



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Office of Developmental Programs  
Bureau of Autism Services

**ADULT AUTISM WAIVER**

**Quality Assurance Report  
State Fiscal Year 2017-2018**

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# PA'S ADULT AUTISM WAIVER ANNUAL QUALITY ASSURANCE REPORT

## State Fiscal Year 2017-2018 (July 1, 2017 through June 30, 2018)

### A. OVERVIEW

#### I. INTRODUCTION

Pennsylvania's Adult Autism Waiver (AAW) is a statewide, person-centered program administered by the Bureau of Autism Services (BAS), within the PA Department of Human Services' Office of Developmental Programs. The AAW provides 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. It 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 US Department of Health and Human Services.

This report summarizes the AAW's performance during FY 2017-2018, 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, one area of performance was determined to be 84% compliant. (See page eight for details.) It is important to note that remediation did occur for all 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 Corrective Action Plan (CAP) 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 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 2017-2018 included 63 participants.

BAS program monitoring is conducted by AAW Regional Office representatives and includes 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 Corrective Action Plan. 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 2017-2018, 34 of the 42 providers monitored were required to develop CAPs. These plans and accompanying documentation are reviewed by BAS and accepted or returned for revision. Once a provider's CAP 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 2017-2018.

Performance Measure(s)	Represents for FY 2017-18	Denominator
AA2	Waiver amendments	1
AA3	Enrolled providers	191
AA4	Enrolled participants	718
LOC1, LOC2	Newly enrolled participants	66
QP1	Licensed providers	62
QP2, QP3	Direct support staff serving random sample of participants	211
SP1, SP3, SP4, PS2, PS6	Random sample of participants	63
SP2	Random sample of participants due for an annual review plan	52
PS1, PS3, PS4	Confirmed incidents	25
PS5	Confirmed incident related to restrictive intervention	1
FA1	Paid claims reviewed for random sample of participants	5,696
FA2, FA3	Paid claims	232,342

## 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.”

<b>AA1:</b> Number and percent of functional eligibility (FE) determinations conducted by contracted entities consistent with waiver requirements. <b>Data Source:</b> AAW Participant Tracking Database	<b>FY 2017-2018</b>	
<b>Numerator (N)</b> = Number of FE determinations conducted by contracted entities consistent with waiver requirements. <b>Denominator (D)</b> = Number of FE determinations conducted by contracted entities.	N	0
	D	0
	% (N/D)	N/A

**Details:** During FY 2017-2018, all FE determinations were conducted internally by AAW staff.

<b>AA2:</b> Number and percent of waiver amendments, renewals and notices in the PA Bulletin reviewed and approved by the State Medicaid Director. <b>Data Source:</b> AAW PA Bulletin Tracking Spreadsheet	<b>FY 2017-2018</b>	
<b>Numerator (N)</b> = Number of waiver amendments, renewals and notices in the PA Bulletin reviewed and approved by the State Medicaid Director. <b>Denominator (D)</b> = Number of waiver amendments, renewals and notices in the PA Bulletin.	N	1
	D	1
	% (N/D)	100%

<b>AA3:</b> Number and percent of providers with signed Medical Assistance Provider Agreements and AAW Supplemental Agreements. <b>Data Source:</b> AAW Provider Enrollment Database	<b>FY 2017-2018</b>	
<b>Numerator (N)</b> = Number of providers with signed Medical Assistance Provider Agreements and AAW Supplemental Agreements. <b>Denominator (D)</b> = Number of providers.	N	191
	D	191
	% (N/D)	100%

<b>AA4:</b> Number and percent of participants distributed by region utilizing the geographic distribution criteria identified in Appendix B-3 of the waiver. <b>Data Source:</b> AAW Participant Tracking Database	<b>FY 2017-2018</b>	
<b>Numerator (N)</b> = Number of participants distributed by region utilizing the geographic distribution criteria identified in Appendix B-3 of the waiver. <b>Denominator (D)</b> = Number of participants.	N	718
	D	718
	% (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].”

**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.

<b>LOC1:</b> Number and percent of new enrollees who have a level of care (LOC) completed prior to entry into the waiver.  <b>Data Source:</b> AAW Participant Tracking Database	<b>FY 2017-2018</b>	
<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	66
	D	66
	% (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.

<b>LOC2:</b> Number and percent of initial LOC determinations where the instrument and process described in Appendix B-6 of the waiver are used.  <b>Data Source:</b> AAW Participant Tracking Database	<b>FY 2017-2018</b>	
<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	66
	D	66
	% (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.”

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.

QP1: Number and percent of providers who meet licensing requirements. Data Source: Provider Enrollment Database	FY 2017-2018	
<b>Numerator (N)</b> = Number of providers who meet licensing requirements.	N	62
<b>Denominator (D)</b> = Number of providers requiring a license.	D	62
	% (N/D)	100%

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

QP2: 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. Data Source: Annual Provider Monitoring	FY 2017-2018	
<b>Numerator (N)</b> = Number of DSPs who meet age, education, experience, and criminal background check requirements per Appendix C prior to service delivery.	N	204
<b>Denominator (D)</b> = Number of DSPs reviewed.	D	211
	% (N/D)	97%

**Details:** BAS reviewed the QP2 requirements and found that seven DSPs at five different provider agencies did not meet the requirements. Four providers with findings related to criminal background checks (CBCs) not completed timely remediated by completing the CBCs. For one provider, the experience requirement was not met for two DSPs and both were removed from service provision for the AAW. In all cases, the providers were required to develop new policies and procedures to prevent future non-compliance that were reviewed and validated by BAS.

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

QP3: Number and percent of direct support professionals [DSPs] who completed required training. Data Source: Annual Provider Monitoring	FY 2017-2018	
<b>Numerator (N)</b> = Number of DSPs who completed required training.	N	200
<b>Denominator (D)</b> = Number of DSPs reviewed.	D	211
	% (N/D)	95%

**Details:** BAS reviewed the training requirements and found that 11 DSPs at 10 different provider agencies did not meet the requirements. Remediation was completed in all cases. For eight DSPs, the DSPs completed the training. Two additional DSPs were removed from service provision for the AAW. In one case, the DSP involved was no longer employed by the agency. In all cases, the providers were required to develop new policies and procedures to prevent future non-compliance that were reviewed and validated by BAS.

#### 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.”

**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>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>Data Source:</b> Annual Participant Monitoring	<b>FY 2017-2018</b>	
<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	63
	D	63
	% (N/D)	100%

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

<b>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>Data Source:</b> Annual Participant Monitoring	<b>FY 2017-2018</b>	
<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	47
	D	52
	% (N/D)	90%

**Details:** Of the 63 individuals reviewed, nine were not enrolled in the AAW for one full year and 52 individuals had service plans that required updating during the cycle. For those 52 individuals, 47 (90%) had service plans updated/revised timely and five did not. All five individuals were served by one supports coordination agency. The agency was cited for non-compliance with the 365-day timeline and submitted a plan to prevent recurrence, which was reviewed and accepted by BAS.

**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>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>Data Source:</b> HCSIS	<b>FY 2017-2018</b>	
<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	53
	D	63
	% (N/D)	84%

**Details:** Based on a review of claims documentation, BAS determined that participant services were delivered in the type, scope, amount, duration and frequency specified in the service plan 84% of the time for the 63 individuals in the random sample. BAS is working with providers to reinforce documentation requirements through training. In addition, BAS has initiated a quality improvement plan that will modify discovery methods to evaluate this measure. Going forward, evidence that services are delivered as specified in the plan will be obtained through a review of the individual’s record and supports coordination monitoring throughout the plan year rather than through an evaluation of a sample of claims.

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

<b>SP4:</b> Participants are afforded choice between/among waiver services and providers. <b>Data Source:</b> Annual Participant Monitoring	<b>FY 2017-2018</b>	
<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.	N	63
	D	63
	% (N/D)	100%

## 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>PS1:</b> Number and percent of confirmed incidents of abuse, neglect, exploitation and unexplained death for which corrective action was taken. <b>Data Source:</b> HCSIS Enterprise Incident Management	<b>FY 2017-2018</b>	
<b>Numerator (N)</b> = Number and percent of confirmed incidents of abuse, neglect, exploitation and unexplained death for which corrective action was taken.	N	25
<b>Denominator (D)</b> = Number of confirmed incidents of abuse, neglect, exploitation and unexplained death.	D	25
	% (N/D)	100%

<b>PS2:</b> Number and percent of participants who received information about how to identify and report abuse, neglect and exploitation. <b>Data Source:</b> Annual Participant Monitoring	<b>FY 2017-2018</b>	
<b>Numerator (N)</b> = Number of participants who received information about how to identify and report abuse, neglect and exploitation.	N	60
<b>Denominator (D)</b> = Number of participants reviewed.	D	63
	% (N/D)	95%

**Details:** BAS reviewed service plan documentation for all 63 participants and determined that documentation demonstrating that participants received information about how to identify and report abuse, neglect and exploitation was incomplete for three individuals. To remediate, supports coordinators followed up with the individuals to provide that information. BAS is working to design and implement an improved documentation method to meet this requirement and will train supports coordinators on the new expectations.

**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>PS3:</b> Number and percent of investigated incidents where the provider’s corrective action plan (CAP) includes strategies to mitigate/prevent future incidents. <b>Data Source:</b> HCSIS Enterprise Incident Management	<b>FY 2017-2018</b>	
<b>Numerator (N)</b> = Number of incidents where the provider’s CAP includes strategies to mitigate/prevent future incidents.	N	25
<b>Denominator (D)</b> = All investigated incidents where the provider is required to develop a CAP.	D	25
	% (N/D)	100%

<b>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>Data Source:</b> Risk Management meeting minutes	<b>FY 2017-2018</b>	
<b>Numerator (N)</b> = Participants with a confirmed incident which are reported to quarterly risk management meetings.	N	25
<b>Denominator (D)</b> = All confirmed incidents.	D	25
	% (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>PS5:</b> Number and percent of incidents related to restrictive interventions where BAS policies and procedures were followed. <p style="text-align: right;"><b>Data Source:</b> HCSIS Enterprise Incident Management</p>	<b>FY 2017-2018</b>	
	N	1
	D	1
	% (N/D)	100%

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>PS6:</b> Number and percent of participants who reported that they are able to receive medical attention as needed. <p style="text-align: right;"><b>Data Source:</b> AAW Annual Participant Monitoring</p>	<b>FY 2017-2018</b>	
	N	62
	D	63
	% (N/D)	98%

**Details:** The interviewer ensured that the identified participant subsequently received the needed medical attention.

## 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>FA1: Number and percent of claims supported by documentation that services were delivered.</b> <b>Data Source:</b> PROMISE and Annual Provider Monitoring	<b>FY 2017-2018</b>	
<b>Numerator (N)</b> = Number of claims supported by documentation that services were delivered. <b>Denominator (D)</b> = Number of claims reviewed.	N	5,545
	D	5,696
	% (N/D)	97%

**Details:** For the 14 providers with claims found to be out of compliance with BAS documentation requirements, the paid claims were required to be reversed and the funds were recouped.

<b>FA2: 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> <b>Data Source:</b> PROMISE	<b>FY 2017-2018</b>	
<b>Numerator (N)</b> = 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. <b>Denominator (D)</b> = Number of claims paid.	N	232,342
	D	232,342
	% (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>FA3: Number and percent of claims paid using rates developed according to the rate methodology in Appendix I-2-a.</b> <b>Data Source:</b> PROMISE	<b>FY 2017-2018</b>	
<b>Numerator (N)</b> = Number of claims paid using rates developed according to the rate methodology in Appendix I-2-a. <b>Denominator (D)</b> = Number of claims paid.	N	232,342
	D	232,342
	% (N/D)	100%