



pennsylvania

DEPARTMENT OF HUMAN SERVICES

OFFICE OF DEVELOPMENTAL PROGRAMS

BUREAU OF AUTISM SERVICES

ADULT AUTISM WAIVER

Supports Coordination Manual

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CHAPTER 1 Introduction

This manual will be used by the Supports Coordinator (SC) to become familiar with the Adult Autism Waiver (AAW) program and how the services provided under this program, which is administered by Pennsylvania's Bureau of Autism Services (BAS), were designed to be implemented. Here, the SC will find vital information that describes the various services provided and the role and responsibilities of the SC within this program.

BAS will monitor SCs to determine if they are providing services consistent with this manual. All SCs and SC supervisors should thoroughly read and review the information contained herein and use this manual as a reference tool. Supplemental information can be found on BAS's online training platform.

Any Administrative Notices published after the date of this manual that address a topic addressed in this manual, will supersede the information contained in this manual. As regulations, policies and other requirements change, the SC Manual will periodically be updated. All enrolled Supports Coordination providers will be notified of the availability of the revised version of this manual.

SCs should contact BAS with any questions or concerns regarding this manual and the information provided through:

Email to the Provider Mailbox:	RA-basprovidersupprt@pa.gov
By phone:	866-539-7689

Frequency used webpages:

BAS Online Training Platform: <http://bastraining.tiu11.org/>

Autism Services Education Resources and Training: www.paautism.org/

Home and Community Services Information System (HCSIS): www.HCSIS.state.pa.us

Learning Management System (LMS): <https://www.HCSIS.state.pa.us/HCSISLMS>

PROMiSe:

<https://promise.dpw.state.pa.us/portal/Default.aspx?alias=promise.dpw.state.pa.us/portal/provider>

ODP Certified Investigations Program: <http://odpinvestigations.com/>

CHAPTER 2 Supports Coordinator Roles and Responsibilities

THE IMPORTANCE OF THE SUPPORTS COORDINATOR (SC)

Supports Coordination is the infrastructure for providing effective supports and services to facilitate growth and development and provide individuals in the Adult Autism Waiver (AAW) the opportunity to have meaningful life experiences. Within the AAW, the SC holds a pivotal position in service provision for the participants and their families and/or additional participant supports.

As an SC, it is important to establish roles and open communication within the participant's planning team to promote respect at all levels. Each team member's experience and expertise should be utilized and acknowledged.

From the participant's perspective, in most instances, the SC will be the first professional on the participant's planning team with whom the participant will have direct contact. Beginning with that initial contact and thereafter, it is imperative that individuals and families have positive interactions with the SC.

Roles and Responsibilities of a Supports Coordinator

This list is an overview of SCs' roles and responsibilities and is not meant to be all inclusive.

1. Completion of assessments
2. Completion and maintenance of the Individual Support Plan (ISP)
3. Completion of level of care re-evaluations
4. Monitoring the implementation of the ISP and the participant's health and welfare
5. Documentation of all contacts with participants, families, providers, BAS, etc.
6. Locate, coordinate and monitor supports and services
7. Incident management
8. Risk management
9. Informing participants of the right to request a fair hearing or file a complaint
10. Regulation, policy, and waiver compliance

Roles and Responsibilities of the Supports Coordinator Supervisor

This list is an overview of SC Supervisor roles and responsibilities and is not meant to be all inclusive.

1. Ensuring that SC caseloads are at the proper capacity (a maximum of 35 waiver participants, including other Pennsylvania waivers, unless waived in writing by BAS).
2. Ensuring that SCs are responsive to BAS.
3. Monitoring SCs to ensure that SCs meet all required timelines.

4. Ensuring that SCs are properly trained on how to comply with all regulations, policies, and the AAW, including policy changes and updates, as well as all BAS communications.
5. Assigning SCs to participants who have selected the Supports Coordination agency.
6. Ensuring SCs are trained on HCSIS and the Enterprise Incident Management (EIM) system.
7. Reviewing all draft ISPs for accuracy and completion and timely submitting all ISPs to BAS.
8. Ensuring that all resources, including resources that are not funded by the AAW, have been explored.
9. Ensuring that services are provided in accordance with the service definitions
10. Assisting SCs with managing complex cases.
11. Remaining up-to-date and in compliance with policy changes and updates as well as training SCs on all BAS communications.
12. Finalizing incident reports.

NOTE: A SC can act as a supervisor for another SC as well but a SC may not supervise him/herself. If a supervisor is acting as a SC, the supervisor is responsible to meet all SC requirements.

PERSON-CENTERED PLANNING

Person-Centered Planning is a set of approaches designed to assist a participant with determining the life the participant would like and the supports the participant needs to live that life. It is accepted as an evidence based practice in many countries throughout the world. ISPs are to be developed based on utilizing the concepts of person-centered planning. The SC should work with the participant to empower the participant to dream, and create a plan for his or her future. Through this process, the participant will be able to lead his or her life as desired by receiving supports to grow and develop, make his or her own decisions, achieve his or her personal goals, develop relationships, face challenges, and enjoy life as a full participating member of his or her community.

Person-centered planning discovers and organizes information that focuses on a participant's strengths, choices, and preferences. It involves bringing together people the participant would like to have participate in the planning process, listening to the participant, and describing the participant as fully as possible with a true focus on understanding the participant. A participant's planning team should identify meaningful personal goals for the participant and work towards realizing these goals.

In preparation for the ISP meeting, the SC will help the participant understand the ISP process. The participant and/or representative will drive the service planning process if the participant and/or representative choose to do so. Preparation for the ISP team meeting includes the completion of assessments. Please refer to the chapter on [Assessments](#) for more information.

If the participant uses an alternate means of communication or if his or her primary language is not English, the information gathering and ISP development process should utilize the participant's primary means of communication, an interpreter, or if an interpreter or the primary means of communication cannot be used, someone who has a close enough relationship with the participant to accurately speak for him or her.

In addition to providing the necessary supports and accommodations to ensure that the participant and/or representative can participate in or lead the ISP development process (including participating in meetings), the SC supports the participant and/or representative in determining who should attend the ISP meeting and involved in the development of the ISP. It is important to include people who know the participant best and who will offer detailed information about the participant and his or her preferences, strengths and needs.

For more information on Person-Centered Planning, please refer to the online training platform.

ESTABLISHING POSITIVE WORKING RELATIONSHIPS

The following are guiding principles to assist in establishing and maintaining positive and collaborative relationships with participants, families, and other planning team members.

Make People Feel Valued – The participant, family, and other planning team members should feel that their opinions, needs, and concerns matter and that they are valued members of the planning team.

This can be accomplished through the following actions:

- Be respectful. This includes listening and considering others ideas and feedback.
- Demonstrate concern and listen to what individuals have to say.
- Take the time to answer questions in a way that can be understood.
- Make sure your responses are based on what the participant has indicated he or she needs, not what you think the participant needs.
- Try to see things from the perspective of the participant, the family, or other team members. Acknowledge the other planning team member's perspective, even if you do not agree with their point of view.

Establish Trust – The participant, family, and planning team members will be more willing to trust the SC and try new suggestions from someone with whom they are familiar.

- Engage in face-to-face contact when possible.
- Meet with the participant to discuss the participant's life plans and to review the participant's experiences, skills, and desires.
- With the participant's permission, meet with key people who know the participant well.
- Make an effort to become familiar with topics of interest to the participant.

Be Accessible – The participant, family, and planning team members will feel more satisfied and valued if they are able to reach you when they have questions and concerns.

- Be available for questions or concerns, which will help maintain a positive, constructive relationship.
- Be responsive and prompt in answering telephone calls and e-mails.
- Make returning calls a priority.
- Provide phone numbers as well as e-mail addresses and other methods of communication.
- Inform team members when you will be away or on vacation and be sure they are aware of the assigned back-up SC who will be their contact in your absence.

Be Organized – Time is valuable for you as well as for the participant, family and planning team. People do not like to feel that their time is being wasted.

- Be on time for meetings and appointments.
- Be prepared at meeting and appointments, which includes having needed information and paperwork ready.
- Remember that others' time is as important as yours.
- Focus on the participant and not on other distractions.

Be a Good Communicator – It is important that all team members understand each other. The SC is responsible for the timely flow of accurate communications between members of the team.

- Confirm that when a decision is made all team members are clear on what was agreed upon. This is especially true if the decision concerns ISP outcomes.
- Avoid using jargon and acronyms that may not be understood by all members of the team.
- Periodically check with the team to ensure they are informed of the current status of the participant.

BAS regional and clinical staff members are available to provide assistance if SCs have trouble establishing and maintaining positive and collaborative relationships with participants, families, and other planning team members. In addition, there are numerous trainings available on the [BAS online training platform](#) that offer assistance on this topic.

FAIR HEARINGS AND COMPLAINTS

A **request for Fair Hearing**, also known as an **appeal**, refers to a request to have a determination or decision of BAS reviewed by the Department of Human Services (DHS) Bureau of Hearings and Appeals. A request for Fair Hearing is usually filed when a service is denied, reduced, suspended, or discontinued. A Fair Hearing is a formal legal process.

A **complaint** refers to a dispute or objection regarding operations or management policies of a provider. Complaints can be about the following: service quality, service timeliness, and other topics related to the waiver program. Complaints do not involve a formal legal process.

During the initial meeting on developing the ISP, the SC is responsible for reviewing the procedure for requesting a Fair Hearing and what happens after a Fair Hearing is requested with the participant. The SC must review the Fair Hearing process at each annual review of the ISP.

The SC may be the first person the participant or representative notifies if he or she has a concern about the delivery of waiver services. The SC may in an attempt to resolve the concern contact the provider, suggest that the participant file a complaint with the provider or suggest that the participant file a complaint with BAS.

More information regarding fair hearing and complaints can be found in the AAW Provider Manual on the [BAS online training platform](#).

ORGANIZED HEALTH CARE DELIVERY SYSTEM (OHCDS)

Supports Coordination agencies can enroll as an Organized Health Care Delivery System (OHCDS) to facilitate access to certain services that can be important to particular participants for which few providers are enrolled. This arrangement allows a Supports Coordination agency to subcontract with a vendor to facilitate the delivery of vendor goods or services to a participant.

Supports Coordination agencies can enroll as OHCDSs to provide **Community Transition Services, Assistive Technology, and/or Environmental Modifications.**

An OHCDS should not perform any administrative activities and will not be paid an administrative fee for acting as the fiscal intermediary service. OHCDSs must document the delivery of services or completion of the services they provided.

The OHCDS-designated provider is the “provider of record” of the service. BAS holds the OHCDS accountable for the goods or services provided. However, unlike other waiver services, the OHCDS may contract with a vendor to provide the goods or services. The OHCDS is responsible for:

- Identifying the vendor;
- Specifying the terms of the services (what exactly the vendor will do or provide);
- Accepting or negotiating the terms including the cost of the goods or services;
- Ensuring that the vendor meets provider requirements specified in the AAW, such as licensing, if required;
- Ensuring that necessary permits are secured, and that the work meets standards of manufacture, installation, etc.;
- Determining that the contracted goods or services are satisfactorily completed and should be paid;
- Receiving the invoice (including any receipts) from the vendor and paying the vendor directly;
- Billing the AAW through PROMISE for the exact amount of the invoice from the vendor;
- Retaining the invoice, paperwork, receipts, and all other documentation of the services in the participant’s file.

If an OHCDS is used, once the service has been rendered, the vendor with whom the OHCDS has contracted submits a bill or invoice to the OHCDS. The OHCDS submits claims for payment for the exact amount of the bill or invoice using the procedure code for the service and the appropriate provider type and specialty codes for the service. PROMISE verifies that the OHCDS agency is enrolled to provide the service in the AAW and that the participant has the service authorized on his or her ISP. The OHCDS must retain all invoices related to the cost on file and available for review by BAS.

NON-WAIVER SUPPORTS

It is the responsibility of the SC to coordinate both AAW funded and non-AAW funded supports. The ISP must include all assessed needs that affect the participant’s health and welfare. When determining what supports a participant needs, natural supports and supports that can be provided using other funding sources should be considered prior to considering supports that require AAW funding.

SCs are responsible for knowing the resources that are available in the participant's community. Resources that the SC should be aware of include:

- Housing agencies
- Medical services providers
- Office of Vocational Rehabilitation services
- Social Security information
- Advocacy organizations
- Transportation services
- Area Agencies on Aging
- Drug and alcohol services
- Religious/spiritual organizations

SCs may at times need to be creative with services/supports. If the ISP includes supports that are not funded by the AAW, the SC does not need include a goal in the ISP for these supports, however these supports should still be documented in the ISP. Please refer to the [ISP components section](#) for further information on how to document supports.

AUTISM SERVICES EDUCATION RESOURCES AND TRAINING (ASERT)

The ASERT Statewide Resource Center is funded by BAS and was developed to provide information and support to individuals with Autism Spectrum Disorder (ASD) and their families, as well as to facilitate connections between individuals, families, providers and other professionals throughout the Commonwealth.

ASERT can offer valuable resources to AAW SCs in securing non-waiver supports, trainings, and accessing general resources that can be helpful for participants. SCs are also able to refer the participants they support and their family members, to the ASERT Resource Center so they can connect with the information they need directly.

The Resource Center has three components:

Website: <http://www.PAautism.org> offers information about local, regional and statewide events, professional trainings, community resources, services, current research and other information relevant to the autism community. The website also offers

- A free Create an Account feature, to allow the SC to easily find and organize information.
- The ability to create "Profiles" within an account for multiple AAW participants, specific resource topics, or age groups.
- A way to save news, events, trainings, and resources to "favorites" to easily find the information needed each time the site is accessed.

The Statewide Toll-free Number, 877-231-4244, offers live assistance in English and Spanish from ASERT's Resource Center Specialists.

- The Resource Specialists can work with the SC, as well as participants and families.
- Callers will be provided with general resources on autism, connected to autism-related events and trainings, and kept informed about up-to-date and accurate information about autism services in Pennsylvania. The Resource Center Specialists can also help to brainstorm options when services are limited.

Community Outreach Specialists are available to attend local and regional conferences, support group meetings and community events.

The ASERT Resource Center can be a useful tool for SCs, participants, and families.

The Autism Services, Education, Resources & Training Collaborative (ASERT) is a key strategy of BAS for meeting the needs of Pennsylvania adults and children with autism and their family members, community members, and the providers who support them. Funded by BAS, ASERT is a unique public and private partnership between BAS and Pennsylvania universities, hospitals/medical centers and private community providers.

CHAPTER 3 Introduction to HCSIS

The Home and Community Services Information System (HCSIS) is the information-sharing system for Department of Human Services (DHS) program offices that support the Home and Community-Based Service (HCBS) programs which include the Medicaid waivers. The HCSIS application includes quality, client, financial and reporting functionality. The participant's Individual Support Plan (ISP) is stored in HCSIS. The data from HCSIS also feeds into DHS's Enterprise Data Warehouse to support management reporting, risk management and quality assurance.

Data captured in HCSIS is used to support DHS program activities in three broad areas:

- Integrated Case Management
- Quality and Risk Management
- Financial Management and Claims Processing

WHAT A SUPPORTS COORDINATOR CAN ACCESS IN HCSIS

All HCSIS users are assigned a specific role and scope within HCSIS and will have access to information stored in HCSIS according to their specific role and scope within HCSIS. The *role* in HCSIS determines what each person can access in HCSIS and whether or not the person can make changes or save data on the screen. Supports Coordinator (SCs) are assigned the SC or SC Supervisor role. SCs are able to enter demographic, eligibility, evaluation, assessment, plan, and service coordination information into HCSIS. In addition, the SC has access to review and create service notes. SCs should check with their agency's HCSIS Administrator if they have questions as to what their actual role is or if changes are needed.

LOGGING INTO HCSIS

Before a SC can log into HCSIS, a user ID and password must be obtained from the provider agency's HCSIS Administrator. Every Supports Coordination agency must identify a HCSIS Administrator, who is also responsible for having the agency assigned to HCSIS. Once a user ID and password is obtained, the SC can access HCSIS by going the HCSIS website and selecting the HCSIS Login link. The SC will enter his or her user ID and password and click "Login". From the Home Page the SC can navigate to the modules within HCSIS by using the menu navigation bars located at the top of the page.

For issues logging in, etc., contact the HCSIS help desk for assistance (contact information is located on the [HCSIS home screen](#)).

HCSIS HELP DESK

Hours: Monday- Friday 8 a.m. - 5 p.m.

Phone Number: 1-866-444-1264

Fax Number: 717-540-0960

Email: c-hHCSIShd@state.pa.us

HCSIS HELP LINKS

HCSIS also provides an online resource that users can access whenever necessary. To access the online help, click the Help link at the top, right hand corner of each HCSIS screen. HCSIS online help contains guidance and screen and field level definitions for each screen.

HCSIS SYSTEM GENERATED ALERTS

An Alert is an electronic message triggered from an action in HCSIS and informs the user of an event that occurred or did not occur as expected within the system. Alerts may be used for informational, reminder or escalation purposes. For example, HCSIS informs others, such as the SC Supervisor or the BAS Regional Office that something has happened so that they are aware and can act if necessary. Some Alerts, called Smart Alerts, contain hyperlinks that take users to the HCSIS screens that display the participant's information, while others convey only textual information. SCs are responsible for paying attention to and acting on Alerts. To access alerts, simply go to the HCSIS main page (after logging in) and click on the alert link on the top left corner of the screen.

There are several Alerts available to the SC. SCs should utilize the trainings and resources in the [Learning Management System \(LMS\)](#) to learn more about the specific Alerts available to them.

HCSIS DATA AND INFORMATION REPORTS

There are a number of HCSIS reports that can be used by SCs to make their jobs easier. Reports are either "off-line," meaning they can be found in the "Request Reports" box within 24 hours of the initial request, or "on-line" and available immediately. Some below may require roles other than SC, such as the SC Supervisor role.

Requesting Reports

1. The SC logs into HCSIS and navigates to the Tools- Reports- *Reports Request* screen. The SC selects a report, completes the report parameter box, and then requests that report.
If the report is designated as off-line, the process continues with Step 2. If the report is on-line, the process continues with Step 4.
2. The system places the requested report in a queue for overnight processing. After the report runs, the request status in the Reports Inbox changes from "New" to "Processed", "No Data", or "Failed".
3. The SC navigates to the Reports Inbox. The Reports Inbox shows any requested reports and status in a line item. Clicking the report's hyperlink allows the SC to save the report and then review and/or print the information.
4. HCSIS processes the requested report.

NOTE: If an SC has difficulty accessing requested reports, the SC may have to change the security settings on his or her computer. To change settings, the SC should go to:

Start>Settings>Control Panel> Internet Options> Advanced. Under the heading labeled Security, make certain that the box in front of “Do not save encrypted files to disk” is unchecked.

LEARNING MANAGEMENT SYSTEM (LMS)

Various training courses on HCSIS are available depending on the user’s role in the LMS. Users can use LMS to review web-based training courses and other important training and implementation documents, such as HCSIS updates, tip sheets, and other documents. For more information and instruction in navigating HCSIS, refer to the [HCSIS](#) course entitled Basic HCSIS Navigation. The LMS link is located on the main [HCSIS webpage](#).

CHAPTER 4 Assessments

The purpose of using assessments is to gather useful information that can be used to help participants receive the most positive and productive level of support possible. The assessments help the planning team gain an understanding of the participant's needs within their natural environment and allow the Supports Coordinator (SC) and the team to design the Individual Support Plan (ISP) with a clear focus on the participant's individualized needs. Much of the information gleaned will be through direct observation and questions asked of the participant and representative/family/informal care network.

As part of developing the ISP and the annual review of the ISP, the SC will meet with the participant and his or her representative, if a participant has a representative, to begin collecting information that is needed to facilitate the development or review of the ISP, initially as well as on an annual basis. The SC will administer annually the Scales of Independent Behavior – Revised (SIB-R), Quality of Life Questionnaire (QOL.Q), and Parental Stress Scale (PSS) will be administered initially and annually by the SC. The SC will also administer the Baseline Outcomes as part of the development of the initial ISP.

SCALES OF INDEPENDENT BEHAVIOR – REVISED (SIB-R)

- Published by Riverside Publishing
- Authors: R. H. Bruininks, R. W. Woodcock, R. F. Weatherman, B. K. Hill
- www.riverpub.com/products/SIB-R

What is it? Who is it for?

The SIB-R measures adaptive and maladaptive behavior from infancy through adulthood in order to determine the level of functioning of an individual with a developmental disability. It comes in two forms: a structured interview or a checklist procedure.

What does it measure?

The SIB-R measures 14 subsets of adaptive behaviors that form four clusters: motor, social, personal living and community skills. It also collects information in eight areas of problem behaviors: hurtful to self, hurtful to others, destructive to property, disruptive behavior, unusual or repetitive habits, socially offensive behavior, withdrawal or inattentive behavior, and uncooperative behavior.

What is it used it for?

The SIB-R results in a variety of scores (e.g., standard scores, percentile ranks, age equivalents) that can be used to compare a participant's level of functioning with the level of functioning of other individuals. The Functional Limitations Index can be used to describe the participant's adaptive behavior strengths and needs, as well as predict the participant's level of functioning. The Support Score provides information about the support, supervision, and resource needs of the participant. The specific SIB-R scores are used in understanding how effective the Adult Autism Waiver (AAW) is for the participants enrolled. It is important for SCs to understand where the participant may need support and also to compare Support Scores from year to year to see if the goals, objectives, services and supports have

been effective over time. If the Support Score remains the same or decreases from year to year, the team should examine the appropriateness of the participant's ISP.

How is the SIB-R Scored?

During the assessment the SC will record the respondent’s ratings on each of the questions in the SIB-R Response Booklet. To obtain raw scores:

Adaptive Behavior Scale: At the bottom of each page, total the sum or number of items in columns 1, 2, and 3, e.g., if the respondent gives a rating of 3 for 7 items, the number indicated at the bottom of the page for column 3 would be 7. Input the sum and calculate the respective equations indicated at the bottom of the page for a final raw score for this subscale.

Maladaptive Behavior Scale: Identify the frequency, severity, description of major problem behavior and responses to the behavior as indicated for each subscale.

The SC will use the SIB-R Raw Score Template to record the raw scores. This spreadsheet is submitted to the Bureau of Autism Services (BAS).

Practice Guidelines:

- Be sure to ask ALL questions
- It is preferred that the participant is the respondent, if possible.
- Incorporate results of the SIB-R into the ISP (see below)

ISP Section and the SIB-R Subscale

It is important that the SIB-R results are reflected in the ISP. The crosswalk below demonstrates areas of the ISP where the SC can incorporate the SIB-R results.

ADAPTIVE BEHAVIOR	ISP SECTION
Fine & Gross Motor Skills	Functional Information>Physical Development
Social Interactions	Functional Information>Social/Emotional
Language Comprehension	Functional Information>Communication Functional Information>Social/Emotional Functional Information>Understanding Communication
Language Expression	Functional Information>Communication Functional Information>Social/Emotional Functional Information>Understanding Communication
Eating & Meal Preparation	Functional Information>Adaptive/Self Help Health and Safety>Meals/Eating
Toileting	Functional Information>Adaptive/Self Help

Dressing	Functional Information>Adaptive/Self Help
Personal Self Care	Functional Information>Adaptive/Self Help
Domestic Skills	Functional Information>Adaptive/Self Help
Time & Punctuality	Functional Information>Learning/Cognition
Money Value	Functional Information>Learning/Cognition
Work Skills	Functional Information>Adaptive/Self Help
Home & Community Orientation	Functional Information>Adaptive/Self Help

PROBLEM BEHAVIOR	ISP SECTION
Hurtful to Self	Individual Preferences>Know and Do Medical>Psychosocial Functional Information>Social/Emotional Functional Information>Understanding Communication <i>Please ensure consistency across all sections.</i>
Hurtful to Others	
Destructive to Property	
Disruptive Behavior	
Unusual or Repetitive Habits	
Socially Offensive Behaviors	
Withdraw or Inattentive Behavior	
Uncooperative Behavior	

QUALITY OF LIFE QUESTIONNAIRE (QOL.Q)

- Publisher: IDS Publishing Corporation
- Authors: Robert L. Schalock, Ph.D., and Kenneth D. Keith, Ph.D.

What is it? Who is it for?

The Quality of Life Questionnaire (QOL.Q) is designed to determine the overall quality of life of persons with developmental disabilities. The QOL.Q is used across the country and is a valuable tool in assessing quality of life of individuals with Autism Spectrum Disorder (ASD). Individuals with adequate language skills are assessed in an interview format. For most respondents the average length of administration is 20-30 minutes.

For people who lack the necessary language skills, the QOL.Q should be completed by at least two people who know the participant well and who are familiar with the participant's current activities and living situation. The two scores should be averaged for one total score per assessment conducted.

What does it measure?

The QOL.Q contains a total of 40 items across four psychometric scales, each with 10 questions. The items contained in the questionnaire are based on a number of sources including national quality of life studies. The four scales include: Satisfaction, Competence/Productivity, Empowerment/ Independence, and Social Belonging/ Community Integration. Each question is rated on a three-point Likert scale. The rating system requires that the respondent evaluate how he/she perceives certain aspects of his/her life. The score for each psychometric scale can range from 10 to 30. Higher scores reflect more satisfaction, more competence/productivity, more empowerment/independence, and more social belonging/community integration.

What is it used for?

The QOL.Q is completed prior to the initial team planning meeting. The SC will also re-administer the QOL.Q annually for comparison purposes. The Bureau of Autism Services (BAS) will use the scores to determine whether there is an improvement in the participant's quality of life as a result of his or her receipt of Waiver services.

How is the QOL.Q scored?

The SC tallies up the scores for each scale. On the back page of the document, scores are entered and percentile ranks given. It is important to double-check the scores and percentiles for accuracy. Each scale score, total score and date administered should be entered in the HCSIS Assessment Switchboard. If the participant is unable to answer the QOL.Q, the scores from the two respondents should be averaged for one final score and the two respondents' relationship to the participant should be entered in the HCSIS Assessment Switchboard.

Practice Guidelines:

- Be sure to ask ALL questions
- If the participant cannot respond, two respondents need to answer the QOL.Q and the SC calculates the average of the two scores
- The SC should incorporate the results of the QOL.Q into the ISP
- If the QOL.Q causes stress for the participant or a close family member, the SC is permitted to not administer it and instead clearly document the reason the QOL.Q was not administered in a service note and in the Know and Do section of the ISP

PARENTAL STRESS SCALE (PSS)

- Author: Judy O. Berry

What is it? Who is it for?

The Parental Stress Scale (PSS) is a self-report scale that is used to evaluate the total level of stress a parent or close family member may be experiencing as a result of supporting the participant (with or without waiver service). It can be administered to the participant's parent or close family member (e.g., mother, grandfather, sister, and caregiver). The PSS should *not* be administered to a participant's

spouse, partner or significant other. The PSS will be sent to the participant when accepted into the waiver and should be completed prior to the SC's initial contact with the participant. However, it is recommended that the SC takes an extra copy with him or her to the intake in case the participant or his or her family has misplaced the PSS. At the time of the Annual Review of the ISP, the SC must also administer the PSS.

What does it measure?

The PSS contains 18 items representing pleasure or positive themes of parenting (emotional benefits, self-enrichment, and personal development) and negative components (demands on resources, opportunity costs and restrictions). Respondents are asked to agree or disagree with the items with regard to their typical relations with the participant. Each item is rated on a five-point scale: strongly disagree (1), disagree (2), undecided (3), agree (4), and strongly agree (5). The eight positive items are reverse scored so that the possible scores on the scale can range between 18-90. Higher scores on the scale indicate greater stress.

What is it used for?

The PSS will be sent out to the participant's parent or close family member once it is determined that the participant is eligible for the waiver. The SC is expected to collect the PSS during the initial home visit. The PSS will be re-administered annually by the SC for comparison purposes. If it is determined by the score that the parent has a high level of stress, the SC may want to explore if Respite is a service that can assist the caregivers in providing additional support.

How is the PSS scored?

To compute the parental stress score, items 1, 2, 5, 6, 7, 8, 17, and 18 should be reverse scored as follows: (1=5) (2=4) (3=3) (4=2) (5=1). The item scores are then summed. In the HCSIS Assessment Switchboard, the overall stress score, respondent name, residential status of the participant (e.g., full time, part time, or none), relationship to the participant, marital status of the respondent, and administrator's name should be entered.

Practice Guidelines:

- The PSS can be given to a parent or family member to complete on his or her own
- SC should incorporate the results of the PSS into the ISP
- If the PSS causes stress for the participant or a close family member, the SC is permitted to not administer the PSS and instead clearly document the reason the PSS was not administered in a service note and in the Know and Do section of the ISP

BASELINE OUTCOMES

- Developed by BAS
- Copy of HCSIS screen shot to utilize in implementation can be found on the Bureau's online training platform

What is it? Who is it for?

Baseline Outcomes is a list of nine questions that were developed as guiding outcomes of the AAW regarding the participant's experiences in the past 12 months. For every new participant, Baseline Outcomes will be obtained only once and prior to the initial ISP meeting.

What does it measure?

Baseline Outcomes questions request information about law enforcement involvement, psychiatric hospitalizations, psychiatric emergency room visits, health crisis interventions, and employment and volunteer experiences. This information is not collected because this information can be obtained through other ongoing information captured in HCSIS.

What is it used for?

BAS will review the Baseline Outcomes information on an ongoing basis and use it to determine whether there is an improvement in the participant's experiences as a result of his or her receipt of Waiver services.

Practice Guidelines:

- Baseline Outcomes questions can be given to the caregiver to complete on his or her own
- The SC should incorporate the results of the Baseline Outcomes into the ISP

CHAPTER 5 Initial Plan Development

Once a participant is enrolled in the Adult Autism Waiver (AAW), the participant is offered a choice of Supports Coordination agencies. Once the participant chooses the agency the participant wishes to work with, the Bureau of Autism Services (BAS) will contact the agency to confirm that the agency is willing and able to serve the participant. Once confirmed, BAS will send the Supports Coordinator (SC) the SC Selection Letter with attachments needed.

TIMELINE EXPECTATIONS FOR THE INITIAL INDIVIDUAL SUPPORT PLAN (ISP)

SCs are expected to follow timelines set forth by BAS in developing an ISP. See below for a chart of timeline expectations. These timeframes may be extended for circumstances beyond the SC's control with prior approval from BAS. The ISP must be updated at least annually, but may be updated at any time when a participant's needs change, or at the participant's request.

INITIAL ISP	
Complete initial contact with the participant and the participant's family/supports, if applicable	Within 10 days of the selection of the Supports Coordination agency
Coordinate information gathering and assessment activity, which includes the administration of required assessments	Prior to the initial ISP meeting
Collaborate with the participant and persons designated by the participant to coordinate a date, time and location for the initial ISP meeting	Prior to the initial ISP meeting
Distribute invitations to ISP team members prior to the initial ISP meeting	Prior to the initial ISP meeting
Facilitate the ISP meeting Obtain agreement and signatures from the participant, persons designated by the participant, and providers responsible for the plan's implementation	Within 20 business days of the selection of a Supports Coordination agency
Document and submit the ISP to BAS for approval and authorization	**Within 45 calendar days of selection of a Supports Coordination agency <i>This time requirement may be extended for circumstances beyond the SC's control with prior approval from BAS. The reason for the delay must be documented in a service note.</i>

If the ISP is returned for revision, the SC must resubmit the amended ISP for approval and authorization	<p>For a rejection: within 7 calendar days of the date it was returned for revision.</p> <p>For a plan approved with revisions: within 30 calendar days of the date it was returned</p>
Distribute the ISP to the ISP team members who do not have access to HCSIS	<p>Within 14 days of approval and authorization of the ISP</p> <p><i>This must be done in a manner chosen by the team member.</i></p>

INITIAL PLAN ASSESSMENTS

The SC will meet with the participant and/or, if applicable, the representative to complete the:

- Scales of Independent Behavior – Revised (SIB-R),
- Quality of Life Questionnaire (QOL.Q),
- Parental Stress Scale (PSS), and
- Baseline Outcomes.

These documents will be reviewed and discussed at the ISP meeting in order to assist the team in identifying the specific support needs of the participant, based on assessment results. The SC will use the SIB-R Raw Score Template to record the raw scores. This template is submitted to the BAS Provider Support Mailbox.

Once the assessments have been completed by the SC for the initial ISP, the SC may summarize the assessment finding on the SIB-R Summary Report prior to the initial ISP meeting.

Guidelines for completing the SIB-R Summary Report:

1. Document the assessment date.
2. Complete the Individual Information section which includes individual demographic information.
3. Complete the section on Individuals or Organizations providing essential support – this includes the type of organization, e.g., residential provider, vocational provider; the name of the organization or individual providing the support; and telephone number.
4. Complete the section on respondent information – include the name of the person(s) who provided responses during the SIB-R assessment, the relationship to the participant, how long the respondent has known the participant, and the language spoken by the respondent.
5. Adaptive Scale Critical Items
 - a. In the subsequent boxes representing the 4 domains, critical items will be identified. This requires the SC to review the SIB-R assessment raw scores for each of the items in each of the domains. For example, pages 4 and 5 in the response booklet contain all the

items being assessed in the area of gross and fine motor skills. The SC will review the items (skills) and record those critical items for which the participant scored a 0 or 1. It may not be necessary to indicate each and every item with a score of 0 or 1, just those items that are important to the participant and impact on his or her quality of life.

6. Maladaptive Scale Critical Items
 - a. Complete the table indicating the raw score for each of the maladaptive behavior scale items (hurtful to self, hurtful to others, destructive, disruptive, unusual/repetitive, socially offensive, withdrawal/inattentive, and uncooperative). Refer to page 20 and 21 in the response booklet.
 - b. In the subsequent boxes, the SC will refer to pages 18 and 19 in the response booklet and document those items in which the respondent indicated “yes” to the question asking if the behavior is a major problem. Provide a brief description to the problem. For example, if the respondent indicated that hurtful to self was a major problem because the participant engages in frequent and intense face slapping behavior resulting in bruising, the SC will document this information in the corresponding box.
7. Once complete, the SC needs to submit it to BAS.

NOTE: BAS enters the SIB-R results into HCSIS; the SC does NOT enter the SIB-R results into HCSIS. The SC is only responsible for sending the SIB-R documents to BAS immediately following their completion.

The other three assessments (QOL.Q, PSS, and Baseline Outcomes) must be entered by the SC into the Assessment Switchboard section of HCSIS. Once entered, click “save” and then “finalize”. Please note, if the SC does not click “finalize”, the assessment will not be considered completed.

For more information on assessments, see [Chapter 4](#).

SCHEDULING THE MEETING

The SC supports the participant and/or representative in determining who should be present and involved in the development of the ISP. It is important to include people who know the participant best and who will offer detailed information about the participant and his or her preferences, strengths and needs. Team members could include any of the participant’s natural supports such as siblings, friends, church members, etc.

Once the ISP meeting details are confirmed, the SC develops the ISP meeting invitation and sends it to the participant's team members.

FACILITATING THE MEETING

Within 20 business days of the selection of a Supports Coordination agency, the ISP meeting must be held. The initial ISP is developed based on the concepts of [person-centered planning](#).

CHOOSING SERVICES

A participant's ISP is based on the concepts of person-centered planning and should address the full range of participant needs and identified goals, including those related to healthcare, employment and other issues important to the participant. The ISP should identify waiver services needed to assist the participant in achieving identified goals and include the frequency, duration and amount of each service. The ISP should also identify non-waiver funded services that the participant may need.

The ISP planning team should come to a consensus about the information contained in the ISP including the supports and services requested to be approved and authorized before concluding the meeting. If differences cannot be resolved at the team meeting, an additional meeting should be scheduled to resolve the outstanding issues.

SCs are responsible for ensuring that all participants are informed of home and community-based services funded through the Waiver. SCs are not permitted to recommend providers to the participant or sway the participant's decision about a provider in any way.

The SC is responsible to coordinate with the provider agency and the participant, once a provider is chosen by the participant. The SC is responsible to contact the provider to ensure that the provider is willing to provide services to the participant and discuss the timeframe that the provider is able to start services in. This timeframe should be coordinated with the participant.

DOCUMENTATION REQUIRED AT INITIAL ISP MEETING

At the initial ISP meeting, the SC must review the documents listed below with the participant and representative. These documents must be signed and kept in the participant's file. These documents are found on the BAS online training platform.

- **AAW Participant Rights and Responsibilities Document**
The SC must ensure that the participant understands his/her rights and responsibilities.
- **AAW Participant Right to a Fair Hearing Document**
The SC must ensure that the participant understands his/her right to a Fair Hearing.
- **Service Provider Choice Form**
This form is completed during the initial ISP meeting. SCs are responsible for informing the participant of and fully discussing with the participant the right to choose among and between services and providers. The SC is responsible for assisting participants with obtaining services from chosen providers. A copy of this form is to be submitted by the SC to the AAW Provider mailbox and kept in the participant's file.
- **ISP Meeting Attendance Sign-Off Form**
This form documents that participants were informed of their choice of providers, choice of services, and right to a Fair Hearing. It also indicates that the participant and representative agree to the initial ISP as discussed during the planning meeting.
- **HIPAA Release Form**
This form is completed for each individual and/or provider the participant chooses per HIPAA requirements.

- **Supports and Services Directory (SSD)**

The SSD provides a statewide list of AAW service providers, the counties they serve, and how to contact them. This document should be provided to the participant.

ENTERING THE ISP INTO HCSIS

The Manage Plan Menu screen in HCSIS allows the SC to create an Initial Plan. This screen is displayed when the user selects Manage Plan from the Plan screen.

It is critical that the SC enter the correct Plan Effective Date (PED) in HCSIS prior to submitting an ISP to BAS for approval. The PED on the Service Detail screen must be the same month and day as the Eligibility Date/ PED listed on the Plan Components screen.

Please be sure the PED is correct before moving the ISP out of draft status. If the PED is incorrect and the SC has already submitted the plan for approval, the SC will need to notify the appropriate BAS Regional Office Representative.

For more information on how to enter the ISP into HCSIS, please refer to the [HCSIS guidebook](#).

INITIAL PLAN SUBMISSION

Within 45 calendar days of selection of a Supports Coordination agency, the SC must submit the initial plan to the SC Supervisor for his or her review. To do this, the SC simply can click Submit Draft in the Plan Components screen of HCSIS. The draft plan is reviewed by the SC Supervisor. If the content is appropriate, the SC Supervisor submits the draft to BAS for the review and approval.

BAS REVIEW

Once the ISP is submitted to BAS by the SC Supervisor, BAS will review the plan. The SC will be notified via e-mail from the BAS Provider Support mailbox if the plan has been Rejected, Approved with Revisions, or Approved. Included in the e-mail will be two checklists (one completed by the BAS RO Representative and one completed by clinical staff) with detailed information of the review.

Rejected Status – BAS will send the ISP back to the SC as *rejected* if the content of the ISP is not acceptable. The SC will need to re-submit the ISP with corrections made within 7 calendar days of the date it was returned and e-mail the BAS Regional Office Representative notifying them of the re-submission.

Approved with Revisions Status – BAS will send the ISP back to the SC as *approved with revisions* if the ISP is in need of changes. The SC will have 30 calendar days from the date it was returned to make the corrections as directed.

Reference [Chapter 8](#) for guidelines on General Updates

Approved Status – BAS will approve the ISP if the ISP is acceptable and notify the SC.

NOTE: An ISP's status will not be identified in HCSIS. It will only be identified in the e-mail from BAS. The plan will reflect only Draft, Pending Review, Pending Approval, or Approved in HCSIS.

Within 14 days of the plan's approval and authorization, the SC must distribute the ISP to the team members who do not have access to HCSIS in a manner chosen by the team member.

CHAPTER 6 Annual Review of the ISP

The Supports Coordinator (SC) is responsible for updating the Individual Support Plan (ISP) at least annually. The SC is also responsible for ensuring timely completion of annual Level of Care re-evaluations (e.g., the medical evaluation form, MA 51 form). The MA 51 form must be completed and submitted to BAS *prior to* approval of the annual review plan.

TIMELINE EXPECTATIONS FOR THE ANNUAL REVIEW PLAN

SCs are expected to follow timelines set forth by the Bureau of Autism Services (BAS) when conducting the annual review of the ISP. See below for a chart of timeline expectations. These time requirements may be extended for circumstances beyond the SC's control with prior approval from BAS.

ANNUAL REVIEW PLANS (ARP)	
BAS will send the SC an electronic packet of required documents (with the exception of the Scales of Independent Behavior-Revised (SIB-R), which will be sent via postal mail)	Ninety days prior to the projected annual review date
Coordinate information gathering and assessment activity, which includes the administration of the assessments	At least 90 days prior to the end date of the ISP
Collaborate with the participant and persons designated by the participant I to coordinate a date, time and location for the ARP meeting	At least 90 days prior to the end date of the ISP
Distribute invitations to ISP team members <i>*Place copies of meeting invitations to all team members in participant's file; acceptable documentation includes a copy of the invitation letter or a printed email invitation.</i>	At least 30 days before the ARP meeting
Facilitate the ISP meeting Obtain agreement and signatures from the participant, persons designated by the participant, and providers responsible for the plan's implementation	At least 60 days prior to the end date of the ISP
Document and submit the ISP to BAS for approval and authorization	At least 30 days prior to the end date of the ISP
If the ISP is returned for revision, the SC must resubmit the amended ISP for approval and authorization	For a rejection: within 7 calendar days of the date it was returned for revision. For a plan approved with revisions: within 30 calendar days of the date it was returned
Distribute the ISP to the ISP team members who do not have access to HCSIS	Within 14 days of approval and authorization of the ISP <i>This must be done in a manner chosen by the team member.</i>

ANNUAL REVIEW ASSESSMENTS

The SC will meet with the participant and/or, if applicable, the representative at least 90 days prior to the end date of the current ISP to complete the:

- Scales of Independent Behavior – Revised (SIB-R),
- Quality of Life Questionnaire (QOL.Q), and
- Parental Stress Scale (PSS).

The SC will use the SIB-R Raw Score Template to record the raw scores. Before the ISP is submitted, the SIB-R Raw Score Template spreadsheet is submitted to the BAS Provider Support Mailbox.

NOTE: BAS enters the SIB-R results into HCSIS; the SC does NOT enter the SIB-R results into HCSIS. The SC is only responsible for sending the SIB-R documents to BAS immediately following their completion.

The results of the other two assessments (QOL.Q and PSS) will be entered by the SC into the Assessment Switchboard section of HCSIS. Once entered, click Save and then Finalize. Please note, if the SC does not click Finalize, the assessment will not be considered completed.

For more information on the assessments, see [Chapter 5](#).

SCHEDULING THE MEETING

At least 90 days prior to the end date of the ISP, the SC assists the participant and/or representative in determining who should be present and involved in the development of the ISP.

Once the ARP meeting details are confirmed, the SC develops the meeting invitation and sends it to the participant's team members at least 30 days before the meeting.

FACILITATING THE MEETING

At least 60 days prior to the end date of the ISP, the ARP meeting should be held. The full ISP is reviewed during this meeting and the ISP is updated using the concepts of person-centered planning. The participant and representative, if applicable, will drive the process if they choose to do so. See the [person-centered planning section](#) for more information on person-centered planning.

Providers should come to the meeting prepared to talk about the participant's progress on goals/objectives. If the team determines that goals/objectives are met or no longer appropriate, these goals/objectives are end dated. If there are changes to the goals/objectives, these changes are inputted into HCSIS as part of the annual review of the ISP. The SC should not hold up submission of a revised ISP if objectives have not yet been revised. Revised objectives can be entered as a general update after approval of the ISP.

The ISP planning team should come to a consensus about the information contained in the ISP including the supports and services requested to be approved and authorized before concluding the meeting. If

differences cannot be resolved at the team meeting, an additional meeting should be scheduled to resolve the outstanding issues.

SCs are responsible for ensuring that all participants are informed of home and community-based services funded through the Waiver. SCs are not permitted to recommend providers to the participant or sway the participant's decision about a provider in any way.

For further information on the components of the ISP, see [Chapter 9](#).

SERVICE UTILIZATION

SCs need to monitor the amount of services that the participant utilizes. Service utilization is important because if participants are not using the services in the amount on their ISP, it may indicate that either the services are not being rendered or the ISP does not reflect the needs and goals of the participant. In either case, it means that the ISPs of those participants are flawed and should be revised.

The SC is responsible to regularly monitor and revise the service utilization, as necessary. In order to complete the service utilization review during the annual review of the ISP, SCs are provided with the service utilization process document annually along with the electronic packet of required documents. These documents are also found on the BAS online training platform.

If the ISP team determines that an additional 25% of units of a service are needed (i.e., the number of units used during the past year plus an additional 25% is needed), the SC must justify that decision and give the reason(s) for coming to that conclusion. Justifications for all services are required to be entered into a Service Note within HCSIS. If there is a discussion between BAS and the SC about the need for a service, the final agreed upon decision should also be entered into a Service Note by the SC.

If at any time the amount of any service on the plan turns out to be insufficient, the SC may submit a Critical Revision to increase the amount of that service. SCs should not wait until the end of the plan year to request that additional units of a service be authorized.

DOCUMENTATION REQUIRED AT ARP MEETING

At the ARP meeting it is important that the following items be reviewed with the participant and representative. These items must be signed and kept in the participant's file.

- ISP Meeting Attendance Sign-Off Form

This form documents that participants were informed of their choice of providers, choice of services, right to a Fair Hearing. It also indicates that the participant and representative agree to the changes made to the ISP as discussed in the meeting or that they agree that no changes will be made. The participant or representative will also acknowledge on the ISP Meeting Attendance Sign-Off Form that the four documents listed below were reviewed during the ARP meeting and the participant and the representative had the opportunity to ask questions.

- ◊ AAW Participants Rights and Responsibilities Document

The SC must ensure that the participant understands his/her rights and responsibilities.

- ◊ AAW Participant Right to a Fair Hearing Document

The SC must ensure that the participant understands his/her right to a Fair Hearing.

- ◇ Service Provider Choice Form

This form is completed during the initial ISP meeting and reviewed during ARP meetings to ensure that the participant understands. SCs are responsible for discussing with the participant the right to choose among and between services and providers. Per the AAW, the participant must receive a statewide list of AAW providers annually. The most recent version of the AAW Supports and Services Directory is to be shared during the ARP meeting.

- ◇ HIPAA Release Form

This form is reviewed and if needed, completed for each individual and/or provider the participant chooses per HIPAA requirements.

- Supports and Services Directory (SSD)

The SSD provides a statewide list of AAW service providers, the counties they serve, and how to contact them. This document should be provided to the participant.

Further information on required documents can be found on the [BAS online training platform](#).

PLAN EFFECTIVE DATE (PED)

The Plan Effective Date (PED) and projected annual review date are the same month and day, with different years. In other words, the only component that should be updated is the year (not the day). For example, a PED of 01/10/2013 should be updated to a PED of 01/10/2014 the following year at annual plan review and NOT 1/11/2014.

NOTE: Please be sure the PED is correct before moving the ISP out of draft status. If the PED is incorrect and the SC has already submitted the plan for approval, the SC will need to notify the appropriate BAS Regional Office (RO) Representative.

For more information on how to enter the ISP into HCSIS, please refer to the [HCSIS guidebook](#).

SUBMITTING THE DRAFT ISP IN HCSIS

The SC will need to complete and submit an ARP Self Checklist (located on the [BAS online training platform](#)) to the BAS Provider Support Mailbox when submitting the ISP in HCSIS.

The ARP Self Checklist will provide SCs with directions on how to ensure that a revised ISP meets BAS standards. The BAS clinical representative will perform an expedited review of the revised ISP using the SC ARP Self Checklist as a guide. The SC will receive an email from the Provider Support Mailbox capturing BAS's decision regarding the revised ISP (approved or rejected) and containing a copy of the RO ARP Review Checklist and the SC ARP Self Checklist.

NOTE: The SC is responsible for ensuring timely completion of annual Level of Care re-evaluations (e.g., the medical evaluation form, MA 51 form). The MA 51 form must be completed and submitted to BAS prior to approval of the annual review plan.

SC SUPERVISOR REVIEW

At least 30 days prior to the end date of the current ISP, the SC must submit the revised ISP to the SC Supervisor for his or her review. If the content is appropriate, the SC Supervisor submits the draft to BAS.

In HCSIS, the ISP will appear as in a Pending Review status.

BAS REVIEW

Once the ISP is submitted to BAS by the SC Supervisor, BAS will review the plan. The SC will be notified via e-mail if the plan has been Rejected, Approved with Revisions, or Approved. Included will be a checklist(s) with detailed information of the review.

Rejected Status – BAS will send the ISP back to the SC as rejected if the content of the ISP is not acceptable. The SC will need to re-submit the ISP with corrections made within 7 calendar days of the date the ISP was returned.

In HCSIS, the ISP will appear as in draft status

Approved with Revisions Status – BAS will send the ISP back to the SC as *approved with revisions* if the ISP needs to be changed. The SC will have 30 calendar days from the date it was returned, to re-submit the ISP with corrections made as directed.

In HCSIS, the ISP will appear as in approved status.

Approved Status – BAS will approve the ISP if the ISP is acceptable and notify the SC.

In HCSIS, the ISP will appear as in approved status.

DISTRIBUTION OF THE REVISED ISP

Within 14 days of the plan's approval and authorization, the SC must distribute the ISP to any team members who do not have access to HCSIS in a manner chosen by the team member.

CHAPTER 7 Critical Revisions and General Updates to the Individual Support Plan

Support Coordinators (SC) are able to create four different types of Individual Support Plans (ISP) in HCSIS: an initial ISP, an annual ISP, a critical revision, and a general update.

CRITICAL REVISIONS

A critical revision (CR) is used when a participant's plan needs to be revised because of a change in service delivery. A CR returns the existing approved plan to a Draft status in HCSIS so it can be modified. During a CR, new services can be added, existing services can be discontinued, and the number of units or frequency of a service can be increased or decreased. Providers may also be added or removed from an ISP based on the participant's choice.

Prior to submitting a CR to the ISP, the SC is responsible for informing and thoroughly explaining to the participant and his or her representative (if applicable) the revision. The participant must, at least verbally, consent to the revision prior to the SC submitting the CR. The SC must also notify the affected provider(s) of the revision to the ISP.

The SC is also required to document the participant's consent and the provider's acknowledgment of the revision in writing **no later than 14 calendar days from the Bureau of Autism Services (BAS) approval of the CR.**

The written consent must include the participant's name, the name of the provider, and the name of the staff person acknowledging the revision, the date, and the nature of the revision.

A copy of the written documentation of consent must be maintained in the participant's Supports Coordination agency's file and the provider's file. All SC coordination of efforts to acquire participant written consent and provider acknowledgement(s) must be documented in a Service Note within HCSIS in addition to the reason for the CR.

Regardless of the revision(s) made to the participant's services, BAS may review other components of the plan to ensure that the plan justifies the revision. BAS will contact the SC via e-mail once a decision has been made to approve or reject the CR.

NOTE: All SC coordination of efforts to acquire participant written consent and provider acknowledgement(s) must be documented in service notes within HCSIS. It is also important to document in a service note the reason for the revision.

GENERAL UPDATES

When updating plan information on areas other than the service details screen (e.g., individual demographics, preferences, medical, health and safety, functional information, or objectives), the plan can be edited through a General Update.

When changes are made to any section in the ISP other than the Service Details screen or when changes are made to any component of the Behavioral Support Plan (BSP)/Crisis Intervention Plan (CIP), BAS does not receive a HCSIS Alert and as a result unaware of any change. In order for BAS to monitor changes made to the ISP and BSP/CIP, it is important that BAS be notified of any General Updates. SCs need to create a Service Note describing changes made in the General Update. Behavioral Specialists can send an e-mail to the Provider Support Mailbox describing changes made to the BSP/CIP.

CHAPTER 8 Individual Support Plan Components

The Individual Support Plan (ISP) consists of several components. To complete the plan the SC needs to enter information into each HCSIS screen in the Plan Components section. For more information on the specifics of the [initial ISP](#) and [annual reviews](#) of the ISP, please reference the attached links.

Please note that while HCSIS may not require data to be entered in the majority of the ISP screens, the Bureau of Autism Services (BAS) requires that all screens are completed as thoroughly as possible. The information contained in the ISP is essential for planning for and supporting the participant.

INDIVIDUAL

This section includes 6 screens that must be completed.

- **DEMOGRAPHICS** - Captures general demographic information about the participant.
- **ADDRESS** - Captures information pertaining to the participant's mailing address, residential address, e-mail address, and contact information.
- **INSURANCE** - Captures information related to a participant's private insurance.
- **MEDICAID** - Captures information related to Medicaid.
- **DIAGNOSIS** - Allows the user to add a diagnosis.
- **CONTACTS** - Captures information pertaining to people the participant identifies as contacts.

INDIVIDUAL PREFERENCES

This section includes 5 screens that must be completed:

- **LIKE & ADMIRE** - This is a list of attributes that the participant admires about himself or herself and/or other people like and find admirable about the participant, such as positive traits, characteristics, ways of interacting, accomplishments, and strengths. This information sets the tone for the plan and should be gathered from multiple viewpoints. It is intended to highlight a participant's admirable qualities and should only present characteristics of the person that others enjoy about him/her.
- **KNOW & DO** – This section describes everything that is important to the participant to determine if there is something that those who support the participant need to know and do. The traits, habits, coping strategies, preferences for interaction and communication, relationships, types of activities, approaches, or reminders that have been helpful to the participant should be included. Also, supports needed for daily living skills and exploration of avenues that are or would be enjoyable to the participant such as employment opportunities, establishing community connections, full participation in community life, voting, learning new skills or hobbies, connecting with other people, helping others (such as community volunteers), relationships, dating, etc., should be recorded in this section. If more detailed information is elsewhere in the plan such as in Health Promotion or Communication, include a statement that refers to that area of the plan. Information regarding current problem behaviors from the Scales

of Independent Behavior-Revised (SIB-R) and ways in which others support the participant during times of challenging behavior is also important to add to this section. When completing this section, consider this question: "If someone worked back up/or was filling in for regular staff, what are items that are crucial for them to know?"

- **DESIRED ACTIVITIES** - Activities that the participant would like to continue, to begin, or to explore further should be documented in Desired Activities. Be sure this section is written from a person-centered perspective and that the activities described are respectful to the participant and will not stigmatize the participant. This information can help the planning team create outcomes with the participant that can assist the participant in exploring activities that are important to him or her, such as employment opportunities, establishing community connections, full participation in community life, voting, learning new skills or hobbies, things that are or would be enjoyable to the participant, connecting with other people, helping others (such as community volunteering), relationships, dating, etc.
- **IMPORTANT TO** - This section lists and prioritizes things that are important to the participant. It describes things that need to stay the same in the participant's life, and/or changes that would be important for the team to address. When filling out this section, consider relationships, routines, employment opportunities, spiritual needs and faith preferences, volunteering, community activities, the participant's desire to live independent from parents, etc. Only things that are important TO the participant (not to others) should be included here. What is important FOR the participant can be captured in other areas of the plan such as in Health and Safety. This information should reflect who and what is important to the participant in relationship with others and their interactions, in things to do or have, in rhythm or pace of life, or in positive rituals or routines. In addition, consideration should be given to: caring relationships, current job situations, employment opportunities, living arrangements, recreational community connections, spiritual needs and faith preferences. These could include volunteering in the community and getting to know neighbors, etc. Two levels of priority are tracked: (1) Essential: Those things listed which must or must not be present in the participant's life in order for a good day to occur and (2) Strongly desired: Those things listed which would strongly contribute to the participant's happiness, but would not be detrimental to their well-being if not present.
- **WHAT MAKES SENSE** - This section of the plan is used to capture information about what experiences do and do not make sense in the life of the participant RIGHT NOW. For example, ask the question, "What currently makes the participant's life experiences more meaningful or easier and/or what he/she may want to do" and then on the other hand, "what makes the participant's life less meaningful, more difficult or undesirable?" When referring to "what makes sense", an alternative expression may be, what is the "upside" right now in the participant's current life experience that is present and needs to be maintained? Things that currently occur but do not work and need to be changed may express "What doesn't make sense". This section is the aspect of the planning that bridges the gap between the assessments

of what is important to and for the participant and the specific actions that will be taken to assure those things occur in balance. This information helps to set the agenda for what should be changed and what needs to continue. It is based on the perspectives of multiple people who care about the participant. See example below:

Whose Perspective	Stacy's
What Makes Sense	Having a schedule or routine
What Does Not Make Sense	Unplanned activities or unexpected changes in schedule

MEDICAL INFORMATION

This section includes 9 screens that must be completed:

- MEDICATIONS/SUPPLEMENTS** – This screen lists all of the participant’s medications and supplements including the dosage, frequency, route, diagnosis, or symptoms for which the medication is prescribed, prescribing physician, self-medication status and whether blood work is required to monitor the medication. If no medications are prescribed to the participant, please note this in the Current Health Status section.

NOTE: Please note that under diagnosis, medication is not prescribed for autism or ASD therefore this should not be entered as the diagnosis for a medication. The Name of the Prescribing Doctor field should correspond with the Health Evaluations screen as well as the Medical Contacts screen.
- ALLERGIES** - Record all known sensitivities and allergies, including food, insect bites or stings, seasonal, animal, latex, as well as medication allergies, adverse reactions, or contraindications, etc. Do not leave the spaces blank. If there are no known allergies, record NKA (no known allergies) under the Known Allergy subsection and N/A in the Reaction subsection and Required Response subsection. Additionally, if there are any allergies that may contribute to the occurrence of challenging behaviors, please note this under the Know and Do section.
- HEALTH EVALUATIONS** - Include all known evaluations completed by any health care provider in the past 12 months or any one time appointments; including but not limited to, medical doctors, dentists, psychiatrists, and allied health specialists (therapists, dieticians, etc.). These would include routine, frequently scheduled, and annual evaluations, as well as unexpected (acute care) evaluations. Medical contact information related to the exam should be included in Medical Contacts. Results of testing and the need for any follow up should be detailed in Current Health Status. Please note that this section needs to correspond with the Medical Contact section as well as the Doctors/Specialists listed as the prescribers for medications.

- **MEDICAL CONTACTS** - Include contact information for any current medical contacts such as doctors, dentists, psychiatrists, allied health professionals, specialists, etc. seen in the past 12 months or for any one-time appointments. Please note that this section needs to correspond with the Health Evaluation section as well as the Doctors/Specialists listed as the prescribers for medications.
- **CURRENT HEALTH STATUS** - Include a summary of health issues that occurred within the past 12 months, and if they were resolved, their resolutions. Information should include a summary of the health issues, the resolution if resolved or current status if not resolved , if hospitalization or surgery was required, new diagnoses, physician’s recommendations, testing, blood work, and any recommendations for adaptive equipment. Include results of recent medical appointments. Results of any testing listed under Health Evaluations should be included.
- **DEVELOPMENTAL INFORMATION** - This section is used to record significant developmental milestones which occurred prior to the participant’s 22nd birthday, if known, such as when the participant walked, talked, sat up, fed him or herself, and learned daily living skills such as dressing and feeding skills. Include a description of any congenital or genetic syndromes or etiology, if applicable. Record any significant health issues that occurred at birth or other incidents that had an impact on the participant’s development, such as hospitalizations, emergency room visits, surgeries, etc. Documentation of the presence of disability (autism) and date of the autism diagnosis needs to be included.
- **PSYCHOSOCIAL INFORMATION** - Describe significant behavioral, mental health or psychiatric issues, including diagnosis. List current symptoms related to mental health issues including level of irritability, mood swings and sleep patterns. Include a summary of recommendations to address these issues. If the participant has significant historical information available, indicate the physical location of where this documentation can be found and summarize key points. Additionally, be sure to include the appropriate SIB-R problem behaviors as applicable to this section.
- **PHYSICAL ASSESSMENT** - Use this area of the plan to capture a participant’s long-term health history if it is needed to support the participant. Please note that there should be a link between information captured in the Current Health Status and Medication sections. Record each diagnosis related to the participant’s various body system areas, significant medical issues or surgeries, etc. During plan development the SC will review Current Health Status and Medications to determine applicable Body System Areas. Select any system areas that impact the individual’s life.
 - ◊ **Cardiovascular System:** The heart and blood vessels, by which blood is pumped and circulated through the body.
 - ◊ **Digestive System:** The organs concerned with ingestion, digestion, and absorption of food or nutritional elements.

- ◇ **Endocrine System:** The glands and other structures that elaborate and secrete hormones that are released directly into the circulatory system, influencing metabolism and other body processes; included are the pituitary, thyroid, parathyroid, and adrenal glands, pineal body, gonads, pancreas, and paraganglia.
 - ◇ **Gastrointestinal (GI) System:** The chain of organs of the GI tract, from the oral cavity to the anus.
 - ◇ **Genitourinary System or urogenital system:** The urinary system considered together with the organs of reproduction.
 - ◇ **Integumentary System:** The bodily system consisting of the skin and its associated structures, such as the hair, nails, sweat glands, and sebaceous glands.
 - ◇ **Lymphatic System:** The lymphatic vessels and lymphoid tissue, considered collectively.
 - ◇ **Muscular System:** The muscles of the body considered collectively, generally restricted to the voluntary, skeletal muscles.
 - ◇ **Nervous System:** The organ system which, along with the endocrine system, correlates the adjustments and reactions of the organism to its internal and external environment, comprising the central and peripheral nervous system.
 - ◇ **Neurology:** An area that is concerned with the diagnosis and treatment of disorders of the nervous system.
 - ◇ **Respiratory System:** Respiratory tract, the tubular and cavernous organs that allow atmospheric air to reach the membranes across which gases are exchanged with the blood.
 - ◇ **Visual System:** The series of structures by which visual sensations are received from the environment and conveyed as signals to the central nervous system; it consists of the photoreceptors in the retina and the afferent fibers in the optic nerve, chiasm, and tract.
- **IMMUNIZATION/BOOSTER** - Record all immunizations and boosters that the participant has received. This section should be updated with new dates as the participant receives additional immunizations. If the immunization records cannot be located or obtained, the SC should document this under the Current Health Status section.

HEALTH & SAFETY

All information on a participant's abilities that is listed in this section needs to be based on participant's demonstrated skills and knowledge (not on what others *think* his/her skills are). This section includes 18 screens that must be completed:

- **GENERAL HEALTH & SAFETY RISKS –**
Record self-administration of medications skills and needs, as well as an explanation if the participant is not working toward self-administration. Also include the team review of any injuries and accidents that may have occurred over the past year. Include restraint usage, data of restraints, and identify interventions for supporting the participant during a crisis. If there were no restraints, be sure to specify this. If a review of the all incidents is specific to one of the

other health and safety areas, then address that particular issue in that focus area. For example, document fire setting in the Fire Safety focus area. Note if the participant needs to be protected from heat sources, electrical outlets, knives, etc. Indicate if the participant ingests non-food items. Include whether or not the participant has the skills to call 911 if necessary. Record the participant's ability to manage his or her own finances and property and note the participants' risk of exploitation. Include any other information pertaining to health and safety that will not be included in the other Health and Safety focus areas.

- **FIRE SAFETY** - Record information about the participant's ability to react during a fire or fire drill. Include the level and type of supervision required and the assistance or device(s) needed for the participant to evacuate a building. If none is needed, be sure to specify this. If relevant, include information about fire safety training for the participant, including the participant's understanding of smoke detectors, evacuation plan at the home, where to meet, etc. If the participant smokes, include his or her level of awareness of the fire safety posed by smoking. If the participant needs assistance to evacuate a building, document notification of the local fire company.
- **TRAFFIC** - Record information about the participant's traffic safety awareness, such as information about how and under what circumstances the participant can safely cross streets. Specific information regarding the participant's awareness of rural vs. urban streets, highways or side streets should be provided. If participant drives, also includes information about participant's driving skills and needs as well as if the participant poses the risk of walking into traffic. This section should include the level and type of supervision and assistance required. If none is needed, be sure to specify this.
- **COOKING/APPLIANCE USE** - Record information about the participant's ability to use cooking and kitchen appliances, such as a stove, toaster, oven or microwave oven. Indicate the participant's ability to prepare a basic meal, get hot and cold drinks, get a snack, peel fruit, chop, stir, pour beverages, scoop ice cream, etc. Indicate the participant's understanding of safe food storage. This information should include the level and type of supervision and assistance needed when a participant cooks or uses appliances. If none is needed, be sure to specify that none is needed.
- **OUTDOOR APPLIANCES** - Record information about the participant's ability to use outdoor appliances, such as a lawn mower, weed whacker, gas grill, etc. This information should include the level and type of supervision and assistance required when using such appliances. If none is needed, be sure to specify that none is needed.
- **WATER SAFETY (INCLUDING TEMPERATURE REGULATION)** - Record information about the participant's ability to understand water safety and temperature safety. Include whether the participant can temper bath water or water to wash his/her hands, be alone in a shower, or be alone in a bath. Include whether the participant is safe in a swimming pool, lake, or other body

of water. If the participant has a seizure disorder, or other medical condition such as a peg tube, include precautions necessary for bathing or swimming. Include the level and type of supervision and assistance a participant needs for hot water usage and when around swimming pools, lakes or other bodies of water. If no supervision is needed, be sure to specify that none is needed. If necessary, refer to Health Promotion for more information.

- **SAFETY PRECAUTIONS** - Record information about the participant's ability to understand safety precautions including handling or storage of poisonous substances, danger signs, or warning labels. Include whether the participant would ingest a poisonous substance or personal hygiene item if left unattended. Describe the type and level of assistance the participant needs when around poisonous substances. Be specific regarding what level and type of supervision is needed (e.g., physical, verbal, etc.) and assistance required when a participant is around poisonous substances. For any identified risk, address the level of supervision needed for the participant's safety and record it in the Supervision Care Needs section.
- **KNOWLEDGE OF SELF-IDENTIFYING INFORMATION** - Record information about the participant's ability to give self-identifying information, such as name, address, and phone number. If the participant is not able to verbally give this information, identify alternative ways (e.g. carry ID) in which this information can be communicated and if the participant will show his or her ID to someone if lost. Include whether the participant will ask for assistance if lost and whether the participant carries a cell phone that he/she knows how to use to summon help?
- **STRANGER AWARENESS** - This section addresses the participant's ability to interact with strangers, whether or not he/she is vulnerable to victimization, whether he/she would wander off with a stranger, whether he/she would give away possessions or money to strangers, and whether he/she would let strangers into his or her house. This section should also address stranger awareness with regards to communicating with others via social media. Include whether the participant understands the risk involved with sharing personal, self-identifying information with people the participant does not know or has not met in person. The level and type of supervision a participant needs to be able to safely interact with strangers should be addressed.
- **SENSORY CONCERNS** – Record information about the participant's sensory concerns. Include if the participant has any hyper-sensitivities or any hypo-sensitivities to such things as lighting, noise, touch, oral, etc. Consider if there are any sensory needs that may impact behavior and consider what strategies are identified to help meet those sensory needs.
- **MEALS/EATING** - Record information about the participant's ability to eat. This information should include specialized diets such as pureed, low salt, low fat, food sensitivities, feeding protocols, etc. Include if the participant is at risk of choking. List any required positioning necessary during/after meals. Include any foods to be avoided. Include information from dietary and nutritional appraisals, as well as information regarding adaptive equipment used

while eating. Include the level and type of supervision and assistance needed during meals both at home and at a restaurant. If no supervision is needed, specify that no supervision is needed. If a specific plan exists related to eating or meals indicate where the hard copy is kept and who should be trained in its application prior to working with the participant.

- **SUPERVISION CARE NEEDS** - Supervision is the need to have a person present either within eyesight, the room, the building, at arm's length, by a phone call or page system, etc. during the day, in a participant's home or in a participant's community.
 - ◊ DAY supervision refers to normal daily activities such as volunteering, working, attending an adult training center, etc.
 - ◊ HOME supervision refers to activities at the participant's home or the home of a family member.
 - ◊ COMMUNITY supervision refers to activities that take place outside of the participant's home but not including places where the participant typically or regularly spends his/her days (Monday-Friday). Community refers to places such as local shopping or recreational centers, the participant's neighborhood, places of worship or business, public transportation, walking to the neighborhood grocery, etc.

The need for supervision in all three areas should be noted.

The description of supervision needs should reflect whether the participant can be alone at home, in the community, or day (working, volunteering, school) and if supervision is needed, what is required (e.g., does someone need to be in the house with the participant, in the same room with the participant in the community with the participant or does the participant need to be in the line of sight of the supervisor, etc.) Service hours are reflected in the service details section. Additionally, if FULL supervision is required, please ensure the hours add up to 24. If NO supervision is required, simply state "0" hours for each section. Be sure not to exceed over 24 hours for all three categories.

- **REASONS FOR INTENSIVE STAFFING** - If the participant receives intensive staffing, which is more than 1:1 support, the SC should document the reason, staffing ratio and timeframe (Awake/Overnight) on this screen. Select Yes for the question Is Intensive Supervision Required if the participant requires more than 1:1 support. In most circumstances the Intensive Supervision screen can be skipped, as most services are provided in 1:1 ratios and the level of supervision is captured in other areas of the ISP. If Yes is selected, complete the next screen, Reasons for Intensive Staffing.
- **STAFFING RATIO – DAY** - Complete only if the participant is receiving non-Waiver services. For example, if a participant is being served in a day program through private pay, indicate that staffing ratio in this section within the DAY option.

- **STAFFING RATIO – HOME** - Complete only if the participant is receiving non-Waiver services. For example, if a participant is being served in a group home through private pay, indicate that staffing ratio in this section within the HOME option.
- **STAFFING RATIO** - Record information here for those participants for whom the information is required such as those who are part of litigation or a specific Class Action. If the participant is receiving services not paid for through the AAW please note that in this section.
- **HEALTH CARE** –Identify the specific health care support person who is designated to assist the participant in making health care decisions, if applicable.
- **HEALTH PROMOTION** - Document any health conditions or issues that the participant is working on or would like to work on. Also document any health conditions for which there is a current recommendation that it be addressed. Examples are weight reduction, weight charts, seizure charts, toileting protocols, other health related charting, smoking cessation, increased exercise, refusal to accept routine exams or treatment (this includes either the participant or representative’s refusal), conditions for which the participant takes medications etc. Use the Lifetime Medical History for background information and to assure that the information is current. Consider if it is appropriate to link the desired outcome to an ISP goal. If yes, consider if the participant wants/needs to have a goal to address the desired outcome. If a health promotion condition or issue is identified, all other ISP sections must be completed.

FUNCTIONAL INFORMATION

In the functional areas of the plan, describe what the participant is able to do on his or her own, where assistance is required and any other needs that the participant may have. In some situations, one area of a participant’s needs can impact another area of need. For example, communication skills or needs often can be observed in Learning/Cognition abilities or ability to express emotions under social/emotional information, etc. When this occurs, the details of support needed may be recorded in the related functional area. For example, if a participant cannot express emotions verbally, the Social/Emotional area may include more detail of supports needed than the Communication area. In such situations, the SC should choose where the details fit best and refer to that in the related area. Include recommendations, where applicable, of what the participant may be interested in learning or how the participant wishes to expand his or her abilities. This section contains 9 screens that must be completed.

- **PHYSICAL DEVELOPMENT** - Describe the participant’s current gross and fine motor skills and needs, vision and hearing needs, use of assistive technology, ability to perform simple exercises, mobility, stair travel, and include ambulation and gait assessment information. Include statements from family and information regarding positioning and transfer needs if applicable. List specific strengths and needs identified in the SIB-R results.

- **ADAPTIVE/SELF HELP** - Document information pertaining to self-help or hygienic information. Include information about the participant's ability to perform specific functions, assistance needs, and adaptations needed. Areas to consider are bathing/showering, dressing, drinking from a cup, eating, toileting, being transported (seating, rails, supervision, etc.), walking, etc. Include strengths and needs for assistance with completing household chores as well. List specific strengths and needs identified in the SIB-R results.
- **LEARNING/COGNITION** - Describe how a participant learns and processes information, thinks, remembers, reasons, problem solves, makes decisions, manages money, etc. List specific strengths and needs identified in the SIB-R results. If the participant has behavioral needs, consider if there is any information contained in this section that is important to consider for behavioral supports.
- **COMMUNICATION** – This section documents the participant's primary mode of communication. Describe current skills and needs related to expressive/receptive language and assistive technology skills and needs if appropriate. State whether the participant speaks/understands English or another language. List specific strengths and needs identified in the SIB-R results. If no primary mode of communication is identified, consider if a goal should be to develop a functional means of communication. Consider if the participant has behavioral needs and whether there is any information contained in this section that is important to consider for behavioral supports.
- **SOCIAL/EMOTIONAL INFORMATION** - Describe the participant's ability to control emotions and show empathy and respect for others, and the participant's ability to initiate and maintain social contacts. Information regarding current problem behaviors from the SIB-R should be included in this section.
- **EDUCATIONAL/VOCATIONAL INFORMATION** - This section captures information related to the participant's current educational enrollment or vocational abilities. Include all information related to the participant's current ability to obtain and/or maintain a job. If participant is currently employed, indicate the type and amount of support required for the participant to maintain employment. Include information related to any current goals for employment, desire the participant has to be or continue to be employed and relevant information learned from the participant's previous jobs or work experience such as loud and noisy environments are not good work environments for the participant, the participant works better when the participant's job duties are varied, etc. Only include information related to competitive employment or volunteer opportunities. Include if the participant is an Office of Vocational Rehabilitation (OVR) client and if the participant is an OVR client, include the OVR contact information and list the vocational training objectives.
- **UNDERSTANDING COMMUNICATION** - Record information about the participant's verbal or nonverbal skills and overt or subtle behaviors that he/she uses to communicate needs, wants,

likes/dislikes, what is important, when he/she is in pain, discomfort, or not feeling well, etc. Gather information from people who know the participant well. Information regarding facilitated communication, assistive technology use/skill etc. should be included if appropriate. If the participant's primary language is not English, include his or her need for language assistance and resources utilized. Information regarding current problem behaviors from the SIB-R is important to add to this section. This section captures information in the following format and should reflect any behavioral issues identified in the ISP:

- ◊ "When this is happening..." refers to the circumstances around the participant, the setting, the environment, the time of day, etc. For example, loud noises or eating.

"The participant does..." refers to the observable actions in which the participant engages or sounds/words or phrases the individual uses in those situations.

"We think it means..." refers to the meaning of the action for the participant.

"We should..." refers to the response or action you expect from the people providing support.

Be sure that all four questions are answered (when this is happening..., the individual does..., we think it means..., we should...).

- **OTHER NON-MEDICAL INFORMATION** - This section captures detailed information about evaluations completed that are not medical in nature. Evaluation areas will be identified in a dropdown box and include fine motor, gross motor, adaptive skills, educational/vocational, vision, cognitive, social emotional, adaptive/self-help, sexuality, communication, and other.

GOALS

The goals are long-term, broad statements created by the participant and the team during the ISP meeting. Goals are linked to services, based on assessments, needs, participant desires, and team input.

The SC enters the goals into HCSIS. The SC needs to confirm that the goals are consistent with the hours of services identified in the ISP. Goals include a Goal Phrase, Goal Statement, Goal Start Date, Goal Completion Date, and Concerns Related to Goals.

- The Goal Phrase is short, broad, clear, and specific phrase.
- The Goal Statement represents what is currently important to the participant, what needs to be maintained for the participant, or what needs to be changed. The Goal statement is written in general terms and allows for objectives.
- The Goal Start Date is the date that the participant will begin to work towards achieving the goal.
- The Goal Completion Date is the date of when the outcome is completed.
- The Concerns Related to Goal describes any barriers (including health and safety issues) the team will need to address to successfully work towards the outcome. This may include

information on what has been tried in the past but has not worked or other concerns any team member may have. Goals are linked to services (a single goal can be linked to several services), based on the assessment of the participant, the needs of the participant, the participant's desires, and the team's input.

OBJECTIVES:

Objectives are developed by the service provider and provided to the SC. Objectives are the steps to reach the long-term goal (goal statement). The Objective is the Condition, Behavior, and Performance Criteria combined together in one fluid statement.

- The Condition needs to be clear and needs to detail under what circumstances the behavior will occur. It contains information related to when/where the participant will perform the behavior and what staff or others may have to do or present to the participant for the behavior to occur (e.g., ...when presented with the Sunday newspaper from staff...)
- The Behavior is described in detail including how the participant will perform this objective. Active verbs should be used. It contains information related to what is expected from the participant and is written in observable, measurable terms, stating exactly what the participant will do (e.g., Michael will read the jobs listed in the newspaper and circle at least two jobs he is interested in pursuing...).
- The Performance Criteria clearly explains the way in which mastery of the behavior will be measured. It contains information related to how well the participant must perform the skill (e.g., with only one prompt from his staff...) and contains specific information that will determine mastery and how frequently the participant will be assessed (If "XX% of the time" is listed, additional information is needed to determine what XX% of the time looks like) (e.g., ...for 8 out of 10 consecutive times for one quarter searching the newspaper).

***EXAMPLE:** On Sundays, when presented with the Sunday newspaper from staff, Michael will read the jobs listed in the newspaper and circle at least two jobs he is interested in pursuing (with only one prompt from his staff) for 8 out of 10 consecutive times he is presented with the Sunday newspaper.*

NOTE: Please recognize that each section of the objective has its individual requirements (listed above). In an effort to keep these objectives clear and succinct, please be sure that the requirements of one section is not captured in another section.

IMPORTANT NOTES ABOUT GOALS AND OBJECTIVES

- Even though a participant can have many goals and many objectives for each goal; goals should be prioritized.
- Providers have up to 3 weeks from the service start date to provide the objectives to the SC.
- To avoid delaying approval and authorization of services, if objectives are not available at the time the SC is entering the ISP, they may be entered at a later date. The SC can enter the objective into the ISP via a general update.
- Not all services require objectives. These services do not require objectives:
 - ◊ Behavioral Specialist Services-Plan Development,

- ◇ Supports Coordination Ongoing,
- ◇ Supports Coordination Plan Development,
- ◇ Job Assessment,
- ◇ Job finding,
- ◇ Environmental Modifications,
- ◇ Respite,
- ◇ Family Training,
- ◇ Family Counseling, and
- ◇ Assistive Technology

SERVICE DETAILS

The Service Details Plan Component links the services to one or more Goals.

The following fields must be completed in this section:

- **SERVICE NAME:** Select the service to add to the ISP
 - ◇ Please note that each service may or may not have more than one procedure code. It is very important that SCs choose the correct combination of name of service and procedure code when adding services to the ISP. Please refer to the Provider Information Table available on [BAS's online training platform](#).
- **SERVICE PROVIDER:** Select provider to provide this service from the provider services directory.
 - ◇ The SC is responsible for communicating with the provider to confirm that the correct code for the service location is chosen in the Service Details page.
- **RELATED GOALS:** A goal must be associated with each service. Choose one or more goals for each service by clicking the appropriate goal in the Related Goals field. Multiple goals may be selected by holding down the CTRL key.
- **SERVICE START DATE:** Enter the service start date. The service start date is any day on or after the service provider is selected and before services are rendered.
- **SERVICE END DATE:** For a service that will be delivered for the entire plan year, the service end date should be the day before the Projected Annual Review Date.
- **SERVICE DURATION:** The system calculates the number of days between the service start date and the service end date.
- **UNITS PER VISIT:** Units per visit is calculated based on how the service is billed. Many waiver services are billed in 15 minute intervals. For example, if Supports Coordination – Ongoing is delivered for one hour, it is billed in 15 minute intervals and thus the units per visit are 4 units.

- **SERVICE FREQUENCY:** Service frequently is the number of times the service is delivered per period. The time periods that can be selected from the drop-down menu are 7 days, 30 days, 60 days, 90 days and 365 days. A service delivered once a week is listed as 1 time per 7 days. A service delivered once a month is listed as 1 time per 30 days.
- **TOTAL UNITS:** Calculate the number of service units the individual will need.
- **DAYS OF SERVICE DELIVERY:** Enter the days the service will be delivered by clicking the day of the week. Select Varies if the days the service will be delivered are unknown.
- **UTILIZED UNITS:** No entry is needed. As units are billed and the provider is paid, the number of units utilized is updated and shown here.

The Service Details page also includes the **CONTINGENCY PLAN**. Providers are responsible for ensuring there is a contingency plan to meet the needs of the participant during gaps in service. Reasons for gaps in service may include staff absence due to illness or vacation, resignation of a direct care worker, or weather conditions adversely affecting travel. SCs are expected to assure that contingency plans are documented on the ISP in HCSIS.

The contingency plan is necessary to:

- Ensure continuity of service delivery as outlined in the ISP and
- Maintain the health and safety of the participant.

A contingency plan can include assigning a qualified direct care worker to provide the service or a provider can work with a family member, friend, or neighbor—depending on the participant’s circumstances—who is available to assist the participant during gaps in service.

NOTE: All providers of services must have contingency plans.

The contact information for each individual listed in the Contingency Plan must be entered into the Service Detail screen under the Contingency Plan.

BEHAVIORAL SUPPORT PLAN (BSP) AND CRISIS INTERVENTION PLAN (CIP):

Although the SC does not create or update the BSP or the CIP, the SC is responsible for ensuring that the services in the participant’s ISP are provided in a manner consistent with the BSP and CIP. Consequently, it is important for the SC to be familiar with a participant’s BSP and CIP if the participant has a BSP or CIP. The Behavioral Specialist Service is responsible for keeping the team informed whenever a change is made to the BSP or CIP. If further detail is needed regarding specific information expected to be captured in this section of the ISP, please refer to the Behavioral Specialist Services Manual available on [BAS’s online training platform](#).

NOTE: The BSS provider is the only person who has the capability to enter the BSP and CIP into HCSIS. The SC can only access this screen in the print preview screen of the ISP in HCSIS.

This screen in HCSIS can be updated anytime during the year without an ISP revision. At the time the screen is updated, the plan can be in Approved or Draft status. The assigned Behavioral Specialist will have access to this screen in order to initially enter and update the Behavioral Support Plan.

NOTE: This section of the ISP in HCSIS only applies to participants who receive BSS. If the BSS provider does not have appropriate access in HCSIS, the SC should direct the Behavioral Specialist to the provider's HCSIS administrator.

For more information on the BSP and the CIP, see the Behavioral Specialist Manual located on the [BAS online training platform](#).

NOTE: The BSP and CIP components of the ISP will only be completed for participants who receive BSS and can only be completed by providers assigned to the Behavioral Specialist role in HCSIS.

CHAPTER 9 Monitoring and Documentation

The Supports Coordinator (SC) is responsible for ongoing monitoring of the services included in the participant's Individual Support Plan (ISP) as well as monitoring the participant's health and welfare.

MONITORING

During monitoring visits the SC will:

1. Assess the extent to which the participant has access to and is receiving services according to his or her ISP. This includes confirming that providers delivered services at the frequency and duration identified in the ISP, and that participants are accessing non-waiver supports and health-related services as indicated on the ISP;
2. Evaluate whether the services furnished meet the participant's needs and help the participant become more independent;
3. Remind participants, providers, and informal caregivers that they should contact the SC if they believe services are not being delivered according to the ISP;
4. Review participant's progress toward goals included in the ISP;
5. Review HCSIS for information regarding critical incidents;
6. Observe whether the participant appears healthy and not in pain or injured;
7. Interview the participant and others involved in the participant's services to identify any concerns regarding the participant's health and welfare;
8. Confirm participant and service providers are aware of contingency plans, that contingency plans are correct, and assess whether a contingency plan has been used and how it worked;
9. Inquire about the participant's satisfaction with providers and services, including supports coordination service; and
10. Review Enterprise Incident Management (EIM) for incidents, needed follow-up or corrective action.

Monitoring does not only include monitoring of services. The SC is responsible to monitor the participant's health and welfare. If at any point the SC believes that a participant's health and welfare is in jeopardy he/she must inform BAS immediately and take immediate action to assure the participant's safety. If the SC identifies a less serious issue, he or she will work with the participant, informal supports, and other service providers to address the issue. Depending on the severity and scope of the issue, the SC may reconvene the planning team to address the issue.

SCs are responsible to monitor participants and their services at the following frequency:

<p>Phone Contact with Participant and Representative</p> <p><i>Documented in a Service Note</i></p>	<p>At least once per month</p>
<p>In-Person Visits</p> <p><i>Documented in the SC Monitoring Form and Service Note</i></p>	<p>At least once a quarter and more frequently if necessary. The SC should be cautious about inconveniencing the participant and/or family by completing visits too frequently. The SC should remember that more visits does not necessarily mean better quality support coordination and can be viewed as a burden to participants and/or families.</p> <p>Each year, at least one visit must occur in the participant’s home and one visit must occur in a location outside the home where the participant receives services.</p> <p>If services have not started, the monitoring should be conducted in the home environment for the first quarter.</p>

DOCUMENTING MONITORING

The SC Monitoring form is used to assist the SC in documenting information during their face to face quarterly visit with the participant and/ or family. This form is found in HCSIS. (Two Word versions of this document are available on the Bureau of Autism Service’s (BAS) online training platform, one including Behavioral Specialist Services (BSS) and one without BSS).

***Complete the SC Monitoring Form in HCSIS using the following path:
SC> SC MONITORING***

Helpful Hints for Completing the SC Monitoring Form:

- Questions with an asterisk are mandatory in HCSIS; however, even if a field is not marked as mandatory it should be completed
- Some questions require a mandatory response in the Comments and Follow-up/Actions Needed section
- Comments are important even for questions that do not require mandatory comments and follow-up/action needed
- Provide details in comments

For all monitoring contacts (phone contact and in person visits) with the participant, within 14 calendar days of the contact, the SC should complete a Service Note that includes:

- Document completion and submission of the SC Monitoring Form

- Label the service note as a “Monthly Contact” or “Monitoring Visit”
- Identify who was spoken with or visited
- Information about updates/issues/concerns that were identified during contact
- Any follow-up that is needed
- Confirmation of satisfaction with AAW services, including the Supports Coordination service
- If an issue with satisfaction arose; list the issue and the plan to resolve the issue

MONTHLY PROGRESS NOTE (MPN)

The MPN is completed by providers (with the exception of providers of Behavioral Specialist Services (BSS), Assistive Technology and Environmental Modifications services). It is provided to the SC in order to report the participant’s progress made towards goals and objectives. If a provider believes there needs to be a change in the service, the goal, the objective, frequency, etc., this a tool that can be used to make that recommendation and justify the need for the change. This form must be submitted by the provider to the SC no later than the 10th day of the month following the delivery of the service. For example, January’s monthly report will be due to the SC by February 10th. If the service is delivered on a less than monthly frequency, the provider should complete one MPN each time the service is provided.

When the MPNs are received by the SC, the SC will review the objectives documented on the MPN and compare them to the information in HCSIS to ensure they are linked to the correct objective and fully document the progress of the participant. If the MPN needs to be revised, it is the SC’s responsibility to communicate this to the provider and offer technical assistance. If changes are needed to the objectives or to the information in HCSIS, the SC must take the necessary steps to ensure the provider is working on the correctly linked goal/ objective.

NOTE: The SC is responsible for keeping copies of each MPN in the participant’s file so that the MPNs can be referenced during monitoring.

An example of a MPN can be found on the online training platform under Provider Reporting.

Submitting the MPNs into HCSIS

Although it is the provider’s responsibility to complete the MPN and timely submit it to the SC each month, it is the SC’s responsibility to maintain those documents for the full quarter. At the end of the quarter, the SC must summarize the data and information for the full quarter and submits it into HCSIS on the provider’s behalf as the Quarterly Summary Report (QSR).

NOTE: The BSS is the only provider that completes their own QSR. Although a BSS will still need to complete MPNs, it is not mandatory for the BSS to submit MPNs to the SC each month. Instead, the BSS should summarize the BSS’s r own QSR using the monthly information and data and submit the QSR to the SC to enter on the BSS’s behalf at the end of the quarter.

When the QSR is received by the SC, it is the SC’s responsibility to review the objectives documented on the QSR and compare the objectives to HCSIS to ensure they are linked to the

correct objective, and to the Behavioral Support Plan (BSP) to confirm the objectives are the same as the objectives listed in the BSP’s “Desired Behavioral Outcome” objectives. If the objectives are different, the SC needs to collaborate with the Behavioral Specialist to obtain updated objectives and the SC must input the updated objectives into HCSIS or have the BS update the objectives in the BSP.

QUARTERLY SUMMARY REPORTS (QSR)

The SCs are required each quarter to consolidate the information provided on the MPNs into a Quarterly Summary Report (QSR) in HCSIS under the following path:

SC> Quarterly Summary Report

The SC must enter the year and the quarter, e.g., “Year 2, Quarter 3” with the start date of the quarter and the end date of the quarter, e.g., 1/10/11 and 4/9/11. Utilizing this format to clearly identify the year and quarter will help with monitoring so BAS urges SCs to label QSRs correctly in HCSIS. After clicking Continue, the SC will navigate through the report and enter the summarized information into the screen. After all of the information is in the report, the SC will click Continue again, and this will save the report.

CALCULATING QUARTERLY DATES

Quarterly monitoring dates are based on the Plan Effective Date (PED).

E.g., PED is 2/15/15; the quarters would correspond as follows:

Year 1, Quarter 1:	2/15/15-5/14/15
Year 1, Quarter 2:	5/15/15-8/14/15
Year 1, Quarter 3:	8/15/15-11/14/15
Year 1, Quarter 4:	11/15/15-2/14/16

What needs to be summarized is determined based on whether the PED falls before or after the 15th of the month. For example:

PED is between January 1-15; report should summarize activity for September - November.

PED is between January 16-31; report should summarize activity for October - December.

Monitoring(s) should occur regardless of service start dates.

SERVICE NOTES

The primary method of documenting what occurred during the delivery of Supports Coordination services is the Service Note. The Service Note is important because it substantiates fiscal accountability.

The SC must enter a Service Note in HCSIS for each contact the SC has with a participant, provider, or BAS Regional Office (RO) Representative, as well as when the SC has taken actions on behalf of a participant including but not limited to Critical Revisions and Annual Reviews.

Service Notes are to be entered into HCSIS within 14 calendar days from the date of contact.

It is important to remember that “If it is not documented, it did not happen.”

For further information on service notes, refer to [Learning Management System \(LMS\)](#).

INFORMATION THAT NEEDS TO BE CAPTURED IN THE SERVICE NOTE

At a minimum, the information recorded in a Service Note should be sufficient to validate the claim for service and communicate:

1. Who the SC contacted/visited and where;
2. What the SC observed, determined or requested;
3. Any changes, issues or concerns affecting the participant’s health and safety, need for services, satisfaction with service(s) or service delivery;
4. Planned next steps or outstanding issues and target dates for implementation of next steps;
5. Documentation that compliance requirements have been met and outstanding issues addressed.
6. Number of units billed for this activity (*optional*)

ACTIVITIES THAT NEED TO BE DOCUMENTED IN A SERVICE NOTE

The Service Note must include at a minimum the following:

- Required monthly and quarterly monitoring;
- ISP meetings, including
 - ◊ Distribution of invitations
 - ◊ The team members present and the agencies they represent, if they represent an agency
 - ◊ Requests for information made to help prepare or update an ISP
 - ◊ Confirmation of the distribution of the approved ISP to team members without HCSIS access
- Critical Revisions, including the service or services being added, removed, or revised. Describe why the service or services are being altered including any changes, issues or concerns affecting the person’s health and safety, need for services, satisfaction with service(s) or service delivery.
- Documentation of participant choice
- Contacts made with family members, advocates, current or potential providers, community resources, health care providers or insurers, etc. to locate or coordinate services.
- Description of changes that have occurred in the participant’s situation or circumstances
- Identification of any new service requests, the date of the request, the reason and the action taken in response.
- Problems or concerns with services

- The location and completion of monitoring. If an issue is identified during monitoring, describe it and track/document the resolution in subsequent notes.
- Summary of information received from other sources such as incidents, complaints, and the results of reviews conducted by BAS. Describe any actions taken to address the identified issues and where follow-up or a plan of corrections is needed, and track the status of resolution to assure that identified issues have been resolved.

FIELD DESCRIPTIONS OF A SERVICE NOTE IN HCSIS

SERVICE TYPE

- Locate: Link, arrange for, and obtain services specified in the ISP including medical, social, habilitation, education, or other community services the participant needs to live at home or in the community.
- Coordinate: Ongoing management of services and supports stipulated in the ISP in collaboration with the participant, family and providers of service via communication/interaction with others.
- Monitor: Establish and implement an ongoing means to assure the participant is receiving the appropriate quality, type, duration and frequency of services and benefits by assessment or evaluation.
- Other/Non-billable: An activity not covered by the other three options available.

CATEGORY

- Referral: Activity that focuses on intake/referral for a service
- Plan: Activity that focuses on the development, implementation or review of a plan
- Eligibility: Activity that focuses on determination of eligibility for services
- Budget: Activity that focuses on the planning/implementation/review of fiscal matters
- Health and Safety: Activity that focuses on evaluation and assessment of the participant's support systems and environment
- Case Transfer: Activity that focuses transferring service responsibility from one person to another
- SC Individual Monitoring: Activity that focuses on compliance monitoring and the quality of services
- Daily Living: Activity that focuses on assessment of daily activities such as bathing, washing, cooking, etc.
- Respite: Activity that focuses on providing services to individuals on a short term basis in the absence or as relief of persons normally providing care
- Vocational: Activity that focuses on job related services
- Adult Day: Activity that focuses on health and social services furnished in an outpatient setting
- Educational: Activity that focuses on education and related services as defined in the Individuals with Disabilities Education Act (IDEA)
- Community Integration: Activity that focuses on assisting participants with acquiring, retaining, and improving self-help, socialization and adaptive skills necessary to reside in the community

- Personal Emergency Response System (PERS): An electronic device that enables a participant at a high risk of institutionalization to secure help in an emergency
- Environmental Adaptations: Activity that focuses on physical modification to the home required by the participant's ISP
- Assistive Technology/Specialized Medical Equipment: Devices, controls or appliances which enable participants to increase their abilities to perform activities of daily living
- Extended State Plan Services: Physical, Occupational, Speech Therapy, Part time nursing, and visiting nurses services
- Transportation: Used by consumers to travel to waiver and other community related activities
- Family Counseling/Training: Provides individuals and their families counseling and training to support daily living
- Nutritional Counseling Assist individuals with attaining and maintaining nutritional health
- Behavior Specialist Services: Provide specialized behavioral interventions to support the participant's inclusion in home, family or community life
- Crisis Intervention: Focus on crisis intervention
- Other: Activity not covered by the other options

SUB-CATEGORY

- Home and Community Services: Services that occur in home or community settings
- Employment Services (Competitive Employment): Services that link the participant with job training and placement
- Respite Services: Substitute caregiver responsibility for a defined period of time
- Transportation Services: Services that facilitate community mobility
- Personal Support Services: Services that support Activities of Daily Living (ADL) needs
- Vendor Services (No ITQ Services): Services that are outsourced to the individual
- Supported Integration: Service designed to assist participants with acquiring, retaining, and improving self-help, socialization and adaptive skills necessary to reside in the community; this service is also referred to as community integration
- Visiting Nurses: Nursing services such as visiting nurses or private duty nurses
- Therapies: Services which provide various therapies, examples include Physical Therapy, Occupational Therapy, Speech/Language Therapy, and Visual/Mobility Therapy
- County: County activities
- Development/Revision: Development of revision of a participant's plan
- Incident: Reporting an incident involving the participant

CHAPTER 10 Billing

PA PROMISE™ is Pennsylvania's claims processing system. PROMISE™ stands for Provider Reimbursement and Operations Management Information System. PROMISE™ interfaces with the Home and Community Services Information System (HCSIS) to process Home and Community Based Services (HCBS) claim invoices for the Adult Autism Waiver.

PROMISE can be found at:

<https://promise.dpw.state.pa.us/portal/Default.aspx?alias=promise.dpw.state.pa.us/portal/provider>

Contact for Assistance

AAW provider billing issues and provider claims resolution issues must be referred directly to the ODP Claims Resolution Hotline at:

1-866-386-8880 or the following e-mail address: Ra-odpclaimsres@pa.gov.

If claims resolution staff needs further information from BAS as a result of their findings, they will reach out to BAS directly for assistance to facilitate resolution.

For additional information regarding billing, please refer to the Provider Manual located on the [BAS online training platform](#).

BILLABLE SC ACTIVITIES

Billable time is the time spent carrying out the duties of the SC related to a specific participant. Services are billed in 15 minute units. The following items are provided to clarify what is and what is not billable time. However, if something is not identified below and a task is in question, the Supports Coordinator (SC) should contact the BAS Regional Office (RO) representative for confirmation that a task is billable.

Locating services and supports includes assisting the participant and his or her representative with linking with, arranging for, and obtaining services specified in an ISP, including needed medical, social, habilitation, education, or other community services. Activities included under the locating function include all of the following, in addition to the documentation of activities:

- Assisting the participant and his/her representative with identifying people to serve as part of the ISP team, and offering support to invite other people who may contribute valuable information during the planning process;
- Assisting the participant and his or her representative with identifying and choosing willing and qualified providers;
- Informing participants about unpaid, informal, and specialized services and supports that are necessary to address the identified needs of the participant and to achieve the outcomes specified in the ISP;
- Assisting participants with gaining access to needed services and entitlements, and participating in civic duties.

Reviewing and Revising the Individual Support Plan (ISP) includes gathering information about the participant's current needs and progress towards goals, meeting with the planning team at least once a year to determine needed changes to the ISP and keeping the team informed of significant changes that may affect the participant or services. Activities include all of the following, in addition to the documentation of activities:

- Administering annual assessment tools to inform development of the ISP and any necessary ISP updates;
- Updating the ISP and submitting it to BAS for approval and authorization;
- Periodically reviewing the ISP with the participant, including updating the ISP at least annually, whenever the participant requests a review, and whenever a participant's goals or needs change;
- Periodically reviewing the assessment of the participant through face-to-face visits with the participant at least annually or more frequently based on changes in a participant's needs, to ensure the assessment is current and the needs identified through the assessment are being addressed;
- Providing information to participants on fair hearing rights and assisting with fair hearing requests when needed and upon request.

Coordinating includes ongoing management of the ISP in cooperation with the participant, his or her representative, and members of the ISP team. Activities included under the coordinating function include all of the following, in addition to the documentation of activities:

- Using information from the BAS assessments, as well as any additional assessments (psych evaluations, etc.) completed based on the unique needs of the participant, to develop the ISP to address all of the participant's needs;
- Coordinating and facilitating ISP meetings;
- Collecting and sharing information outside of the ISP annual review period with the participant, service providers, and the participant's natural supports;
- Coordinating supports with providers of service to ensure consistency of services;
- Coordinating with other program areas (e.g., County Mental Health, Office of Mental Health and Substance Abuse Services, County Assistance Offices, etc.) as necessary to ensure all of the participant's areas of need are addressed;
- Contacting family, friends, other community members or anyone involved in the participant's life to coordinate the participant's natural support network;
- Ensuring that all services are consistent with the Behavioral Support Plan if the participant receives Behavioral Specialist Services;
- Communicating participant eligibility status to the team members, as appropriate;
- Facilitating resolution of issues or concerns between providers or between providers and the participant or representative, including helping a participant to file a complaint;
- Working with BAS regarding the authorization of services when necessary;
- Facilitating the resolution of barriers to service delivery and the participants exercise of his or her civic duties and

- Disseminating information and support to participants and others who are responsible for planning and implementation of services.

Monitoring includes ongoing contact with the participant and his or her representative, and oversight to ensure that services are implemented per the participant’s ISP. Activities included under the monitoring function include all of the following, in addition to the documentation of activities:

- Monitoring the health and welfare of participants through regular contacts, which must occur at a minimum monthly as outlined in Appendix C of the Adult Autism Waiver;
- Monitoring ISP implementation through in person monitoring visits with the participant, at least quarterly as outlined in Appendix C-2 of the Adult Autism Waiver;
- Responding to and assessing emergency situations and incidents and assuring that appropriate actions are taken to protect the health and welfare of participants;
- Evaluating and documenting participant progress;
- Monitoring participant and representative satisfaction with services;
- Ensuring that all sections of the ISP are up to date and services are appropriately documented in HCSIS;
- Validating that service objectives and outcomes are consistent with the participant’s needs and desired outcomes; and
- Advocating for continuity of services, system flexibility and integration, proper utilization of facilities and resources, accessibility, and participant rights.

NON-BILLABLE SC ACTIVITIES

****Any funds that are paid as a result of a claim that is submitted for an activity that is not billable must be returned to BAS.***

Non-billable SC activities include the following:

- The time completed during the Plan Development process of Support Coordination. This is a one-unit service and any service time completed during this process was accounted for during determination of the reimbursement rate. Billing begins once the plan is approved and Ongoing Support Coordination is authorized.
- Outreach that occurs before an individual is enrolled in waiver services;
- Providing general information to participants, families, and the public that is not on behalf of a waiver participant;
- Travel expenses and transportation time;
- Time spent on general duties such as staff meetings, trainings and visits to providers not related to a specific participant;
- Any billing related function including, but not limited to providing technical assistance on billing to other providers, completing time sheets, processing billing claims, and speaking to the Office of Developmental Programs (ODP) claims resolution unit about billing issues;
- Any activity that does not directly benefit a specific participant, including but not limited to, filing, billing, or preparing for BAS monitoring visits;

- Services otherwise available under the Medicaid state plan;
- Delivery of medical treatment and other specialized services including physical or psychological examinations or evaluations;
- The actual cost of the direct services other than Supports Coordination that the SC links, arranges, or obtains on behalf of the participant (i.e. attending a concert);
- Representative payee functions;
- Assistance in locating and/or coordinating burial or other services for a deceased participant;
- Activities conducted while a participant is hospitalized;
- Conducting a certified investigation; and
- Any activity that is not included in the definition of supports coordination services.

CHAPTER 11 Risk Management

Risk management is a set of strategies or practices utilized to manage uncertainty or unexpected events that may impact the health, safety, and welfare of the participant. For the purposes of this manual, risk management will be discussed as it pertains to crisis management and emergency preparedness. Incident management, which is also a subset of the risk management process, is discussed at length in the Adult Autism Waiver (AAW) Provider Manual on the [Bureau of Autism Services \(BAS's\) online training platform](#).

CRISIS MANAGEMENT

Crisis management refers to a set of actions or responses to a major, unexpected or escalating behavioral event that jeopardizes that health, safety, and welfare of the participant and/or others. Behavioral Specialist Services (BSS) are available through the AAW, but are not a required service. For participants with BSS support, a comprehensive Behavior Support Plan (BSP), including the Crisis Intervention Plan (CIP) outlining individualized support and intervention strategies, will be developed. For such individuals, providers of waiver services are required to follow the interventions and procedures outlined in the BSP and CIP. Examples of crisis situations include:

1. Roberto is with Sue, his Community Inclusion (CI) staff, in a crowded mall. Roberto wants to leave the mall, but Sue does not see the precursors that Roberto wants to leave (e.g., loud vocalizations, mild hand biting), so they continue shopping. While standing in line at the check-out counter, Roberto slaps and grabs the hair of a shopper in line next to them. Sue intervenes but is unable to quickly de-escalate the situation. Mall security responds and the shopper requests that the local police are called. Police respond, but the shopper agrees not to press charges against Roberto.
2. During a team meeting, things begin to escalate between the participant, Melissa, and her team. Historically, Melissa has difficulty listening to people discuss her life. Melissa verbally threatens to kill the Supports Coordinator (SC) and the CI staff and expressed an interest in wanting to go to jail. In an attempt to accomplish this, Melissa tried to smash the windows of the SC's car with a pipe. The CI staff is able to get between Melissa and the car in order to prevent her from doing any damage. 911 is called. A few minutes later, three police officers arrived at the house to talk with Melissa. Melissa determines she wants to be seen at the hospital and is admitted to inpatient care.
3. Kelly asks her CI staff, Lea, if she can go to the library. Kelly is prompted to shower and change her clothes prior to leaving the house. Kelly does this and then proceeds to walk out the door without alerting her CI staff. CI staff follow her outside asking, "Where are you going?" Without responding, Kelly begins to "charge" towards her CI staff in an attempt to tackle her. Kelly hit her staff on her arm and leg. Kelly immediately goes back into the house and into her room. CI staff immediately call Kelly's mother.

4. While browsing at a thrift store, Theodore and his CI staff and BS looks at videos to purchase. He is told that he does not have enough money to purchase all of the videos he wants and the CI staff gives him alternatives to his desire. Theodore responds by hitting his CI staff. Theodore falls to the floor kicking, hitting, biting CI staff several times. The Behavioral Specialist directs Theodore out of the store asking him to take deep breaths to calm down, modeling the technique with him.

THE ROLE OF THE SUPPORTS COORDINATOR IN RISK MANAGEMENT

It is possible that the SC may encounter situations where the participant will not have a BSP and CIP, but the participant's behavior resulted in a crisis event. SCs need to be aware of the following crisis management scenarios that may occur in the Adult Autism Waiver (AAW) and coordinate appropriate responses to address behavioral crisis in each scenario:

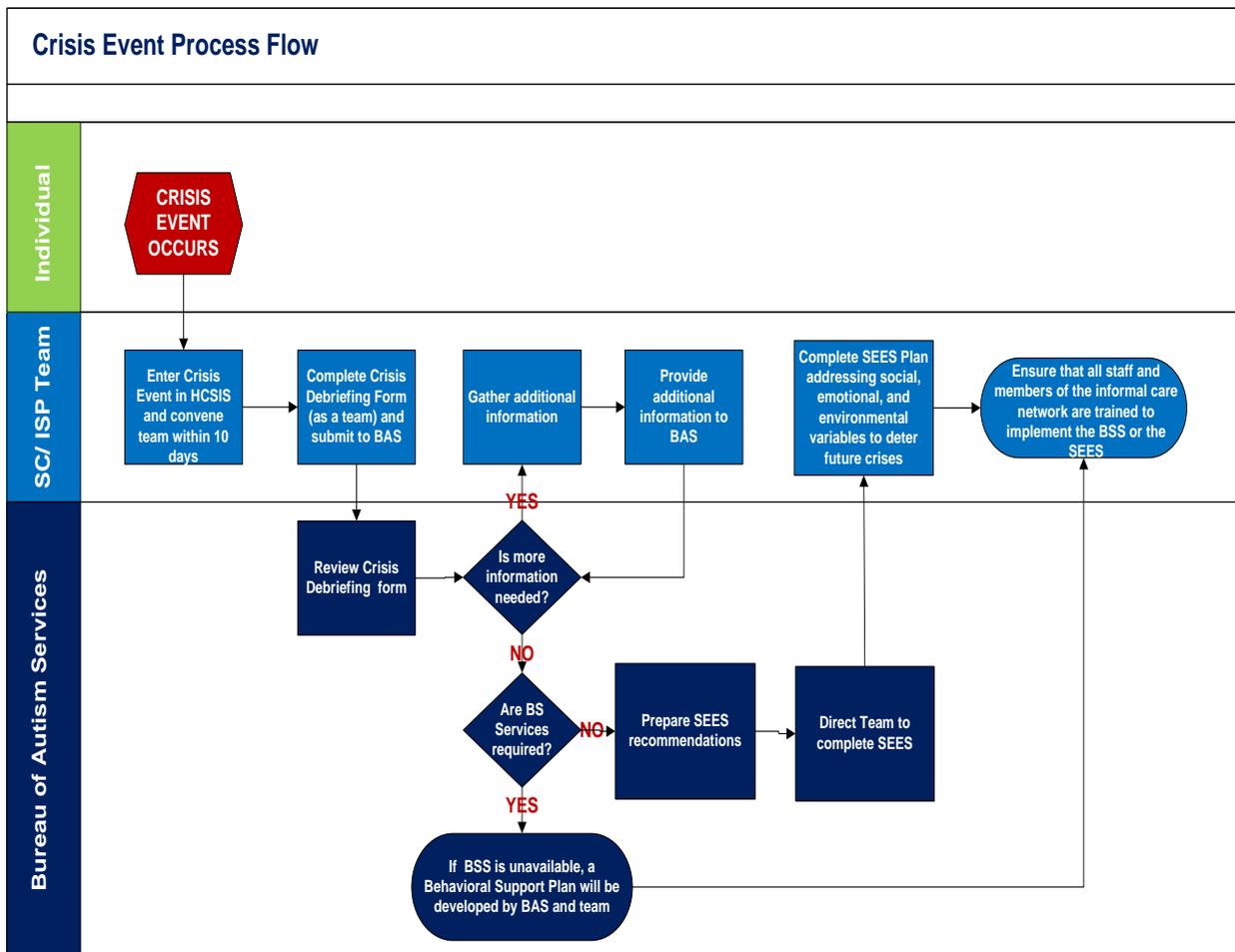
- a. Based on the needs assessment of the participant, the participant does not require BSS and the team agrees.
- b. The team decides that BSS are needed, but the participant does not want the services. BAS agrees that BSS are not needed to ensure the participant's health and welfare and does not terminate waiver services.
- c. The team agrees that BSS are needed, but there are no BSS providers available to deliver needed services.

In all the scenarios described above, if a crisis event occurs, a crisis event incident will need to be filed in Enterprise Incident Management (EIM) and the SC will need to convene a team meeting within 10 days after the crisis event. The SC is responsible for leading the team through the EIM Crisis Event Template (located on the BAS online training platform) developed by BAS. The team should review the crisis event utilizing the Antecedent-Behavior-Consequence portion of the form and then discuss and answer the following question in order to determine whether BSS are needed:

1. Is the participant in the setting where the crisis occurred on a regular basis or was this setting new or unfamiliar to the participant?
2. Were the determined antecedents (environmental variables, interpersonal exchanges, etc.) to the crisis typical of the environment where the crisis occurred?
3. Can the setting that resulted in the crisis be avoided in the future?
4. Could the setting where the crisis occurred and the problematic variables that preceded the crisis be easily accommodated, if needed?
5. Are there variables in the setting where the crisis occurred that may also be in other settings and should be considered in developing a BSP?

6. What specific or general problematic variables need to be accounted for in developing a crisis management strategy for the participant?
7. The team will designate a team member who is most knowledgeable about the participant’s behavioral needs as the main contact. The BAS Clinical representative will contact the designated person should more information be needed and to assist in the development of a Social, Emotional and Environment Support Plan (SEES).
8. The Crisis Event Team Debriefing Form (as found on the BAS online training platform) is submitted to the BAS Clinical Team representative for review. The BAS Clinical Team representative will make one of the following determinations: (1) BSS are now indicated, (2) a SEES (Social, Emotional, and Environmental Support) Plan should be developed by the existing team in conjunction with the BAS Clinical representative, or (3) more information is needed to make a determination about whether BSS or a SEES Plan is needed.

The following flow chart represents the process, roles and responsibilities in the event a crisis occurs in the absence of BSS.



It is important to highlight that it is the responsibility of the SC to work with participants, families and providers to identify risks factors. The SC should take the lead in assisting the team with developing safeguards that promote the health, safety, and welfare of the participant while minimizing risk to the participant. For additional resources on the topic of identifying and mitigating risk, please see the Risk Identification and Mitigation Training posted on [BAS's online training platform](#).

EMERGENCY PREPAREDNESS PLAN

Emergency or disaster preparedness refers to measures taken to prepare for and reduce the effects of disasters such as fires, weather-related emergencies (floods, tornadoes, hurricanes, and blizzards), terroristic attacks, etc.

According to the International Red Cross and Red Crescent Societies, disaster preparedness planning involves identifying organizational resources, determining roles and responsibilities, developing policies and procedures, and planning preparedness activities aimed at ensuring timely disaster preparation and effective emergency response. For further information on disaster preparedness, see the International Federation of Red Cross's website: <http://www.ifrc.org/>

During an actual emergency/disaster, it is vital that provider staff react quickly and effectively. If appropriate action is not taken or the response is delayed, lives may be lost or participant and provider staff may be seriously injured.

THE SUPPORTS COORDINATOR'S ROLE IN EMERGENCY PREPAREDNESS

The SC has two important proactive roles in assuring the health, safety and welfare of participants should a disaster occur.

- The SC must ensure that ALL providers have an emergency/disaster plan. SCs should confirm that the plans address disasters, such as those mentioned above.
- Once the SC determines that a provider has an emergency/disaster plan, the SC must ensure that all team members are familiar with the plan.

CHAPTER 12 Incident Management and Adult Protective Services

INCIDENT MANAGEMENT

Supports Coordinators (SC) are required to ensure the health, safety, and rights of persons receiving supports and services. The primary goal of incident management is to ensure that when an incident occurs, the response will be adequate to protect the health, safety and rights of the participant.

All reportable incidents should be reported electronically via Enterprise Incident Management (EIM) via HCSIS. Incident management enables SCs to record incidents, track the status of recorded incidents, document corrective actions taken to prevent future occurrences, close incidents, and analyze aggregate incident data reported in EIM. More information on entering an incident into EIM is available in the Provider Manual located on the BAS online training platform; please note that SCs are also responsible for understanding and implementing information on Incident Management included in the Provider Manual.

Primary incident categories:

1. Abuse
 - a. Physical abuse
 - b. Psychological abuse
 - c. Sexual abuse
 - d. Verbal abuse
 - e. Improper or unauthorized use of restraint
2. Death: All deaths are reportable
3. Disease reportable to the Department of Health
4. Emergency closure
5. Emergency Room visit
6. Fire
7. Hospitalization
8. Individual-to-individual abuse
 - a. Physical abuse
 - b. Psychological abuse
 - c. Sexual abuse
 - d. Verbal abuse
9. Injury requiring treatment beyond first aid
10. Law enforcement activity
11. Missing person
12. Misuse of funds
13. Neglect
14. Psychiatric hospitalization
15. Rights violation

16. Suicide attempt
17. Crisis Event
18. Restraints
 - a. Physical
 - b. Mechanical
 - c. Chemical
19. Medication Error

More information on the incident types can be found in the Provider Manual located on the [BAS online training platform](#).

NOTE: Some incident categories are different than other Office of Developmental Programs (ODP) waivers; SCs are responsible to understand the differences.

All incidents must be reported within 24 hours of occurrence or discovery with the exception of a medication error which must be reported within 72 hours of occurrence or discovery.

The first section of the incident report must be completed and submitted in EIM within 24 hours of occurrence or discovery of the incident and the final section must be completed within 30 days of occurrence or discovery of the incident. The first section includes individual and provider demographics, incident categorization, actions taken to protect the health and safety of the participant, and a description of the incident. The final section of the incident report includes notifications that are required, witnesses to the incident, additional information about the incident, investigative actions (if required), verification of incident classification and corrective actions.

NOTE: The SC is responsible for convening a team meeting within 10 days after a crisis event incident occurs. The SC will lead the team through the Enterprise Incident Management (EIM) Crisis Event procedure.

CERTIFIED INVESTIGATIONS

The Bureau of Autism Services (BAS) requires that specific types of incidents be investigated by a Certified Investigator. A Certified Investigator is a person who has been trained and received a certificate in investigation from the Office of Developmental Programs (ODP) as communicated via Mental Retardation Bulletin 00-04-11, titled, Announcement of Certified Investigator Training. When a Certified Investigator is assigned, the Certified Investigator is to promptly begin an investigation and enter a summary of his or her findings in the Enterprise Incident Management (EIM) Incident Report. More information on the ODP Certified Investigations Program can be found at: <http://odpinvestigations.com/>. A Certified Investigator can be a provider, a SC, and/or a BAS staff member.

NOTE: All providers, including Supports Coordination agencies, are required to have a Certified Investigator or contract with a Certified Investigator.

SCs are responsible for investigating events that can be categorized as abuse, neglect, misuse of funds, or rights violations if the provider is not responsible for the investigation. If a provider's Certified Investigator suspects that abuse or neglect is occurring beyond the authority of the provider to investigate, the SC is responsible for the investigation. See Provider Manual for more information on other service provider responsibilities regarding certified investigations.

Certified Investigators conduct investigations as outlined in the Certified Investigator training. Certified Investigators should begin their investigation as soon as they are assigned. Certified Investigators conduct face-to-face interviews with the alleged victim, interview witnesses, interview the target when possible, review witness's written statements, determine whether clinical input is needed (if so, the BAS clinical staff would be contacted) and secure that input when needed, and identify and review other evidence as appropriate. Certified Investigators are required to complete investigation records and enter the summary of their findings into EIM. The summary is the compilation of the Analysis and Findings section of the investigation report. For more information on the investigation report, see the [Pennsylvania Certified Investigation Manual](#).

VICTIM'S ASSISTANCE

When an individual is allegedly abused, neglected, or the victim of a crime, the individual should be offered the support of a victim's assistance program. Organizations have been developed based on the need to support victims through the criminal justice system. Individuals with disabilities who fall victim to crimes, especially physical violence and sexual assaults, should be encouraged and assisted to access victim's assistance programs. In order to locate the most appropriate resource, the SC may contact several statewide organizations. Additional information regarding local resources is available through the organizations listed in the Provider Manual on the BAS online training platform.

ADULT PROTECTIVE SERVICES

In 2010, the Adult Protective Services (APS) law, 35 P.S. §§ 10210.101 - .704, was enacted to provide protective services to adults between 18 and 59 years of age who have a physical or mental impairment that substantially limits one or more major life activities. This law was enacted to detect, prevent, reduce and eliminate abuse, neglect, exploitation and abandonment of adults in need. More information on APS is available in the Provider Manual on the BAS online training platform and on the DHS website.

SC RESPONSIBILITIES

- **MANDATED REPORTING** - Any employee or administrator who has reason to suspect that a participant is a victim of abuse, neglect, exploitation or abandonment shall make an oral report to the Statewide Protective Services Hotline. Within 48 hours of making a report, the employee or administrator shall also make a written report on the Act 70 Mandatory Reporting Form to the APS agency. The employee will also need to follow incident management protocol per Appendix G of the Adult Autism Waiver and submit a report in EIM.

- **MANDATORY REPORTING TO LAW ENFORCEMENT** - Any employee or administrator who has reasonable cause to suspect that a participant is the victim of sexual abuse, serious injury or serious bodily injury or that a death is suspicious shall, in addition to the oral report to the Statewide Protective Services Hotline, immediately contact law enforcement to make an oral report. Within 48 hours of making a report to law enforcement, the employee and administrator will make a written report on the Act 70 Mandatory Reporting Form to the law enforcement.
- **SCS ARE EXPECTED TO SUPPORT OR ASSIST APS INVESTIGATORS** as necessary to mitigate imminent risks and ensure a participant's safety. This could include after hours or weekends/holidays in order to meet the requirements of the law.
- **SCS MUST INCORPORATE RELEVANT INFORMATION INTO THE ISP** where appropriate.

To report suspected abuse, neglect, exploitation or abandonment, call the Statewide Protective Services Hotline at **1-800-490-8505**.

For more information on reporting abuse, including the Act 70 Adult Protective Services Act, go to <http://www.dhs.pa.gov/citizens/reportabuse/dhsadultprotectiveservices/index.htm>

The hotline is to be used for reporting purposes only. Questions should be directed to the Department of Human Services' APS Division via email at RA-PWAPSQuestions@pa.gov or by calling **717-736-7116**. You can also contact your BAS program representative with questions or concerns.

CHAPTER 13 Adult Autism Waiver Service Tips

The Adult Autism Waiver (AAW) services are listed below with corresponding “tips” on how to coordinate the service or expectations from the Bureau of Autism Services (BAS). **All Supports Coordinators (SC) are responsible for being familiar with the full service definitions in the waiver.** For specifics regarding the service definition and description, provider types, rates, etc. please see Appendix C of the AAW, Provider Information Table, and the Provider Manual located on the [BAS online training platform](#).

1. Behavioral Specialist Service
2. Community Inclusion
3. Community Transition Services
4. Day Habilitation
5. Employment Services
 - a. Job Assessment and Finding
 - b. Supported Employment
 - c. Transitional Work Services
6. Family Training
7. Residential Habilitation
8. Respite
9. Temporary Crisis Services
10. Therapeutic Services
 - a. Family Counseling
 - b. Nutritional Consultation
 - c. Counseling
 - d. Occupational Therapy
 - e. Speech Therapy
11. Vendor Services
 - a. Assistive Technology
 - b. Environmental Modifications

1. BEHAVIORAL SPECIALIST SERVICES (BSS)

The service includes both the development of an initial behavioral support plan by the Behavioral Specialist and ongoing behavioral supports.

If the team determines that the participant is in need of this service, the SC will add this service to the ISP. When adding BSS to an ISP for the first time, the following process should be followed:

1. The SC will only enter the Behavioral Specialist – Plan Development on the Service Details screen of the ISP.

2. The Behavioral Specialist will complete the Functional Behavioral Assessment (FBA) and enter the Behavioral Support Plan (BSP) and Crisis Intervention Plan (CIP) into HCSIS within 60 days from the service start date.
3. After entering the BSP and CIP into HCSIS, the Behavioral Specialist will send an e-mail to the BAS Provider Support mailbox notifying BAS that the plans have been entered.

NOTE: Goals addressed by a Behavioral Specialist should be linked to the Behavioral Specialist Service. Once the Behavioral Specialist has conducted the FBA, he/she will better be able to develop an objective for the goal. Please note that the BSS Objectives are the same as the Desired Behavioral Outcomes in the BSP.

4. The BAS Clinical representative will review the BSP and CIP within 5 days and make one of the following decisions:
 - a. Approved: Behavioral Specialist-Plan Development will be authorized and the SC will add the Behavioral Specialist-Direct and Behavioral Specialist-Consultation services on the Service Details screen of the ISP through a Critical Revision. The BAS Clinical representative will then complete a detailed thorough analysis that may include comments, suggestions, and request for revisions to the BSP/CIP. This review will be completed within 30 days and sent to the Behavioral Specialist.
 - b. Rejected: Behavioral Specialist-Plan Development is not authorized and the Behavioral Specialist-Direct and Behavioral Specialist-Consultation services are not added to the ISP. The Clinical representative may request the FBA from the Behavioral Specialist before moving forward with completing the Detailed Thorough Analysis of the BSP/CIP.
 - i. If the FBA is requested, the Behavioral Specialist should submit the documentation for review within 5 days of the request. The Clinical representative will then complete the Detailed Thorough Analysis within 10 days of receiving the FBA.
 - ii. If the Clinical team does not request the FBA, the Detailed Thorough Analysis review will be completed within 15 days of when the BSP/CIP was rejected.

NOTE: Once the BSP/CIP is resubmitted after Rejection the approval process begins at Step 3.

If a participant requires behavioral intervention or support prior to completion of the FBA, the SC or Behavioral Specialist should notify BAS. The Clinical representative will then review the participant's needs and consult with the AAW Clinical Supervisor to determine how to proceed.

5. Once the Clinical team approves the BSP/CIP, the BAS Regional Office representative will then authorize the Plan Development in HCSIS. At this point, the SC creates a Critical Revision to add BSS Direct and BSS Consult.

NOTE: The Behavioral Specialist is responsible for calling a meeting of the participant, SC, family members, and if possible, other providers to explain the [BSP] and [CIP] to ensure all parties understand the plans.

**BSS Plan Development does NOT require Objectives.*

2. COMMUNITY INCLUSION

This service is utilized more than any other AAW service. Community Inclusion is designed to address the communication, socialization, self-direction, self-help and adaptive skills a participant needs to reside in the community. The SC should closely monitor this service because it encompasses numerous elements. If the participant receives both BSS and Community Inclusion services, the SC is responsible for ensuring that all the team members provide consistent and effective supports to the participant. If the team is having difficulty providing consistent, supports, the SC should contact BAS for technical support.

** Total combined hours for Community Inclusion, Day Habilitation, Supported Employment, and Transitional Work Services are limited to 50 hours in a calendar week.*

3. COMMUNITY TRANSITION SERVICES

This service is used to pay for non-recurring set-up expenses for participants transitioning from an institution to a private residence. The specific set-up expenses that are included in Community Transition Services are included in the Service Definition. SCs can bill for time spent assisting participants with transitioning from an institution to the community. The Community Transition service cannot be billed until the person has transitioned out of the institution.

Community Transition services can be provided by a participant's Supports Coordination agency through an [Organized Health Care Delivery System \(OHCDs\)](#) or by an independent vendor.

4. DAY HABILITATION

Day Habilitation is a data driven and focused service. Data should be collected and reported quarterly on the participant's progress towards objectives and independence and the participant's objectives will be reviewed quarterly based upon the participant's progress. This service is intended to be used as part of a progression to more inclusive services and the SC should review its use on a quarterly basis to determine the need for this service (instead of a more inclusive service.)

** Total combined hours for Community Inclusion, Day Habilitation, Supported Employment, and Transitional Work Services are limited to 50 hours in a calendar week.*

5. EMPLOYMENT SERVICES

If a participant expresses interest in employment, the SC should check if the person was previously referred to the Office of Vocational Rehabilitation (OVR) and if the participant was not previously referred to OVR, the SC will make a referral to OVR.

To make a referral to OVR, refer to Bulletin 00-14-05, *OVR Referral Process for Employment Services*.

If a participant is receiving services through OVR, it is recommended that the SC maintain contact with the OVR counselor and request information on what services the participant is receiving. This will help ensure that the ISP contains the most up-to-date information and necessary services.

a. Job Assessment

Providers of job assessment services are required to develop a Job Assessment Summary report (remaining within the 4000 character limit) and submit it to the SC. The SC is responsible for entering the Job Assessment Summary into the ISP (in HCSIS) under Non-medical Information. The following is the minimum information that needs to be included in the Job Assessment Summary:

- ◇ General Observations and Information: Include any information regarding a participant's preferences that may be pertinent to obtaining a job.
- ◇ Include information on the participant's physical strengths and needs that may be pertinent to obtaining a job.
- ◇ Include information on the participants' communication and social strengths and needs that may be pertinent to obtaining a job.
- ◇ Include any behaviors that the participant has that may interfere with the participant obtaining and retaining a job.
- Situational Assessment Data:
 - ◇ Best practices in employment assessments indicate that data should be collected that highlights the participant's ability to independently conduct any job duties on job sites. Present data based on the participant's performance on several job sites. Due to the fact that HCSIS does not allow graphs to be inserted, include a written synthesis of the data as well as any anecdotal information that may be pertinent.
- Final Recommendations:
 - ◇ Brief recommendations related to optimal situations for the participant to succeed in a preferred work/volunteer situation.

NOTE: While not required, Job Assessment and Job Finding ideally should be provided by the same agency.

**Because of the nature of these services, Job Assessment does NOT require objectives. The intent of Job Assessment is NOT to address skills required to obtain or maintain a job or volunteer opportunity.*

b. Job Finding

This service uses the job assessment (if completed) to assist in determining a participant's job skills and placing the participant in a job that the participant desires and meets his or her skill sets.

Once this service is added to the ISP, it is reviewed and approved by BAS but it is not authorized because Job Finding providers are not able to bill for this service until the participant has successfully completed 30 calendar days in a job placement.

NOTE: While not required, Job Assessment and Job Finding ideally should be provided by the same provider agency.

**Because of the nature of these services, Job Finding does NOT require objectives. The intent of Job Finding is NOT to address skills required to obtain or maintain a job or volunteer opportunity.*

c. Supported Employment

This service provides 1:1 support at the place a participant works. Supported Employment assists the participant with developing communication, socialization, self-direction, self-help and adaptation skills that are needed for a participant to be successful in the work place. It is intended that the need for this service fade over time as the participant becomes increasingly independent.

** Total combined hours for Community Inclusion, Day Habilitation, Supported Employment, and Transitional Work Services are limited to 50 hours in a calendar week.*

d. Transitional Work Services

Transitional Work Services are intended to support a participant in making progress towards employment or a volunteer position in an integrated environment. Plans that include Transitional Work Services will be closely reviewed by BAS to verify that the participant is making progress towards employment or a volunteer position in an integrated environment.

** Total combined hours for Community Inclusion, Day Habilitation, Supported Employment, and Transitional Work Services are limited to 50 hours in a calendar week.*

6. FAMILY TRAINING

Family training is limited to the following areas of expertise: communication skills, stress reduction, self-direction, daily living skills, socialization, and environmental adaptation. Detailed information identifying the need for Family Training services should be documented in the Functional Information section of the ISP.

Family Training should not be used to teach a participant's family or informal care network how to implement a BSP or CIP. BAS will not approve ISPs that include both BSS and Family Training, unless it is clear that Family Training is not being used to teach a participant's family or informal care network how to implement a BSP or /CIP.

NOTE: This service can be confused with the Family Counseling service. Family Training services provide the family with training to help the participant and Family Counseling services are used to provide counseling.

**This service does NOT require Objectives.*

7. RESIDENTIAL HABILITATION

Residential Habilitation provides support to participants who need a higher degree of support than they are able to receive in their own home or their family's home. The purpose of this service is to help the participant reduce his or her need for supports and become more independent and self-sufficient.

This service is the most restrictive service that can be obtained through the AAW. Before considering this service, an SC should explore all other services that would enable the participant to remain in his or her own home or family's home. If the team is considering Residential Habilitation services, the SC is responsible for communicating this to the BAS RO Representative.

Residential Habilitation services should be data driven and focused. The participant's objectives will be review and updated quarterly based upon the participant's progress. That is, data should be collected and reported quarterly on the participant's objectives and progress.

If a participant is receiving Residential Habilitation services, two services are added into the service details screen: residential habilitation eligible and residential habilitation ineligible.

**Requires quarterly review and justification for the continued need for this service.*

8. RESPITE

This service provides caregivers with an opportunity to have personal time away from caring for the participant in the hopes that it will reduce the caregiver's stress and allow the caregiver to better be able to support the participant living at home. Respite may be used for non-routine short-term relief.

Respite services may be provided in:

- The participant's home in 15 minute units;
- Out of the participant's home in a licensed setting either in 15 minute units or a day unit; or
- Out of the participant's home in an unlicensed setting either in 15 minute units or a day unit.

NOTE: A family member living outside of the family home may be hired by an agency to provide Respite services.

Detailed information identifying the need for Respite services should be documented in the Functional Information section of the ISP and should address the specific needs of the family and/or informal care networks.

**This service does NOT require Objectives.*

9. TEMPORARY CRISIS SERVICES

If Temporary Crisis Services are thought to be needed, the services should be explored with the team and include BAS Clinical staff input. Because the need for Temporary Crisis Services cannot be anticipated, should the need for the service arise, the following must be completed:

- The SC must submit documentation supporting the need for Temporary Crisis Services to BAS as soon as possible. BAS will review the documentation to make the final determination as to whether the service is needed or not.
- Since it is expected that Temporary Crisis Services will be provided for only a brief period, BAS will review the situation with the SC (and through service notes) at least weekly to review the continued need for Temporary Crisis Services.
- If Temporary Crisis Services are needed, the SC will update the ISP to include the service. The SC will continue to keep BAS up to date to ensure there is not a delay in the plan approval process.

During the time that Temporary Crisis Services are in place, the Behavioral Specialist (if there is one) should consider whether revisions are needed to the BSP or CIP, in light of the crisis that led to the need

for this service. If the participant does not receive BSS, the ISP team should consider whether it needs to be added, in light of the crisis.

10. THERAPEUTIC SERVICES

Therapeutic services should not duplicate any other service that the participant is receiving. Once a therapy provider is identified, an initial visit is scheduled with the provider.

Typically, an assessment during the initial visit is conducted to determine whether the licensed clinician feels there is a need for the service. After the assessment the licensed clinician will determine initial treatment recommendations and develop a treatment plan and the SC will authorize three hours of the clinical service on the ISP to cover the time needed to assess the participant.

It is expected that the following will be included in the assessment:

- a determination that treatment is required,
- identification of needs that will be addressed through the therapy,
- specific measurable treatment outcomes,
- time frames for achieving the outcomes, and
- specific time parameters including the days/hours per week that the therapy will be provided.

NOTE: If the Licensed Clinician does not recommend further clinical services, the clinician will still be paid for the time it took to conduct the assessment (most assessments can be completed in 90-180 minutes unless there is specialized testing required).

The SC is required to enter the treatment recommendations from the Licensed Clinician's assessment, into the Other Non-medical Evaluation section of HCSIS. The SC must keep a copy of the treatment assessment recommendations in the participant's file. The information entered into HCSIS should contain:

- Whether or not the participant requires treatment,
- If the therapy can address the identified needs,
- Specific and measurable treatment recommendation(s) for the clinical therapy,
- A projection of anticipated outcomes (how progress will be determined and empirically measured along with hoped for outcomes),
- Time frames for achieving identified outcomes,
- Specific time parameters including the days/hours per week that the service will be delivered (this information should be reflected in the frequency, duration and scope on the Service Detail screen in HCSIS).

If treatment recommendations are questioned by BAS—for clinical relevance, necessity, or other clinical reasons—the RO may request a second opinion. This second opinion can be rendered by a BAS staff member or BAS consultant, but must be rendered by an individual with similar qualifications—such as license/certification—to the clinician who conducted the initial assessment. After a second opinion is

rendered, the SC will share the recommendations with the ISP team and with the AAW RO and clinical team. An AAW representative will then approve or disapprove the ISP team's recommendation.

a. Family Counseling

This service emphasizes the acquisition of coping skills by building upon family strengths. Family Counseling services are intended to increase the likelihood that the participant will remain in or return to the family's home.

The clinician will conduct an initial assessment to address the need for both family and individual counseling. If an assessment refers to more than one therapy service, BAS Clinical and RO Representatives will review the assessment to ensure that it is comprehensive enough and that it assesses the need for both services. A provider may only bill for one assessment even if it addresses more than one ongoing therapy service. These assessment situations will be evaluated on a case-by-case basis.

NOTE: This service can be confused with the Family Training service. Family Training services provide caregivers with training to better help the participant and this service provides counseling to the family.

**Family Counseling does not require Objectives.*

b. Nutritional Consultation

Typically, an assessment will be conducted by the clinician at the participant's initial visit to determine whether there is a need for Nutritional Consultation services. After the assessment, the clinician will determine initial treatment recommendations and a treatment plan is developed. Once the treatment plan is developed, the SC will authorize a predetermined number of service units.

Telephone consultation is allowed a) if the driving distance between the provider and the participant is greater than 30 miles; b) if telephone consultation is provided according to a plan for nutritional consultation services based on an in person assessment of the participants nutritional needs; and c) if telephone consultation is indicated in the participants ISP.

c. Counseling

An initial assessment conducted by a clinician can address the need for both family and individual counseling. If the initial assessment reflects a need for more than one therapy service, BAS Clinical and RO Representatives will review the assessment to ensure that it is comprehensive enough and that it assesses the need for both services separately. A provider may only bill for one assessment even if it addresses more than one ongoing therapy service. These situations will be evaluated on a case-by-case basis.

d. Occupational Therapy

Occupational Therapy must be prescribed by a physician and it must be for a specific therapy program. Occupational Therapy may be used for teaching or improving fine motor tasks such as feeding, dressing or writing. A copy of the prescription needs to be kept in the SC's file.

e. Speech Therapy

Speech Therapy may be recommended by a certified or certification-eligible audiologist. A copy of the recommendation needs to be kept in the SC's file.

11. VENDOR SERVICES

a. Assistive Technology

This service should be explored if the team thinks an item of assistive technology can increase, maintain or improve a participant's communication, self-help, self-direction, and adaptive capabilities. If it is decided that the participant needs Assistive Technology services, the SC should contact BAS RO Representative to discuss how the item is specific to a participant's individual needs and how it is consistent with the participant's BSP and CIP, if applicable.

Assistive technology devices that cost \$500 or more must be recommended by an independent evaluation. It is the cost of the item that triggers the requirement that the item be recommended by an evaluation; an item that costs less than \$500 does not need to be recommended by an independent evaluation even if other elements of the proposed budget (in the evaluation) result in a proposed budget exceeding \$500. Assistive Technology services do not include the independent evaluation or the cost of the independent evaluation. The independent evaluation must be part of the documentation of need provided to BAS for review and approval of assistive technology services. It is the SC's responsibility to coordinate the independent evaluation with the professional conducting the evaluation and the participant.

Adding Assistive Technology services to the ISP:

1. Once a provider of Assistive Technology services is chosen the provider is required to submit to the SC an itemized budget for the cost of the services.
2. The SC reviews the budget and confirms that all necessary elements of the service are covered and the costs are reasonable in his/her judgment. If the SC believes any elements to be missing, unnecessary or unreasonable, he/she should discuss any concerns with the provider until agreement is reached.
3. The SC enters the budget cost into the Service Details page in HCSIS and submits the itemized budget and any other documentation required (such as the Assistive Technology evaluation if the item is over \$500) to the BAS RO Representative. The RO Representative and the clinical representative will review the budget proposal and confirm that all information has been provided and the budget proposal is reasonable in his/her judgment. The RO Representative may question the documentation and require more information as needed from the SC. If the documentation is acceptable, the RO Representative will approve the request, and direct the SC

to add Assistive Technology services to the ISP if it is not already on the ISP. The RO Representative will then authorize the service.

4. Once the service is approved and authorized, the Assistive Technology provider provides the service as reflected in the budget proposal.
5. Once the Assistive Technology service is provided, the Assistive Technology provider bills PROMISE directly for the total charge for the services which may not exceed the amount agreed upon in the approved budget for the services. If the amount billed is less than the amount in the proposed budget, the provider must document any changes to reflect the actual amount billed to PROMISE and maintain that documentation in the provider's files. This is to allow BAS to monitor that the amount paid matches the amount of the budget. If the Assistive Technology provider wishes to increase the proposed budget, the provider must submit a revised budget to the SC who will review the revised budget and share it with the RO representative. The higher budget must be approved by the RO before the provider may bill for the higher cost. The provider must also report to the SC and document the reason for any changes to the proposed budget.

Assistive Technology services can be provided by a participant's Supports Coordination agency through an [Organized Health Care Delivery System \(OHCD\)](#) or by an independent vendor.

**This service does NOT require Objectives.*

b. Environmental Modifications

The team should explore Environmental Modification services if the team thinks an environmental modification is necessary to ensure the health and welfare of the participant and/or enable the participant to function with greater independence. If it is decided that the participant needs Environmental Modification services, the SC should contact the BAS RO Representative to discuss the requested modification and confirm that the item is specific to a participant's individual needs and is consistent with the participant's BSP and CIP, if applicable.

This service is limited to the items listed in the service definition.

Environmental modification services can be provided by a participant's Supports Coordination agency through an [Organized Health Care Delivery System \(OHCD\)](#) or by an independent vendor.

**This service does NOT require Objectives.*

Appendix A: Glossary of Terms

AAW	<p>Adult Autism Waiver</p> <p>A 1915(c) Home and Community Based Services (HCBS) Medicaid waiver designed to provide long-term services and supports for community living, tailored to the specific needs of adults age 21 or older with ASD.</p>
ABA	<p>Applied Behavior Analysis</p> <p>Previously known as behavior modification, ABA is defined as the process of systematically applying interventions based upon the principles of learning theory to improve socially significant behaviors to a meaningful degree, and to demonstrate that the interventions employed are responsible for the improvement of behavior.</p>
ACA	<p>Affordable Care Act</p> <p>A United States federal statute signed into law on March 23, 2010. The ACA was enacted to increase the quality and affordability of health insurance, lower the uninsured rate by expanding public and private insurance coverage, and reduce the costs of healthcare for individuals and the government.</p>
ADA	<p>Americans with Disabilities Act</p> <p>A civil rights law that prohibits discrimination against individuals with disabilities in all areas of public life, including jobs, schools, transportation, and all public and private places that are open to the general public. The purpose of the law is to make sure that people with disabilities have the same rights and opportunities as everyone else.</p>
ADL	<p>Activities of Daily Living</p> <p>Activities usually performed in the course of a normal day in a person's life, such as eating, toileting, dressing, bathing, or brushing the teeth.</p>
ACAP	<p>Adult Community Autism Program</p> <p>A Managed Care program in Pennsylvania that provides physical, behavioral, and community services to adults with an autism spectrum disorder</p>

APS	<p>Adult Protective Services, Act 70</p> <p>The law that mandates that older adults who lack the capacity to protect themselves and are at imminent risk of being abused, neglected, exploited or abandoned must have access to and be provided with services necessary to protect their health, safety and welfare.</p>
ASD	<p>Autism Spectrum Disorder</p> <p>A range of conditions classified as neurodevelopmental disorders in the fifth revision of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders 5th edition (DSM-5).</p>
ASERT	<p>Autism Services, Education, Research & Training</p> <p>A statewide initiative funded by the Bureau of Autism Services, PA Department of Human Services. The ASERT Collaborative is a key component of the Bureau of Autism's strategy for supporting individuals with autism and their families throughout the Commonwealth. ASERT works to connect existing resources and pockets of expertise, and address the regional gaps in effective services and supports.</p>
BAS	<p>Bureau of Autism Services</p> <p>A state office in Pennsylvania under the Department of Human Services, Office of Developmental Programs. The Bureau of Autism Services offers two program options for adults with autism: the Adult Autism Waiver (AAW) and the Adult Community Autism Program (ACAP).</p>
BCBA	<p>Board Certified Behavioral Analyst</p> <p>Independent practitioners who conduct descriptive and systematic behavioral assessments, including functional analyses, and provides behavior analytic interpretations of the results. The BCBA designs and supervises behavior analytic interventions. The BCBA is able to effectively develop and implement appropriate assessment and intervention methods for use in unfamiliar situations and for a range of cases.</p>
BHA	<p>Bureau of Hearings and Appeals</p> <p>The Department of Human Services entity charged with conducting administrative hearings and timely adjudicating appeals filed in accordance with state and federal regulations.</p>

BHRS	<p>Behavioral Health Rehabilitation Services for Children and Adolescents</p> <p>Individualized, therapeutic mental health, substance abuse, or behavioral interventions/services developed and recommended by an Interagency Team and prescribed by a physician or licensed psychologist.</p>
BHSL	<p>Bureau of Human Services Licensing</p> <p>The Bureau responsible for the overall management and coordination of all human services licensing programs administered by the Department of Human Services.</p>
BPI	<p>Bureau of Program Integrity</p> <p>Ensures that Medical Assistance (MA) recipients receive quality medical services and that MA recipients do not abuse their use of medical services; applies administrative sanctions; refers cases of potential fraud to the appropriate enforcement agency and evaluates medical services rendered by medical providers and managed care organization provider networks.</p>
BSP	<p>Behavioral Support Plan</p> <p>is a plan that assists a member in building positive behaviors to replace or reduce a challenging/dangerous behavior.</p>
BSS	<p>Behavior Specialist Services</p> <p>An Adult Autism Waiver service in which a Behavioral Specialist provides specialized behavioral support for individuals who may demonstrate behavioral challenges because of limited social skills, limited communication skills, or impaired sensory systems. This support may include interventions that assist a participant to increase adaptive behaviors to replace or modify challenging behaviors of a disruptive or destructive nature that prevent or interfere with the participant’s inclusion in home and family life or community life. Supports and interventions provided by a Behavioral Specialist are designed to focus on positive behavior strategies, rather than on aversive or punishment strategies.</p>
CAO	<p>County Assistance Office</p> <p>State offices in Pennsylvania where residents can seek assistance for a range of services for themselves and their families.</p>

CIP	<p>Crisis Intervention Plan</p> <p>A plan that will identify how crisis intervention support will be available to the participant, how the Supports Coordinator (SC) and other appropriate waiver service providers will be kept informed of the precursors of the participant’s challenging behavior, and the procedures/interventions that are most effective to deescalate the challenging behaviors.</p>
CIS	<p>Client Information System</p> <p>A database where PROMISE verifies participant information, such as the participant’s Master Client Index (MCI) number, the participant’s eligibility status, and effective eligibility dates.</p>
CMS	<p>Centers for Medicare & Medicaid Services</p> <p>A federal agency within the United States Department of Health and Human Services (DHHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid, the State Children's Health Insurance Program (SCHIP), and health insurance portability standards.</p>
CMS 1500	<p>Medicare Health Insurance Claim Form</p> <p>The standard paper claim form to bill Medicare Fee-For-Service (FFS) Contractors when a paper claim is allowed.</p>
COMPASS	<p>Commonwealth of Pennsylvania Application for Social Services</p> <p>A Web site that allows individuals and community based organizations to screen, apply for and renew a broad range of social services.</p>
DHS	<p>Department of Human Services</p> <p>The Department of Human Services is a Pennsylvania state office. It consists of seven program offices that administer services that provide care and support to Pennsylvania's most vulnerable citizens.</p>
DOH	<p>Department of Health</p> <p>A part of government which focuses on issues related to the general health of the citizenry.</p>

EIM	<p>Enterprise Incident Management</p> <p>A comprehensive, web-based incident and complaint reporting system that will provide the capability to record and review incidents</p>
ESC	<p>Error Status Code</p> <p>If there is an issue with the claim for payment, an error status code will be sent to PROMISE. The code will tell the provider what the error is.</p>
FBA	<p>Functional Behavioral Assessment</p> <p>A systematic set of strategies that is used to determine the underlying function or purpose of a behavior, so that an effective intervention plan can be developed. FBA consists of describing the interfering or problem behavior, identifying antecedent or consequent events that control the behavior, developing a hypothesis of the behavior, and testing the hypothesis.</p>
FEA	<p>Functional Eligibility Assessment</p> <p>An assessment used to determine if an individual is eligible for the Adult Autism Waiver. To be eligible, an individual must have substantial functional limitations in three or more of the major life activities listed below:</p> <ul style="list-style-type: none"> • self-care • understanding and use of receptive and expressive language • learning • mobility • self-direction • capacity for independent living
FEIN	<p>Federal Employer Identification Number or Employer Identification Number</p> <p>The corporate equivalent to a Social Security number, although it is issued to anyone, including individuals, who have to pay withholding taxes on employees. It is also issued to entities, such as states, government agencies, corporations, limited liability companies, and any other organization that must have a number for a purpose in addition to reporting withholding tax, such as for opening a bank or brokerage account.</p>
FFS	<p>Fee-for-Service</p> <p>A payment model where services are unbundled and paid for separately.</p>

FY	Fiscal Year or State Fiscal Year
SFY	A period used for calculating annual ("yearly") financial statements in businesses and other organizations.
HCBS	Home and Community-Based Services Services that allow opportunities for Medicaid beneficiaries to receive services in their own home or community.
HCSIS	Home and Community Services Information System A Web-based application which serves as the operational system for all Department of Human Services program offices that support the Home and Community Based Services Programs and Medicaid Waivers, including the Office of Developmental Programs and the Office of Medical Assistance Programs.
HIPAA	Health Insurance Portability and Accountability Act of 1996 An Act to amend the Internal Revenue Code of 1986 to improve portability and continuity of health insurance coverage in the group and individual markets, to combat waste, fraud, and abuse in health insurance and health care delivery, to promote the use of medical savings accounts, to improve access to long-term care services and coverage, to simplify the administration of health insurance, and for other purposes.
IADL	Instrumental Activities of Daily Living More complex tasks that are also important when living independently. These tasks include cooking, cleaning, finances, shopping, healthcare and transportation.
ICD-9-CM ICD-10-CM	International Classifications of Diseases The international standard diagnostic tool for epidemiology, health management and clinical purposes.

<p>ICF</p> <p>ICF/IID</p> <p>ICD/ORC</p>	<p>Intermediate Care Facility</p> <p>Intermediate Care Facility/Intellectual Disability previously known as ICF/MR (Intermediate Care Facility/Mentally Retarded)</p> <p>Intermediate Care Facility/Other Related Conditions</p> <p>A facility that provides 24-hour personal care, habilitation, developmental, and supportive health services to developmentally disabled clients whose primary need is for developmental services and who have a recurring but intermittent need for skilled nursing services.</p>
<p>ICN</p>	<p>Internal Claim Number</p> <p>A 13- digit number that identifies a claim that has been processed through PROMiSe.</p>
<p>ID</p>	<p>Intellectual Disability</p> <p>A generalized disorder appearing before adulthood, characterized by significantly impaired cognitive functioning and deficits in two or more adaptive behaviors.</p>
<p>IDEA</p>	<p>Individuals with Disabilities Education Act</p> <p>A United States federal law that governs how states and public agencies provide early intervention, special education, and related services to children with disabilities.</p>
<p>IEP</p>	<p>Individualized Education Program</p> <p>Mandated by the Individuals with Disabilities Education Act (IDEA). An IEP defines the individualized objectives of a child who has been found with a disability, as defined by federal regulations.</p>
<p>IMD</p>	<p>Institution for Mental Disease</p> <p>Defined as a hospital, nursing facility, or other institution of 17 beds or more that is primarily engaged in providing diagnosis, treatment, or care of people with mental diseases.</p>
<p>ISP</p>	<p>Individual Support Plan</p> <p>A document that provides details about what is most important to an individual so that everyone involved in supporting that individual can focus on those areas. Developed through a Person Centered Planning Process (PCP), the ISP collects information concerning personal preferences, medical history/current medical concerns, communication preferences, etc.</p>

LEP	<p>Limited English Proficiency</p> <p>A person with Limited English Proficiency is someone who does not speak English as his or her primary language and who has a limited ability to read, speak, write or understand English.</p>
LMS	<p>Learning Management System</p> <p>A software application for the administration, documentation, tracking, reporting and delivery of electronic educational technology education courses or training programs</p>
LOC	<p>Level of Care</p> <p>A classification of health care service levels by the kind of care given, the number of people served, and the people providing the care.</p>
LTSR	<p>Long Term Structured Residence</p> <p>A highly structured mental health residential treatment facility. They provide behavioral health treatment and specialized programming in a controlled environment with a high degree of supervision. LTSRs provide in-house therapeutic groups, activities and recreation.</p>
MA	<p>Medical Assistance also known as Medicaid</p> <p>A program that pays for health care services for eligible individuals.</p>
MA 51	<p>Medical Evaluation Form (MA 51)</p> <p>A physician must certify for each MA applicant or recipient that services are needed. The MA 51 is the form that Pennsylvania requires the physician to complete as part of the assessment process.</p>
MCI	<p>Master Client Index</p> <p>A unique number associated with every registered individual.</p>
MCO	<p>Managed Care Organization</p> <p>Used in the United States to describe a variety of techniques intended to reduce the cost of providing health benefits and improve the quality of care (“managed care techniques”), for organizations that use those techniques or provide them as services to other organizations (“managed care organization” or “MCO”), or to describe systems of financing and delivering health care to enrollees organized around managed care techniques and concepts (“managed care delivery systems”).</p>

MPI	<p>Master Provider Index</p> <p>A number assigned to a provider that is utilized to identify a billing for Internet and paper claim submissions.</p>
MPN	<p>Monthly Progress Notes</p> <p>A note that substantiates the claim for the provision of an Home and Community-Based Service provided.</p>
NPI	<p>National Provider Identification</p> <p>A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered health care providers.</p>
OAPSA	<p>Older Adults Protective Services Act</p> <p>The law that mandates that older adults who lack the capacity to protect themselves and are at imminent risk of being abused, neglected, exploited or abandoned must have access to and be provided with services necessary to protect their health, safety and welfare.</p>
OHCDs	<p>Organized Health Care Delivery System</p> <p>An arrangement in which a provider that renders at least one direct MA waiver service also chooses to offer a different vendor HCBS by subcontracting with a vendor to facilitate the delivery of vendor goods or services to a participant.</p>
ODP	<p>Office of Developmental Programs</p> <p>A state office in Pennsylvania under the Department of Human Services. The Office of Developmental Programs offers two program options for individuals with intellectual disabilities; the Consolidated Waiver and the Person/Family Directed Support Waiver.</p>
OIM	<p>Office of Income Maintenance</p> <p>A state office in Pennsylvania that is responsible for the oversight of the Temporary Assistance for Needy Families cash assistance program, also referred to as TANF; Medical Assistance, often referred to as Medicaid; Supplemental Nutrition Assistance Program, known as SNAP, which is the new name for the food stamp program; Home heating assistance, known formally as the LIHEAP program; Employment and training services, and Child support.</p>

OMAP	<p>Office of Medical Assistance Programs</p> <p>A state office in Pennsylvania that administers the joint state/federal Medical Assistance (also known as Medicaid) program that purchases health care for Pennsylvania residents. OMAP is also responsible for enrolling providers, processing provider claims, establishing rates and fees, contracting and monitoring of managed care organizations, and detecting and deterring provider and recipient fraud and abuse.</p>
OVR	<p>Office of Vocational Rehabilitation</p> <p>A state office in Pennsylvania that provides vocational rehabilitation services to help persons with disabilities prepare for, obtain, or maintain employment.</p>
PA 4	<p>Medical Assistance Release of Information form</p> <p>A Release of Information form that the Medical Assistance program uses.</p>
PA 600	<p>Medical Assistance Application</p> <p>The tool used to apply for Medical Assistance. In Pennsylvania, individuals can apply online by using COMPASS. COMPASS is the name of the website where can you apply for Medical Assistance.</p>
PCH	<p>Personal Care Home</p> <p>Residences that provide shelter, meals, supervision and assistance with personal care tasks, typically for older people, or people with physical, behavioral health, or cognitive disabilities who are unable to care for themselves but do not need nursing home or medical care.</p>
PEP	<p>Provider Eligibility Program</p> <p>A code that identifies a program for which a provider may apply.</p>
POC	<p>Plan of Correction</p> <p>A provider’s formal plan to correct areas of noncompliance.</p>
PIT	<p>Provider Information Table</p> <p>A document that provides the Adult Autism Waiver’s service definitions, rates, procedure codes & qualifications.</p>

PRN	<p>Pro Re Nata</p> <p>A term commonly used in medicine to mean as needed or as the situation arises.</p>
PROMISE™	<p>Provider Reimbursement and Operation Management Information System</p> <p>A Web-based application for registered providers. PROMISE™ is a HIPAA-compliant claims processing and management information system. PROMISE™ is a single system that processes human services claims and manages information for numerous commonwealth human services programs. PROMISE™ incorporates claims processing and information management activities of the Offices of Medical Assistance Programs, Mental Health and Substance Abuse Services and Developmental Programs. In addition, PROMISE™ processes some claims for the Departments of Aging and Education.</p>
PSS	<p>Parental Stress Scale</p> <p>A self-report scale that contains 18 items representing pleasure or positive themes of parenthood (emotional benefits, self-enrichment, personal development) and negative components (demands on resources, opportunity costs and restrictions).</p>
QOL-Q	<p>Quality of Life Questionnaire</p> <p>Measures the relationship between a client's quality of life and other behaviors or afflictions, such as physical health, psychological health, and alcohol or other substance use. The QLQ consists of five major domains, 15 content scales, and a social desirability scale. The five major domains are: General Well-Being, Interpersonal Relations, Organizational Activity, Occupational Activity, and Leisure and Recreational Activity.</p>
QSR	<p>Quarterly Summary Report</p> <p>A report done quarterly that consolidates the information provided on the Monthly Progress Notes to review the participant's health, safety, welfare and progress for a period of one quarter.</p>
RA	<p>Remittance Advice</p> <p>The biweekly itemized statement of a provider's payments and credits from financial cycles.</p>
RID	<p>Recipient Identification</p> <p>Consists of the Master Client Identifier (MCI) and the provider's voucher number.</p>

<p>SC</p> <p>SCA</p>	<p>Supports Coordinator, Supports Coordination Agency</p> <p>Otherwise known as a ‘case manager.’</p> <p>Assists participants in obtaining and coordinating needed wavier and other State plan services, as well as housing, medical, social, vocational, and other community services, regardless of funding source.</p>
<p>SIB-R</p>	<p>Scales of Independent Behavior – Revised</p> <p>A comprehensive, norm-referenced assessment of adaptive and maladaptive behaviors used to determine a person’s level of functioning in key behavior areas needed in order to function independently in home, social, and community settings.</p>
<p>SSI</p>	<p>Supplemental Security Income</p> <p>A United States government program that provides stipends to low-income people who are either aged (65 or older), blind, or disabled.</p>
<p>SSD</p>	<p>Services and Supports Directory</p> <p>A web tool located in HCSIS to assist and inform individuals with autism, their families, and their circle of support to locate services and service providers including Supports Coordinators in the Commonwealth of Pennsylvania.</p>
<p>TPL</p>	<p>Third Party Liability</p> <p>The legal obligation of third parties (e.g., certain individuals, entities, insurers, or programs) to pay part or all of the expenditures for medical assistance furnished under a Medicaid state plan.</p>