <i>Denominator (D)</i> = Number of participants.	N	649
	D	649
	% (N/D)	100%

## II. 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 2016-2017:** BAS met this assurance.

**I. Subassurance** - An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future.

AAW Performance Measure LOC1: Number and percent of new enrollees who have a level of care (LOC) completed prior to entry into the waiver.	FY 2016-2017	
<b>DISCOVERY DATA</b> <b>Data Source:</b> AAW Participant Tracking Database		
<b>Numerator (N)</b> = Number of new enrollees who have an LOC completed prior to entry into the waiver. <b>Denominator (D)</b> = Number of new enrollees.	N	125
	D	125
	% (N/D)	100%

**II. Subassurance** - The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine initial participant level of care.

AAW Performance Measure LOC2: Number and percent of initial LOC determinations where the instrument and process described in Appendix B-6 of the waiver are used.	FY 2016-2017	
<b>DISCOVERY DATA</b> <b>Data Source:</b> AAW Participant Tracking Database		
<b>Numerator (N)</b> = Number of initial LOC determinations where the instrument and process described in Appendix B-6 of the waiver are used. <b>Denominator (D)</b> = Number of initial LOC determinations.	N	125
	D	125
	% (N/D)	100%

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

**CMS Assurance:** “The state demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.”

**AAW Performance for FY 2016-17:** BAS met this assurance and the three subassurances.

i. **Subassurance** - The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.

<b>AAW Performance Measure QP1:</b> Number and percent of providers who meet licensing requirements.	<b>FY 2016-2017</b>	
<b>DISCOVERY DATA</b> <b>Data Source:</b> Provider Enrollment Database		
<i>Numerator (N)</i> = Number of providers who meet licensing requirements. <i>Denominator (D)</i> = Number of providers requiring a license.	N	77
	D	77
	% (N/D)	100%

ii. **Subassurance** - The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.

<b>AAW Performance Measure QP2:</b> Number and percent of direct support professionals [DSPs] who meet age, education, experience, and criminal background check requirements per Appendix C prior to service delivery.	<b>FY 2016-2017</b>	
<b>DISCOVERY DATA</b> <b>Data Source:</b> Annual Provider Monitoring		
<i>Numerator (N)</i> = Number of DSPs who meet age, education, experience, and criminal background check requirements per Appendix C prior to service delivery. <i>Denominator (D)</i> = Number of DSPs reviewed.	N	230
	D	241
	% (N/D)	95.4%

iii. **Subassurance** - The State implements its policies and procedures for verifying that training is provided in accordance with State requirements and the approved waiver.

<b>AAW Performance Measure QP3:</b> Number and percent of direct support professionals [DSPs] who completed required training.	<b>FY 2016-2017</b>	
<b>DISCOVERY DATA</b> <b>Data Source:</b> Annual Provider Monitoring		
<i>Numerator (N)</i> = Number of DSPs who completed required training. <i>Denominator (D)</i> = Number of DSPs reviewed.	N	239
	D	241
	% (N/D)	99.2%



#### IV. 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 2016-17:** BAS met this assurance and the four subassurances.

**i. Subassurance:** “Service plans address all members’ assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.”

<b>AAW Performance Measure SP1:</b> Number and percent of participants who have all documented needs and personal goals addressed in the ISP through waiver-funded services or other non-waiver supports.		<b>FY 2016-2017</b>	
<b>DISCOVERY DATA</b> <b>Data Source:</b> Review of ISPs			
<b>Numerator (N)</b> = Number and percent of participants who have all documented needs and personal goals addressed in the ISP through waiver funded services or other non-waiver supports. <b>Denominator (D)</b> = Number of participants reviewed.	N	61	
	D	61	
	% (N/D)	100%	

**ii. Subassurance** – “Service plans are updated/revised at least annually or when warranted by changes in the participant’s needs.”

<b>AAW Performance Measure SP2:</b> Number and percent of participants whose service plans are updated/revised at least annually and in response to a change in need.		<b>FY 2016-2017</b>	
<b>DISCOVERY DATA</b> <b>Data Source:</b> Annual Participant Monitoring			
<b>Numerator (N)</b> = Number of participants whose service plans are updated/revised at least annually and in response to a change in need. <b>Denominator (D)</b> = Number of participants reviewed.	N	61	
	D	61	
	% (N/D)	100%	

**iii. Subassurance** – “Services are delivered in accordance with the service plan, including the type, scope, amount, duration, and frequency specified in the service plan.”

<b>AAW Performance Measure SP3:</b> Number and percent of participants whose services were delivered in the type, scope, amount, duration and frequency specified in the service plan.		<b>FY 2016-2017</b>	
<b>DISCOVERY DATA</b> <b>Data Source:</b> HCSIS			
<b>Numerator (N)</b> = Number of participants whose services were delivered in the type, scope, amount, duration and frequency specified in the service plan. <b>Denominator (D)</b> = Number of participants reviewed.	N	56	
	D	61	
	% (N/D)	91.8%	

**iv. Subassurance**—“Participants are afforded choice between/among waiver services and providers.”

<b>AAW Performance Measure SP4:</b> Participants are afforded choice between/among waiver services and providers.		<b>FY 2016-2017</b>	
<b>DISCOVERY DATA</b> <b>Data Source:</b> Annual Participant Monitoring			
<b>Numerator (N)</b> = Number of participants for whom choices among waiver services and providers is documented. <b>Denominator (D)</b> = Number of participants reviewed. <b>Note: The evidence for documentation of afforded choice—the Provider Choice Form—was not present in the participant file, but was indicated on ISP sign-off form.</b>	N	59	
	D	61	
	% (N/D)	96.7%	

## V. PARTICIPANT SAFEGUARDS (PS)

**CMS Assurance:** “The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.”

**i. Subassurance:** “The State demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.”

<b>AAW Performance Measure PS1:</b> Number and percent of participants who have all documented needs and personal goals addressed in the ISP through waiver-funded services or other non-waiver supports.	<b>FY 2016-2017</b>	
<b>DISCOVERY DATA</b> <b>Data Source:</b> HCSIS Enterprise Incident Management		
<b>Numerator (N)</b> = Number and percent of confirmed incidents of abuse, neglect, exploitation and unexplained death for which corrective action was taken.	N	10
<b>Denominator (D)</b> = Number of confirmed incidents of abuse, neglect, exploitation and unexplained death.	D	10
	% (N/D)	100%

<b>AAW Performance Measure PS2:</b> Number and percent of participants who received information about how to identify and report abuse, neglect and exploitation.	<b>FY 2016-2017</b>	
<b>DISCOVERY DATA</b> <b>Data Source:</b> Annual Provider Monitoring		
<b>Numerator (N)</b> = Number of participants who received information about how to identify and report abuse, neglect and exploitation.	N	61
<b>Denominator (D)</b> = Number of participants reviewed.	D	61
	% (N/D)	100%

**ii. Subassurance** – “The State demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible.”

<b>AAW Performance Measure PS3:</b> Number and percent of investigated incidents where the provider’s corrective action plan (CAP) includes strategies to mitigate/prevent future incidents.	<b>FY 2016-2017</b>	
<b>DISCOVERY DATA</b> <b>Data Source:</b> HCSIS Enterprise Incident Management		
<b>Numerator (N)</b> = Number of incidents where the provider’s CAP includes strategies to mitigate/prevent future incidents.	N	0
<b>Denominator (D)</b> = All investigated incidents where the provider is required to develop a CAP.	D	0
<b>NOTE: During FY 2016-2017, no incidents required a CAP to mitigate/prevent future incidents; risk mitigation is applied in every case and there were no cases where a CAP was required.</b>	% (N/D)	N/A

<b>AAW Performance Measure PS4:</b> Number and percent of participants with a confirmed incident which are reported and reviewed at quarterly risk management meetings to determine any patterns related to participants or providers.	<b>FY 2016-2017</b>	
<b>DISCOVERY DATA</b> <b>Data Source:</b> Risk Management meeting minutes		
<b>Numerator (N)</b> = Participants with a confirmed incident which are reported to quarterly risk management meetings.	N	14
<b>Denominator (D)</b> = All confirmed incidents.	D	14
	% (N/D)	100%

iii. **Subassurance** – “The State policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed.”

<b>AAW Performance Measure PS5:</b> Number and percent of incidents related to restrictive interventions where BAS policies and procedures were followed.	<b>FY 2016-2017</b>	
<b>DISCOVERY DATA</b> <b>Data Source:</b> HCSIS Enterprise Incident Management		
<b>Numerator (N)</b> = Number of incidents related to restrictive interventions where BAS policies and procedures were followed. <b>Denominator (D)</b> = Number of incidents related to restrictive interventions. <b>NOTE: During FY 2016-2017, there were no reported incidents related to restrictive interventions.</b>	N	0
	D	0
	% (N/D)	N/A

iv. **Subassurance** – “The State establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.”

<b>AAW Performance Measure PS6:</b> Number of percent of participants who reported that they are able to receive medical attention as needed.	<b>FY 2016-2017</b>	
<b>DISCOVERY DATA</b> <b>Data Source:</b> AAW Annual Participant Monitoring		
<b>Numerator (N)</b> = Number of participants who reported that they are able to receive medical attention as needed. <b>Denominator (D)</b> = Number of participants interviewed. <b>NOTE: The interviewer ensured that the identified participant subsequently received the needed medical attention.</b>	N	60
	D	61
	% (N/D)	98.4%

## 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.”

**i. Subassurance** – “The State provides evidence that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver and only for services rendered.”

<b>AAW Performance Measure FA1:</b> Number and percent of claims supported by documentation that services were delivered.	<b>FY 2016-2017</b>	
<b>DISCOVERY DATA</b> <b>Data Source:</b> PROMISe and Annual Provider Monitoring		
<i>Numerator (N) = Number of claims supported by documentation that services were delivered.</i>	N	4,903
<i>Denominator (D) = Number of claims reviewed.</i>	D	4,968
	% (N/D)	98.7%

<b>AAW Performance Measure FA2:</b> Number and percent of claims paid for participants who were eligible on the date the service was provided and where services were consistent with those in service plans.	<b>FY 2016-2017</b>	
<b>DISCOVERY DATA</b> <b>Data Source:</b> PROMISe		
<i>Numerator (N) = Number of claims paid for participants who were eligible on the date the service was provided and where services were consistent with those in service plans.</i>	N	155,789
<i>Denominator (D) = Number of claims paid.</i>	D	155,789
	% (N/D)	100%

**ii. Subassurance** – “The State provides evidence that rates remain consistent with the approved rate methodology throughout the five year waiver cycle.”

<b>AAW Performance Measure FA3:</b> Number and percent of claims paid using rates developed according to the rate methodology in Appendix I-2-a.	<b>FY 2016-2017</b>	
<b>DISCOVERY DATA</b> <b>Data Source:</b> PROMISe		
<i>Numerator (N) = Number of claims paid using rates developed according to the rate methodology in Appendix I-2-a.</i>	N	155,789
<i>Denominator (D) = Number of claims paid.</i>	D	155,789
	% (N/D)	100%