



June 2, 2014

Ms. Gloria Satriale, Executive Director
Mission for Educating Children with Autism
115 Washington Avenue
Downingtown, Pennsylvania 19335

Dear Ms. Satriale:

I am enclosing for your review the final audit report of Mission for Educating Children with Autism as prepared by the Division of Audit and Review (DAR). Your response has been incorporated into the final report and labeled as an Appendix. The report covers the period from July 1, 2010 to June 30, 2012.

I would like to express my appreciation for all of the courtesy extended to my staff during the course of the fieldwork. I understand that you were especially helpful to Timothy N. Rausch in completing the audit process.

The final report will be forwarded to the Department's Office of Developmental Programs (ODP) to begin the Department's resolution process concerning the report's contents. The staff from ODP will be in contact with you to follow-up on the actions taken to comply with the report's recommendations.

If you have any questions concerning this matter, please contact David Bryan, Audit Resolution Section at 717-783-7217.

Sincerely,

A handwritten signature in black ink that reads "Tina L Long". The signature is written in a cursive, flowing style.

Tina L. Long, CPA
Director

Enclosure

c: Ms. Deborah Donahue
Ms. Patricia McCool
Ms. Shelley Zaslow
Mr. Timothy O'Leary

bc: Mr. Alexander Matolyak
Mr. Daniel Higgins
Mr. David Bryan
Mr. Michael A. Sprow
Ms. Shelley Lawrence
SEFO Audit File (S1304-R15)

Some information has been redacted from this audit report. The redaction is indicated by magic marker highlight. If you want to request an unredacted copy of this audit report, you should submit a written Right to Know Law (RTKL) request to DPW's RTKL Office. The request should identify the audit report and ask for an unredacted copy. The RTKL Office will consider your request and respond in accordance with the RTKL (65P.S. §§ 67.101 et seq.) The DPW RTKL Office can be contacted by email at: ra-dpwtkl@pa.gov.

Mr. Brendan Harris, Executive Deputy Secretary
 Department of Public Welfare
 Health & Welfare Building, Room 334
 Harrisburg, Pennsylvania 17120

Dear Deputy Secretary Harris:

In response to a request from the Office of Developmental Programs (ODP), the Bureau of Financial Operations (BFO) initiated an audit of Mission for Educating Children with Autism (MECA). The audit was designed to investigate, analyze and make recommendations regarding the reimbursements from the Provider Reimbursement and Operations Management Information System (PROMISE) for client care. Our audit covered the period from July 1, 2010 to June 30, 2012 (Audit Period).

This report is currently in final form and therefore contains MECA's views on the reported findings, conclusions and recommendations.

Executive Summary

MECA provides services through participation in the Home and Community-Based Services waiver programs, such as the Consolidated and Adult Autism waivers funded by ODP.

The report findings and recommendations for corrective action are summarized below:

FINDINGS	SUMMARY
<p><i>Finding No. 1 – Employees Who Delivered Services Did Not Always Keep Time Sheets or Progress Notes.</i></p>	<p>MECA's caregiver employees were salaried and did not keep time sheets. As such, the BFO examined electronic arrival and departure logs, activity reports, medication administration logs, sign in sheets and vocational ability/progress metrics. Nonetheless, some PROMISE billings were unsupported.</p>
HIGHLIGHTS OF RECOMMENDATIONS	
<p>ODP should:</p> <ul style="list-style-type: none"> • Instruct MECA that time sheets are required and should indicate the type and duration of service, and that progress notes should be in a narrative form that describes the nature and extent of services delivered pertaining to a particular consumer's outcomes and goals. <p>MECA should:</p> <ul style="list-style-type: none"> • Require caregivers to document the services they provided with time sheets and detailed progress notes as prescribed by ODP, including the beginning and ending times for each kind of service rendered. • Require progress notes that relate a consumer's activities to his or her Individual Support Plan (ISP) goals and outcomes. • Submit a corrective action plan to ODP. 	

**Mission for Educating Children with Autism
July 1, 2010 Through June 30, 2012**

FINDINGS	SUMMARY
<i>Finding No. 2 – Some PROMISE Reimbursement Claims Were Not Adequately Documented.</i>	A statistically valid random sample (SVRS) of PROMISE paid claims was tested for adequacy of supporting documentation. The errors that were identified resulted in a disallowance of \$11,436.
HIGHLIGHTS OF RECOMMENDATIONS	
<p>ODP should:</p> <ul style="list-style-type: none"> • Recover \$11,436 for inadequately documented claims and overbilled claims. <p>MECA should:</p> <ul style="list-style-type: none"> • Only claim reimbursements for services that are supported by adequate documentation. 	

See Appendix A for the Background; Objective, Scope and Methodology; and Conclusion on the Objective.

Results of Fieldwork

Finding No. 1 – Employees Who Delivered Services Did Not Always Keep Time Sheets or Progress Notes.

MECA’s caregiver employees were salaried and did not keep time sheets. The caregivers also did not always document services rendered with the narrative progress notes.

MECA provides services to a small number of consumers pursuant to the Consolidated Waiver. For Behavioral Health services, the progress notes were found to be adequately descriptive as to the nature and extent of the services. However, for Home & Community Habilitation (HCH), Companionship and Supported Employment services, the employee caregivers did not always document the services rendered with narrative progress notes. As such, the BFO examined additional evidence for the sampled reimbursements.

The BFO used sign in sheets showing the arrival and departure times for each day for each consumer. However, during the course of a normal day, the consumers’ services would shift between HCH and Supported Employment. One consumer also received overnight Companionship services. Although each consumer had a posted schedule, there was no clear documentation showing when one kind of service began and the other ended.

Some of the reimbursements in the sample had electronic notations, which were analyzed. Other documents we analyzed included: activity or data sheets which recorded the number of prompts or assists necessary to accomplish certain designated tasks, employment task metrics, and behavior graphs. Since the overnight companions were also salaried and did not complete time sheets or progress notes, medication administration logs were reviewed to verify service delivery.

Most ODP claims were supported in some manner. Therefore, it was determined that the aforementioned documentation would be accepted. However, it is important to note that this documentation is not in compliance with PA Code 55 Chapter 51 requirements.

**Mission for Educating Children with Autism
July 1, 2010 Through June 30, 2012**

Although the BFO believes that services were rendered throughout the day, we were unable to verify with certainty when one service ended and a second service began. Also in many cases, the evidence that was analyzed did not describe progress (or lack thereof) toward ISP goals and outcomes.

Recommendations:

The BFO recommends that ODP instruct MECA that employee timesheets which indicate the type and duration of service are required. Progress notes should be in a narrative form that describes the nature and extent of services delivered pertaining to a particular consumer's outcomes and goals.

The BFO also recommends that MECA require caregivers to document the services they provided with time sheets and detailed progress notes as prescribed by ODP, including the beginning and ending times for each kind of service rendered.

Additionally, the BFO recommends that MECA require progress notes that relate a consumer's activities to his or her ISP goals and outcomes.

Finally, the BFO recommends that MECA submit a corrective action plan to ODP which delineates the procedures that it will implement to comply with PA Code Chapter 51 requirements.

Finding No. 2 – Some PROMISe Reimbursement Claims Were Not Adequately Documented.

A SVRS of claims were selected from the claims reimbursed through PROMISe during the Audit Period. The SVRS consisted of Behavioral Support, Home and Community Habilitation, Companionship and Supported Employment services.

The BFO analyzed the underlying documentation to determine the validity of each claim in the sample. The documentation included the items described in Finding No. 1, as well as progress notes and descriptions of the services provided. We also compared the number of units authorized in the ISPs to the units billed, and verified that the number of units billed did not exceed the number authorized.¹

The sample included numerous exceptions. The total underbillings were 3.15% of the dollars tested while the total overbillings were 6.13% of the dollars tested.

The net overbilling of 2.98%, when extrapolated over the total PROMISe reimbursements for the Audit Period, results in a disallowance of \$11,436.

¹ 55 Pa. Code Chapter 51, §51.13 Ongoing Responsibilities of Providers, §51.15 Provider Records and §51.16 Progress Notes. Also, 55 Pa. Code Chapter 1101 §1101.11 General Provisions and §1101.51 Ongoing Responsibilities of Providers

**Mission for Educating Children with Autism
July 1, 2010 Through June 30, 2012**

Recommendations

The BFO recommends that ODP recover \$11,436 from MECA due to unsupported claims billed to PROMISE for services rendered.

The BFO also recommends that MECA only claim reimbursement for services that are supported by adequate documentation.

Exit Conference / Auditor's Commentary

An Exit Conference was held on April 17, 2014 at MECA's offices in Downingtown, PA. The discussions focused on the nature of the various exceptions as well as the remedial steps taken by MECA to be in full compliance with the applicable regulations regarding daily activity notes. Based on the discussions with MECA's management at the exit conference, no changes were made to the draft report.

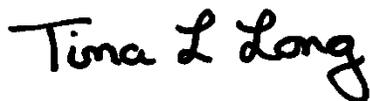
MECA's response to the audit report questions the period covered by the audit. The response states that three previous examinations covered the exact time frames covered by the BFO audit. We acknowledge that the time periods covered by DPW and county reviews as well as this audit overlap. However, this overlap does not affect the reported findings and recommendations. Furthermore, reviews conducted by the above noted entities are not as comprehensive and are not considered audits as defined by Generally Accepted Government Auditing Standards (GAGAS).

In accordance with our established procedures, an audit response matrix will be provided to ODP. Once received, ODP should complete the matrix within 60 days and email the Excel file to the DPW Audit Resolution Section at:

RA-pwauditresolution@pa.gov

The response to each recommendation should indicate the program office's concurrence or non-concurrence, the corrective action to be taken, the staff responsible for the corrective action, the expected date that the corrective action will be completed and any related comments.

Sincerely,



Tina L. Long, CPA
Director

c: Ms. Deborah Donahue
Ms. Patricia McCool
Ms. Shelley Zaslou
Mr. Timothy O'Leary

bc: Mr. Alexander Matolyak
Mr. Daniel Higgins
Mr. David Bryan
Mr. Michael A. Sprow
Ms. Shelley Lawrence
SEFO Audit File (S1304-R15)

MISSION FOR EDUCATING CHILDREN WITH AUTISM

APPENDIX A

APPENDIX A

Background

Mission for Educating Children with Autism (MECA) is a privately held nonprofit corporation that was founded in 1997. The company was established to assist individuals with autism to reach their full potential as productive, socially centered and personally fulfilled individuals by establishing appropriate educational and community programs. MECA provides educational, habilitation, companionship and behavioral services to consumers with special autistic needs in the Commonwealth of Pennsylvania.

MECA serves clients who are approved by ODP. ODP funds the waiver eligible services which are paid through the PROMISE reimbursement process.

Objective/Scope/Methodology

The audit objective, developed in concurrence with ODP was:

- To determine if MECA has adequate documentation to substantiate its paid claims through PROMISE for services delivered.

The criteria used to ascertain the adequacy of supporting documentation was 55 Pa. Code Chapter 51, 55 Pa. Code Chapter 1101, and pertinent Federal Waiver requirements.

In pursuing this objective, the BFO interviewed ODP personnel and MECA's management. We also analyzed books, payroll records, care-giver progress notes, billing data, PROMISE reimbursement data, electronic records available in the Home and Community Services Information System (HCSIS) and other pertinent data necessary to pursue the audit objective.

Government auditing standards require that we obtain an understanding of management controls that are relevant to the audit objective described above. The applicable controls were examined to the extent necessary to provide reasonable assurance of the effectiveness of those controls. Based on our understanding of the controls, there were material deficiencies in billing procedures. Areas where we noted an opportunity for improvement in management controls are addressed in the findings of this report.

We conducted this performance audit in accordance with generally accepted government auditing standards (GAGAS). Those standards require that we plan and perform the audit to obtain sufficient evidence to provide a reasonable basis for our findings and conclusions based on our audit objective. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective.

The BFO's fieldwork was conducted intermittently from December 17, 2013 to January 27, 2014 and was performed in accordance with GAGAS. This report is available for public inspection.

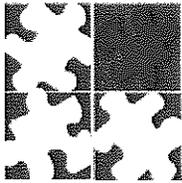
Conclusion on the Objective

In conclusion, MECA did not always meet the documentation requirements for reimbursement of PROMISe claims. Missing time sheets, progress notes and evidence of service delivery resulted in questioned cost of \$11,436.

MISSION FOR EDUCATING CHILDREN WITH AUTISM

RESPONSE TO THE DRAFT REPORT

APPENDIX B



MISSION FOR EDUCATING CHILDREN WITH AUTISM

You are an Essential Piece ...

May 2, 2014

Daniel Higgins, Audit Manager
Division of Audit and Review
Bureau of Financial Operations
Department of Public Welfare
[REDACTED]

Re: Written Comments in Response to Draft Audit Performance Report Dated March 4, 2014

Dear Mr. Higgins,

Please accept this communication as our response to your Audit Performance Report of Mission for Educating Children with Autism issued March 4, 2014.

Initially, we would like to note that we, as an agency, have learned more through this process regarding the expectations of the Department in meeting the Chapter 51 regulations than we have been able to glean through any other process. The knowledge gained was very valuable to our continued efforts to improve our processes in meeting administrative and regulatory requirements while maintaining unparalleled clinical quality.

Mission for Educating Children with Autism (MECA) has participated in three previous audits in our short tenure as a provider of services under Medicaid Waiver Systems, two by the Bureau of Autism Services in 2011 and 2012 and one by Chester and Montgomery Counties in 2013. Each of these examinations covered the exact time frames covered by your examination. One of the frustrating realities of ongoing monitoring by a variety of agencies is that often time periods reviewed overlap and, necessarily, are reviewing periods of time in the distant past and far removed from the progress and improvements already implemented. Further, as a result, agencies, as is the case with us, are subjected to repeated citation with no ability to correct the past. Errors already uncovered in one audit and, which have already been corrected, are revealed a second time in a separate audit and an agency is to atone again for a sin already committed and forgiven. It seems that the basic tenants of double jeopardy should apply. We respect and understand that different agencies have differing mandates, focus and areas of expertise, however, the component parts of each audit are exactly similar. Each audit examined fiscal compliance in addition to continuous quality assurance issues. The Bureau of Autism Services issued letters commending MECA for outstanding clinical quality and superior record keeping. Copies of these letters were provided to you and your staff during your time here at our offices. Additionally I am attaching these reports to this response for your convenience and consideration and in order to incorporate these reports as part of this response. Subsequently, Chester and Montgomery Counties performed an audit and found two items only requiring a corrective action plan as a result of their examination. Both items cited regarded the sufficiency of progress notes. A corrective Action Plan was submitted and approved. The challenge for us was and is that your office reviewed the same time periods already examined by others. Requested changes were made prospectively. As a result of the Chester County findings, we were already aware of the issues, but of course could do nothing to change the past, only make changes going forward. Your audit did not cover any time frame that was "post" our corrective action planning changes and, hence, we are cited a second time for a previous error already brought to our attention and rectified.

The audit process conducted by your office was insightful and instructional for us to further understand the integration of the progress noting requirements and fiscal accountability, hence further changes to our progress note "template" were made in order that clear connections between ISP goals and services/supports implemented are established. Additionally, formatting changes were made so that staff, service and time in/out indications were distinct. To further our discussion during the exit interview, attached are blank templates as well as "sample" completed notes that were provided for review and discussion. We appreciated your guidance in reviewing our revised notes as we wish to ensure that we have properly understood and applied the regulations and that our "process" satisfies what auditors expect to see during a review. We were grateful for the instruction and only wish there could have been some hands on guidance and support at the beginning of the provider process.

With respect to the item indicating that staff did not always complete a progress note, we would like to state that it is our position that staff did, indeed, always fill out a progress note – the "progress note", however, may not have always contained all required elements. Our program is dedicated to data based decision making and, even in the few instances where the more traditional "progress note" narrative may not have been available (there were, unfortunately, some instances where we could not locate the "paper" and the "technology" (most of our noting prior to the County audit was exclusively executed and archived on computer) failed), we always had graphed or raw data to support the delivery of the service. We very much appreciated the willingness of your staff to review these more non traditional documents evidencing service delivery so that claims were able to reconcile.

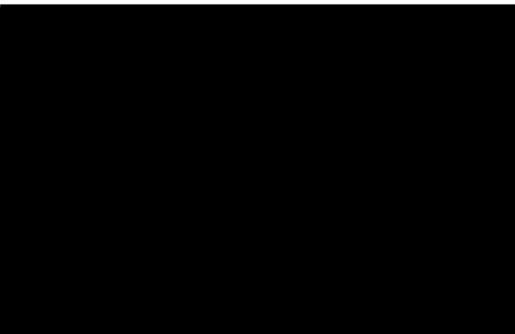
Of course, as a small agency and one that has only just begun to participate in the waiver system, we are requesting that the fiscal penalty you have recommended be waived. A fiscal penalty will create a hardship to continued service provision.

I am certainly interested in and available to the Department for further discussion regarding these findings. Thank you once again for your time, attention and guidance.

Respectfully,



Gloria Satriale, JD, M.Ed, BSL



a program of Mission for Educating Citizens with Autism
www.mecaautism.org

Weekly Summary Billing Sheet
Fiscal year: 7/1/2013-6/30/2014

Participant:

██████████

Week of: _____					
Service delivered	Enh. HAB	Basic HAB	SE	BS	COMP
Total # units utilized					
Date billed					
Total # units billed					

Hab+SE+Comp= _____ / 67 (max)

****BILLING IS TO BE SUBMITTED WEEKLY.**
****SEPARATE CLAIMS ARE TO BE SUBMITTED WEEKLY PER SERVICE PER PARTICIPANT.**

Daily progress notes attached & units delivered reconciled to weekly summary.

Clinical signature: _____

Weekly billing reconciles to above weekly summary, claim printed & attached.

Billing signature: _____

Accurate billing verified & packet filed.

Admin signature: _____

Comments:

Weekly Summary Billing Sheet
Fiscal year: 7/1/2013-6/30/2014

Participant:

██████████

Week of: _____					
Service delivered	Enh. HAB	Basic HAB	SE	BS	COMP
Total # units utilized					
Date billed					
Total # units billed					

Hab+SE+Comp= _____ / 67 (max)

****BILLING IS TO BE SUBMITTED WEEKLY.**
****SEPARATE CLAIMS ARE TO BE SUBMITTED WEEKLY PER SERVICE PER PARTICIPANT.**

Daily progress notes attached & units delivered reconciled to weekly summary.

Clinical signature: _____

Weekly billing reconciles to above weekly summary, claim printed & attached.

Billing signature: _____

Accurate billing verified & packet filed.

Admin signature: _____

Comments:

MECA
DAILY PROGRESS NOTES

COMPANION -

Date: _____

Staff Providing Service and Title: _____

Service Begins: _____ Service Ends: _____ (AM or PM MUST BE NOTED)

To be completed by analyst or administrator:

Total # of minutes: _____ Total # of minutes divided by 15 = _____ # of billable units

Location(s) service provided: _____

Expected Outcome/Goals of Support Services:

In Home Safety - [REDACTED] wants to maintain residence in his own home in order to increase his quality of life and maintain control over his own living space

Progress Note: (Please detail activities completed and progress (or not) you have achieved towards the goals during this time).

please turn over and complete form....



Progress note cont. (if necessary):

Is participant benefiting from the service?

 yes

 no (if no is indicated, you must explain why in the comments section)

Is any change to this service or goal recommended?

 yes (if yes is indicated, you must explain why in the comments section)

 no

Comment:

I hereby attest that I have provided this service as indicated and attest that all of the information contained in this note is accurate.

Staff Signature

Date

I hereby attest that I have reviewed the above note for regulatory compliance.

Supervisor

Date

MECA
DAILY PROGRESS NOTES

HABILITATION -

Date: _____

Staff Providing Service and Title: _____

Service Begins: _____ Service Ends: _____ (AM or PM MUST BE NOTED)

To be completed by analyst or administrator:

Total # of minutes: _____ Total # of minutes divided by 15 = _____ # of billable units

Location(s) service provided: _____

Expected Outcome/Goals of Support Services:

Community Integration - [REDACTED] wants to be included in his community so that may develop personal relationships, skills of daily living, as well as leisure and recreation skills

Progress Note: (Please detail activities completed and progress (or not) you have achieved towards the goals during this time).

please turn over and complete form....



Progress note cont. (if necessary):

Is participant benefiting from the service?

yes

no (if no is indicated, you must explain why in the comments section)

Is any change to this service or goal recommended?

yes (If yes is indicated, you must explain why in the comments section)

no

Comment:

I hereby attest that I have provided this service as indicated and attest that all of the information contained in this note is accurate.

Staff Signature

Date

I hereby attest that I have reviewed the above note for regulatory compliance.

Supervisor

Date

MECA
DAILY PROGRESS NOTES

COMPANION - [REDACTED]

Date: [REDACTED]

Staff Providing Service and Title: [REDACTED]

Service Begins: 9⁰⁰ pm Service Ends: 8⁰⁰ am (AM or PM MUST BE NOTED)

To be completed by analyst or administrator:

Total # of minutes: 660 Total # of minutes divided by 15 = 44 # of billable units

Location(s) service provided: [REDACTED]

Expected Outcome/Goals of Support Services:

In Home Safety - [REDACTED] wants to maintain residence in his own home *in order to* increase his quality of life and maintain control over his own living space

Progress Note: (Please detail activities completed and progress (or not) you have achieved towards the goals during this time).

[REDACTED]

please turn over and complete form.....

Progress note cont. (if necessary):

[Redacted]

Is participant benefiting from the service?

yes

no (if no is indicated, you must explain why in the comments section)

Is any change to this service or goal recommended?

yes (if yes is indicated, you must explain why in the comments section)

no

Comment:

[Redacted]

ed this service as indicated and attest that all of the information contained in this note is

3/25/11
Date

I hereby attest that I have reviewed the above note for regulatory compliance.

Super
[Redacted]

4/1/11
Date

MECA
DAILY PROGRESS NOTES

HABILITATION - [REDACTED]

Date: MM/DD/YY

Staff Providing Service and Title: [REDACTED]

Service Begins: 8:00 am Service Ends: 7:00 pm (AM or PM MUST BE NOTED)

Service Begins: _____ Service Ends: _____ (AM or PM MUST BE NOTED)

Service Begins: _____ Service Ends: _____ (AM or PM MUST BE NOTED)

To be completed by analyst or administrator:
Total # of minutes: _____ Total # of minutes divided by 15 = _____ # of billable units

Location(s) service provided: [REDACTED]

Expected Outcome/Goals of Support Services:

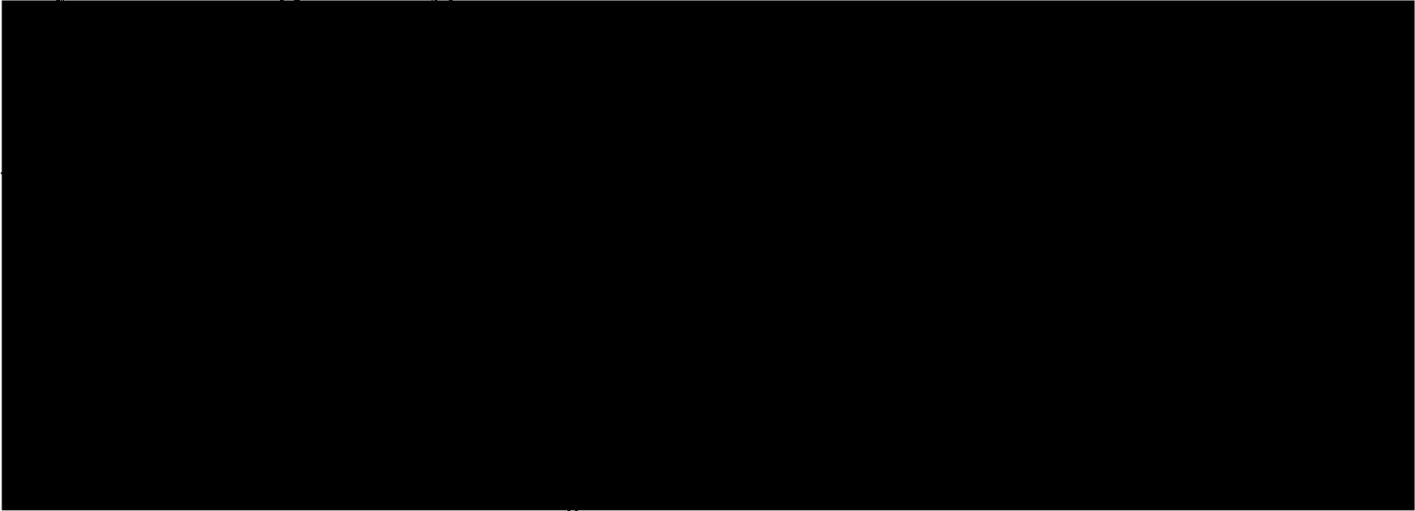
Community Integration - [REDACTED] wants to be included in his community so that may develop personal relationships, skills of daily living, as well as leisure and recreation skills

Progress Note: (Please detail activities completed and progress (or not) you have achieved towards the goals during this time).

[REDACTED]

please turn over and complete form....

Progress note cont. (if necessary):



Is participant benefiting from the service?

yes
 no (if no is indicated, you must explain why in the comments section)

Is any change to this service or goal recommended?

yes (if yes is indicated, you must explain why in the comments section)
 no

Comment:

I hereby attest that I have provided this service as indicated and attest that all of the information contained in this note is accurate.



MM/DD/YY
Date

I hereby attest that I have reviewed the above note for regulatory compliance.

Supervisor

Date

MECA
DAILY PROGRESS NOTES

COMPANION - [REDACTED]

Date: MM/DD/YY

Staff Providing Service and Title: [REDACTED]

Service Begins: 9:00 pm Service Ends: 8:15 am (AM or PM MUST BE NOTED)

To be completed by analyst or administrator:

Total # of minutes: _____ Total # of minutes divided by 15 = _____ # of billable units

Location(s) service provided: [REDACTED]

Expected Outcome/Goals of Support Services:

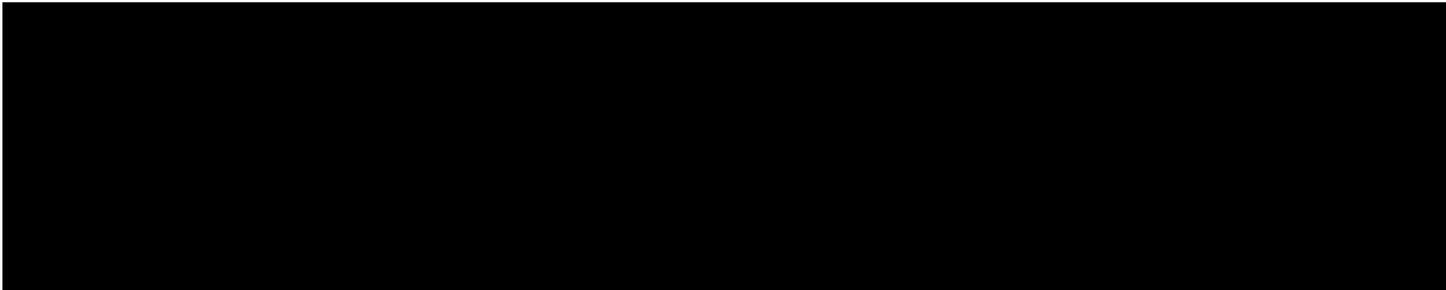
In Home Safety - [REDACTED] wants to maintain residence in his own home in order to increase his quality of life and maintain control over his own living space

Progress Note: (Please detail activities completed and progress (or not) you have achieved towards the goals during this time).

[REDACTED]

please turn over and complete form.....

Progress note cont. (if necessary):



Is participant benefiting from the service?

yes
 no (if no is indicated, you must explain why in the comments section)

Is any change to this service or goal recommended?

yes (if yes is indicated, you must explain why in the comments section)
 no

Comment:

I hereby attest that I have provided this service as indicated and attest that all of the information contained in this note is accurate.

State

MM/DD/YY
Date

I hereby attest that I have reviewed the above note for regulatory compliance.

Supervisor

Date



MECA
DAILY PROGRESS NOTES

SUPPORTED EMPLOYMENT - [REDACTED]

Date: MM/DD/YYYY

Staff Providing Service and Title: [REDACTED]

Service Begins: 9:15 AM Service Ends: 11:00 AM (AM or PM MUST BE NOTED)

To be completed by analyst or administrator:

Total # of minutes: _____ Total # of minutes divided by 15 = _____ # of billable units

Location(s) service provided: [REDACTED]

Expected Outcome/Goals of Support Services:

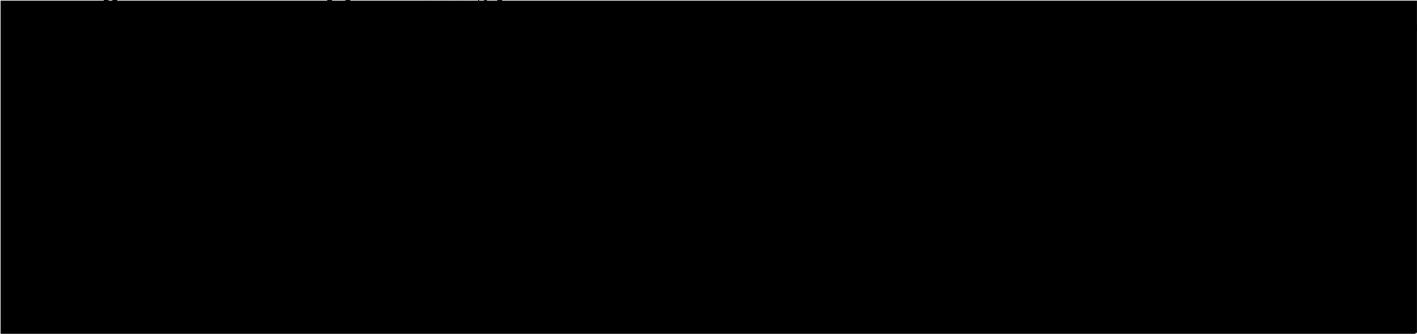
To Maintain Employment- [REDACTED] will maintain employment at Winner's Circle
-Cleaning Tables, Setting Tables, Taking Down Chairs

Progress Note: (Please detail activities completed and progress (or not) you have achieved towards the goals during this time).

[REDACTED]

[REDACTED]

Progress note cont. (if necessary):



Is participant benefiting from the service?

yes

no (if no is indicated, you must explain why in the comments section)

Is any change to this service or goal recommended?

yes (if yes is indicated, you must explain why in the comments section)

no

Comment:

I hereby attest that I have provided this service as indicated and attest that all of the information contained in this note is accurate.



Staff Signature

MM/DD/YYYY

Date

I hereby attest that I have reviewed the above note for regulatory compliance.

Supervisor

Date



MECA
DAILY PROGRESS NOTES

HABILITATION - [REDACTED]

Date: * MM/DD/YY

Staff Providing Service and Title: [REDACTED]

Service Begins: 8:15am Service Ends: 9:15am (AM or PM MUST BE NOTED)

Service Begins: _____ Service Ends: _____ (AM or PM MUST BE NOTED)

Service Begins: _____ Service Ends: _____ (AM or PM MUST BE NOTED)

To be completed by analyst or administrator:
Total # of minutes: _____ Total # of minutes divided by 15 = _____ # of billable units

Location(s) service provided: [REDACTED]

Expected Outcome/Goals of Support Services:

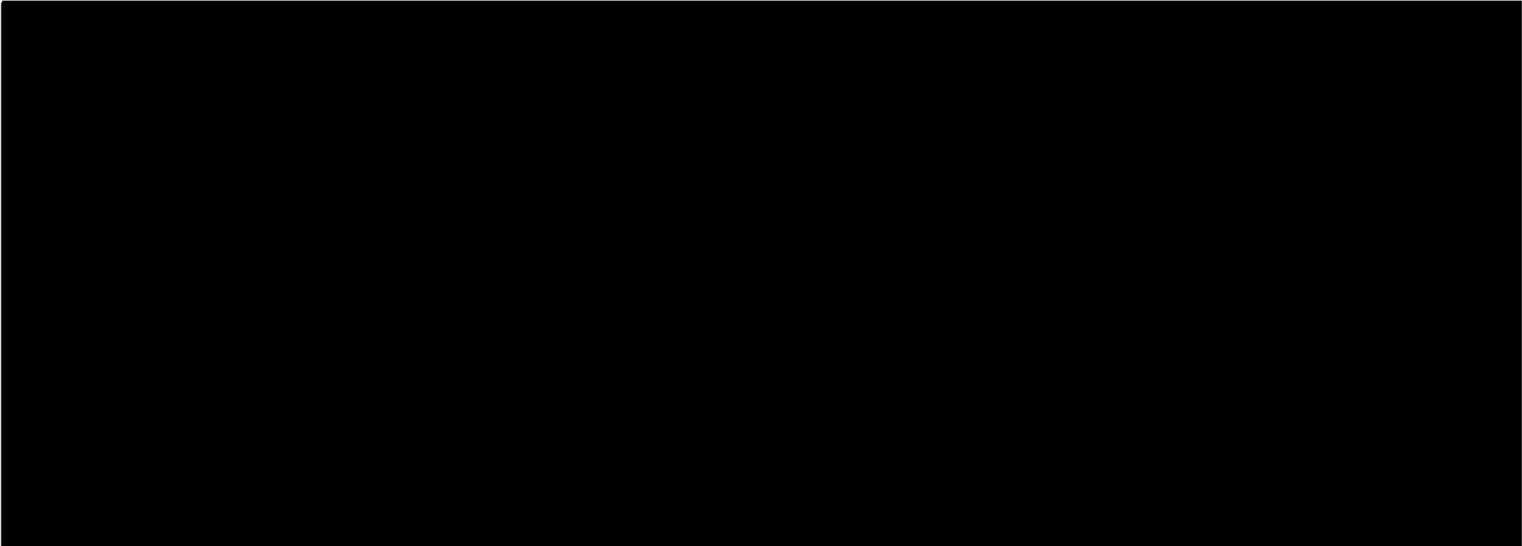
Community Integration - - [REDACTED] wants to be included in his community so that may develop personal relationships, skills of daily living, as well as leisure and recreation skills

Progress Note: (Please detail activities completed and progress (or not) you have achieved towards the goals during this time).

[REDACTED]

please turn over and complete form.....

Progress note cont. (if necessary):



Is participant benefiting from the service?

__yes

__no (if no is indicated, you must explain why in the comments section)

Is any change to this service or goal recommended?

__yes (if yes is indicated, you must explain why in the comments section)

__no

Comment:

I hereby attest that I have provided this service as indicated and attest that all of the information contained in this note is accurate.

Staff Signature

Date

I hereby attest that I have reviewed the above note for regulatory compliance.

Supervisor

Date

MECA
DAILY PROGRESS NOTES

SUPPORTED EMPLOYMENT - NICHOLAS SATRIALE

Date: MM/DD/YY

Staff Providing Service and Title: [REDACTED]

Service Begins: 9:15am Service Ends: 11:00am (AM or PM MUST BE NOTED)

To be completed by analyst or administrator:
Total # of minutes: _____ Total # of minutes divided by 15 = _____ # of billable units

Location(s) service provided: [REDACTED]

Expected Outcome/Goals of Support Services:
Community Employment - -Nicky wants to continue working in the community in order to increase work ethic, develop relationships, and increase his quality of life

Progress Note: (Please detail activities completed and progress (or not) you have achieved

[REDACTED]

please turn over and complete form....

[REDACTED]

Adult Billing Protocol-

Staff

- Only staff members with a minimum of a bachelor's degree are permitted to provide enhanced habilitation services.
- Staff must complete clock in/clock out sheet for every transition throughout the day.

- Daily Progress Note & Billing Form
 - o At the end of the day staff will complete a separate Daily Progress Note & Billing Form for each service provided.
 - o Companion forms should reference topics such as: sleep/wake, safety, elopement, medication administration, etc.
 - o Staff may not leave the building until the assigned Behavior Analyst reviews and signs the completed form.

Behavior Analysts

- Daily Progress Note & Billing Form
 - o Will have an assigned caseload of participants.
 - o Will ensure that the blank Daily Progress Note & Billing Forms contain updated ISP outcomes/goals for each service.
 - o Will review completed Daily Progress Note & Billing Forms for accuracy.
 - Forms are not considered completed until signed by the analyst.
- Weekly Billing Summary sheet
 - o Will complete a Weekly Billing Summary sheet, summarizing the number of units utilized for each service for that week.
 - o Analyst will verify that the number of units utilized for each service match the number of units reflected in daily progress notes and supporting data.

At the end of the week, the analyst will compile a packet that contains:

 - Weekly Billing Summary sheet
 - Daily progress notes (separated by service type)
 - Clock in/Clock out sheets
 - The analyst will put the raw data and monthly graphs in the student Binder after raw data has been entered.
 - o Packet will be given to Administrative assistant for billing at the end of each week.

Administrative Assistant

- o The Administrative assistant will copy the units to be billed for each student and service based on Weekly Summary Billing Sheet.

- Administrative assistant will sign and date weekly billing sheet to verify that the total number of units billed for each service match the total # of units utilized on the Weekly Summary Billing Sheet.
- Will then print the claims and attach to packet (separated by service)
- The packet will then be returned the student's inbox.

Administrators

- Will verify that each packet is accurate (units on Weekly Summary Billing sheet match daily notes, clock in /clock out sheets and claim.
- Will sign and date Weekly Summary Billing sheet after verifying the accuracy of the packet.
- Will return the weekly billing summary sheet to student's inbox and file the rest of the packet in the corresponding binder.
- At the end of the month, will file the completed Weekly Summary Billing Sheet in the corresponding binder.

Binder Layout

- Tabs in Binders

- Month/year
- Billing Summary sheet (all billing summary sheets for that month)
- Clock in/clock out
- Service Name
- Monthly Report for that service
- Packets of data for each service (4-5 packets)

Raw Data/Graphs

- After data is entered, the raw data sheets will be separated by service and placed in the student's binder.
- Monthly graphs will be generated for each service and placed behind data in student's binder.

[REDACTED]

Dear [REDACTED]

Enclosed are the results of the Adult Autism Waiver compliance monitoring visit which occurred on [REDACTED]

- Your files were well organized and easy to read.
- Your staff are very well trained for working with our participants
- The technical presentation of the tools utilized with individuals on the Autism Spectrum was wonderful!

BAS commends your work and looks forward to continuing to work together to provide a high-quality program to our participants.

We are pleased to note that there are no areas in need of correction, nor are there any recommendations for future reviews at this time.

Thank you for your cooperation as well as your continued participation and support in the Adult Autism Waiver.

Sincerely,

[REDACTED]

[REDACTED]

Dear [REDACTED]

Enclosed are the results of the Adult Autism Waiver compliance monitoring visit which occurred on [REDACTED]

- Your files were well organized and easy to read.
- Your staff are very well trained for working with our participants
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BAS commends your work and looks forward to continuing to work together to provide a high-quality program to our participants.

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Thank you for your cooperation as well as your continued participation and support in the Adult Autism Waiver.

Sincerely,

[REDACTED]

[REDACTED]

Dear [REDACTED]

Enclosed are the results of the Adult Autism Waiver compliance monitoring visit which occurred on [REDACTED]

Since your agency has been a provider for BAS, we have noticed the following strengths which help provide a positive experience for the participants we serve:

- Your files were well organized and easy to read
- You and your staff have provided quality service to our participant
- Documentation through daily case notes and other forms was very informative
- Your agency's use of technology to support our participant is very successful

BAS commends your work and looks forward to continuing to work together to provide a high-quality program to our participants.

We are pleased to note that there are no areas in need of correction, nor are there any recommendations for future reviews at this time.

Thank you for your cooperation as well as your continued participation and support in the Adult Autism Waiver.

Sincerely,

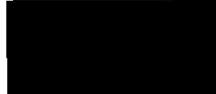
[REDACTED]



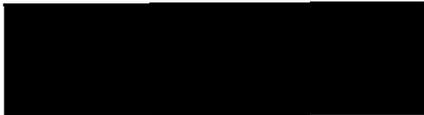
THE COUNTY OF CHESTER

COMMISSIONERS:
Ryan Costello
Kathi Cozzone
Terence Farrell

DEPARTMENT OF MENTAL HEALTH/
INTELLECTUAL AND
DEVELOPMENTAL DISABILITIES



Administrator



Dear [Redacted]

This letter is in response to your submission of the Corrective Action Plan (CAP) for the monitoring which occurred on [Redacted]

Your CAP has been approved by the AE and sent to ODP for review and final approval. Please complete all activities within the timeframes identified in your CAP and submit the supporting documentation that confirms the action was completed to the Lead AE.

Your CAP is being returned for further corrections. Please contact your reviewer for technical assistance if required. A revised CAP is due within 10 calendar days of the date of this letter.

Your CAP failed to meet ODP's requirements for remediation and corrective action. As a result, a Directed Corrective Action Plan has been created and attached to this letter. All directed corrective actions are expected to be completed within the timeframes identified and at least 30 calendar days of receipt of this letter.

If you have any questions or concerns, please contact me for additional information.

Sincerely,



cc: [Redacted]



THE COUNTY OF CHESTER

COMMISSIONERS:
Terence Farrell
Kathi Cozzone
Ryan A. Costello

DEPARTMENT OF MENTAL HEALTH/
INTELLECTUAL AND
DEVELOPMENTAL DISABILITIES



Administrator



Dear [Redacted]

Thank you for your cooperation and time to complete the ODP Provider Monitoring On-Site Audit. As you are aware, on [Redacted], your organization was monitored to ensure compliance with ODP policies, regulations and waiver requirements. Enclosed is the Statement of Findings that identifies the results of the monitoring as well as if a Corrective Action Plan (CAP) is required.

If areas of non-compliance are noted, your organization is expected to identify how these areas will be remediated as well as implementation activities to identify and address additional occurrences and prevent future recurrences of the noted non-compliance.

The CAP should be returned to this office within 15 calendar days of the date of this letter. Information on completing this form is available at the ODP Consulting Website Provider Information Center.

If you have any questions or concerns, please contact me for more information.

Sincerely,



LE/ddh

Attachments

cc: [Redacted]



No Corrective Action Required
 Corrective Action Plan Required
 Directed Corrective Action Plan Issued (DCAP)

Final Approval _____ Date _____

Office of Developmental Programs
Statement of Findings/Final Audit Report/Corrective Action Plan

Reporting Agency Information		Monitoring Agency of		Corrective Action Plan	
Name/Title:	[Redacted]	Organization:	[Redacted]	Submitted By:	[Redacted]
Monitoring Entity:	[Redacted]	Location:	[Redacted]	Approved/Issued By:	[Redacted]
Agency Email:	[Redacted]	Monitoring Period:	[Redacted]	Returned for Correction By:	[Redacted]
Date of Report:	[Redacted]	Report Provided To:	[Redacted]	Validated By:	[Redacted]
				CAP Issue Date:	[Redacted]
				Submission Date:	[Redacted]
				Approved Date:	[Redacted]
				Relieved Date:	[Redacted]
				Validation Date:	[Redacted]

APPLICABLE REQUIREMENT	APPLICABLE SECTION	SPECIFIC FINDINGS OF NON-COMPLIANCE	CORRECTIVE ACTION FOR SPECIFIC INSTANCE OF NON-COMPLIANCE	TARGET DATE	COMPLETED DATE	CORRECTIVE ACTION TO IDENTIFY & PREVENT RECURRENCE OF NON-COMPLIANCE	TARGET DATE	COMPLETED DATE
53 PA code Chapter 51	Record Review Question #59	Progress Notes not written in accordance with the Chapter 51 regulations. The missing elements are the Name of the Provider and the frequency and duration of the authorized service.	Per instructions from County auditor, previously filed progress notes should not be amended. Progress notes post audit conform to include missing elements. A copy is attached.	5/1/2013	4/30/2013	The progress note template has been changed to include the name of the provider, as well as notation of frequency and duration of the authorized services which will be reconciled with daily postings of progress notes as well as agency docking in/out system. Progress note template is attached.	5/1/2013	4/30/2013
ODP Bulletin # 00-07-01 Provider Billing Documentation Requirements for Waiver Services	Financial Management and Accountability Question #63	Documentation does not support billing for MCI #960130056 for 72 units.	All units for which documentation was not satisfactory have been voided. Documentation of voided claims attached.	4/5/2013	4/5/2013; 6/6/13	A time clock system is being installed so that consumers can "clock" in and out of services. These data and time stamped cards, along with dated progress notes which will include start and end time for services will be reconciled to billing. The undocumented units have been voided. Documentation of voided claims is attached	4/5/2013	4/5/13; 6/6/13

