

**PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
OFFICE OF DEVELOPMENTAL PROGRAMS
BUREAU OF AUTISM SERVICES**

**ADULT AUTISM WAIVER
PROVIDER MANUAL**

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INTRODUCTION

The Pennsylvania Department of Public Welfare (DPW) Office of Developmental Programs (ODP), Bureau of Autism Services (BAS), a division of the Pennsylvania Medicaid agency, is responsible for operations and oversight of the Adult Autism Waiver. As the State Medicaid agency, the Department of Public Welfare retains ultimate authority over the administration and implementation of the waiver. The BAS is responsible for developing policies, procedures and regulations for waiver operations.

The BAS's goal is to promote evidence-based services for people with autism spectrum disorders (ASD) of every age and ability. Part of the BAS's mission is to develop, implement, and manage programs to enhance quality of life and promote independence for adults with ASD living in Pennsylvania.

The purpose of this provider manual is:

- To communicate the vision and authority of the Bureau of Autism Services (BAS) in using Adult Autism Waiver services to meet the unique needs of adults with ASD and
- To communicate the expectation for service delivery to Adult Autism Waiver providers based on the philosophy of the BAS.

The BAS is committed to a person centered philosophy in its delivery of services to participants. Adult Autism Waiver providers play an important role in providing community based services and supports to meet the needs of adults with ASD.

ADULT AUTISM WAIVER OVERVIEW

• PARTICIPANT ELIGIBILITY

Individuals who meet the following requirements are eligible to be Adult Autism Waiver participants:

- Live in Pennsylvania
- Age 21 and older
- Meet Medical Assistance Program clinical and financial eligibility for Intermediate Care Facility for Persons with Other Related Conditions (ICF/ORC) or Intermediate Care Facility for Persons with Mental Retardation (ICF/-MR) services
- Have a diagnosis of Autism Spectrum Disorder (ASD) as defined in DSM IV which corresponds to ICD-9 codes 299.00 Autistic Disorder; 299.10 Childhood Disintegrative Disorder; 299.80 Pervasive Developmental Disorder-Not Otherwise Specified; Asperger Syndrome; or Rett Disorder as determined by a licensed psychologist or physician;
- IQ is not an eligibility criterion for the Adult Autism Waiver

- **SERVICE DELIVERY MODEL**

The Adult Autism Waiver differs from other Pennsylvania developmental disability waivers in the following areas:

- The BAS offers clinical and technical assistance to providers to assure quality services to participants.
- The BAS administers the Adult Autism Waiver directly and not through county or administrative entities.
- Some services under this waiver are unique, such as the Behavioral Specialist Service and the Temporary Crisis Service

BAS staff will support providers to meet and maintain the expectations established for Adult Autism Waiver services. Our goal is to build upon the strengths of participants and their families in delivering quality supports and services to meet their needs. We look forward to a long and successful relationship with your agency.

The Adult Autism Waiver utilizes a person centered decision making team process facilitated by a Supports Coordinator (SC). The SC is selected by the participant to locate, coordinate and monitor needed supports and services. The SC is responsible for:

- Meeting with the participant and/or family to identify strengths and needs
- Providing the family with the Parental Stress Scale (PSS); administering the Scales of Independent Behavior-Revised (SIB-R) assessment, and the Quality of Life Questionnaire (QOL.Q) every year
- Administering or obtaining additional assessments as needed
- Collecting information needed to facilitate the development of the Individual Support Plan (ISP)
- Convening team members selected by the participant to develop the ISP
- Facilitating the ISP meeting to identify needed supports and services
- Assisting the participant in obtaining and coordinating waiver services, State Plan services and other services
- Monitoring services delivery to assure services are provided as identified in the ISP
- Visiting participants at least quarterly and contacting them monthly to monitor services provision according to ISP
- Measuring participant's progress against individual goals defined in the ISP

The Adult Autism Waiver Practice Guidelines (Appendix C) explains in more detail how each service available under the waiver is intended to be delivered.

- **ADULT AUTISM WAIVER SERVICES**

Services provided through the Adult Autism Waiver are listed below and in the **Adult Autism Waiver Provider Information Table (Appendix D)**. The current table with more detailed information including definitions, rates and codes can also be accessed online at www.autisminpa.org:

ADULT AUTISM WAIVER PROVIDER INFORMATION TABLE INDEX
Assistive Technology
Behavioral Specialist
Community Inclusion – Agency Managed
Community Transition Services
Day Habilitation
Environmental Modifications
Family Counseling
Family Training
Job Assessment
Job Finding
Nutritional Consultation
Residential Habilitation – Community Home & Family Living Home
Respite – Agency Managed In-Home
Respite – Agency Managed Out of Home (Day)
Respite – Agency Managed Out of Home (15 min)
Supported Employment
Supports Coordination-Initial Plan Development
Supports Coordination-Ongoing
Temporary Crisis Services
Therapies:
Occupational Therapy
Speech Therapy
Counseling
Transitional Work Services

PROVIDER ENROLLMENT PROCESS

Agencies providing services under the Adult Autism Waiver (AAW) must be enrolled as Medical Assistance providers by the Office of Medical Assistance Programs (OMAP). In addition, there is an enrollment process specific to the AAW.

Agencies desiring to enroll as a waiver provider should access the Bureau of Autism Services page on the DPW Web site (www.autisminpa.org) and follow the instructions for the Adult Autism Waiver provider enrollment process. Information regarding provider qualifications for each waiver service can be obtained by accessing the Adult Autism Waiver Provider Information Table included on this site (www.autisminpa.org).

Providers are encouraged to contact the BAS at ra-odpautismwaiver@state.pa.us or 1-866-539-7689 with any questions on provider qualifications, the service delivery process or enrollment. BAS staff will guide the provider in preparing an enrollment application.

Providers must submit all requested materials, including proof of licenses where applicable, to the BAS based on the provider standards for the specific service to be provided.

The BAS determines whether the provider meets all the required provider qualifications and notifies OMAP when it has determined that the provider agency meets all qualifications for the Adult Autism Waiver.

All providers must:

- Have a signed MA Provider Agreement for Outpatient Services
- Sign an Adult Autism Waiver Supplemental Agreement (for each service)
- Submit an Adult Autism Waiver Provider Application (for each service)
- Identify in the Provider Application the counties to be served
- Assure that all employees who provide service to waiver participants have completed a criminal background check
- Assure that all staff providing services to Adult Autism Waiver participants meet the provider qualifications specified in the waiver
- Provide licensure information to the BAS for all staff positions requiring licensure
- Maintain compliance with the MA provider agreement, the Adult Autism Waiver Supplemental Agreement and the Centers for Medicare and Medicaid Services (CMS) approved Pennsylvania Adult Autism Waiver
- Obtain written permission of the BAS for any subcontract
- Agree to not assign the Supplemental Provider Agreement to another entity
- Comply with Response to Critical Events or Incidents standards (Incident Management Process) as described in Appendix G-1 of the Adult Autism Waiver and in this Manual
- Bill only for services actually provided to participants in accordance with the participant's ISP

- Bill for services at an amount that does not exceed authorizations in the participant's ISP
 - Agree not to influence participants in any way on the selection of providers or retention of a provider agency
 - Allow access to services delivery information requested by the SC, BAS staff or their representatives
- **TRAINING REQUIREMENTS FOR AUTISM WAIVER PROVIDER STAFF**

All provider agency direct service staff who will be providing services to waiver participants (except Behavior Specialists) must complete the Supporting Person Centered Training, Resources, Understanding and Mentorship (SPeCTRUM) course prior to the provision of waiver services. SPeCTRUM is an online course that gives Direct Service Provider staff the training needed to effectively support adults with Autism Spectrum Disorders. The course consists of nine web-based training modules and is offered at no cost. The BAS will share the link to the training course with the contact person designated by the provider agency. There is also the option of obtaining the course on a CD.

(Note: Behavior Specialists are encouraged, but not required, to complete the SPeCTRUM training prior to providing services to waiver participants.)

Providers must:

- Assure that a minimum of one agency staff person completes all required training prior to enrolling as an Adult Autism Waiver provider
- Designate a contact person/liaison to coordinate training of current and new provider staff and to communicate training information to the BAS
- Notify the BAS of the contact person/liaison information at the email address listed below, entering **Provider Training** in the subject line
- Develop an internal process to assure that each direct service staff person hired completes training prior to services delivery
- Share the link to SPeCTRUM with new staff and submit the names of staff and dates of their SPeCTRUM enrollment to BAS at the email address listed below:

(ra-odpautismwaiver@state.pa.us)

The BAS will confirm staff enrollment and course completion through data reports from the SPeCTRUM system.

Supports Coordination providers must complete additional training consisting of a single 4-hour web-based presentation. Behavior Specialist Service providers must complete a series of trainings on Functional Behavior Assessment, Vocational services, Positive Behavior Supports and Functional Communication. The last three are available online and all are available at no cost. Please contact the BAS at the email address above for details on registration. Please include “SC Training” or “BSS Training” in the subject line.

- **WAIVER SUPPLEMENTAL PROVIDER AGREEMENT**

Providers are enrolled as Adult Autism Waiver providers until the agreement is terminated by either the BAS or the provider upon 60 days’ prior written notice. Providers may be dis-enrolled at any time if qualifications are no longer met. Agency qualifications will be reviewed as specified in the Adult Autism Waiver.

RATES, BILLING AND AUDIT REQUIREMENTS

- **REIMBURSEMENT RATES FOR WAIVER SERVICES**

Providers are reimbursed at cost of service or equipment for Assistive Technology, Community Transition Services and Environmental Modifications. Total costs may not exceed limits published for each service in the Adult Autism Waiver.

Providers are reimbursed on a statewide fee-for-service basis for all other services. Rates are published in the Adult Autism Waiver Provider Information Table (in Appendix D of this manual) and on the DPW website www.autisminpa.org. The fee schedule has no regional variation. There will not be any cost settlement.

- **PROVIDER BILLING FOR SERVICES**

Billing for all Adult Autism Waiver services must be done through the PROMISe system and all payments are made directly through Treasury.

See the Adult Autism Waiver Billing Guide at the PROMISe Web site at <http://www.dpw.state.pa.us/PartnersProviders/PROMISe/003675041.htm>. All procedure codes needed for billing are listed, by service, in the Provider Information Table (Appendix D).

Contact the BAS with questions or concerns about the billing process.

- **PROVIDER FINANCIAL AUDIT REQUIREMENTS**

Providers are audited in accordance with the Single Audit Act, as amended. DPW releases an annual Single Audit Supplement publication which lists compliance requirements specific to DPW programs including waiver services. Waiver services are tested in accordance with OMB Circular A-133 compliance supplement and by the DPW single audit supplement. Profit and non-profit providers must contract with CPA firms to obtain audits based on waiver audit requirements.

In instances where fraud and abuse are found, DPW will refer the situation to the DPW, OMAP, and Bureau of Program Integrity for review, investigation and necessary action.

THE ROLE OF PROVIDERS IN THE ADULT AUTISM WAIVER

Provider responsibilities include:

- If chosen by the participant, a provider may serve as part of an ISP team composed of the participant, SC, family, friends, and other providers to assess the participant's needs
- Work with the team to develop the ISP to meet the participant's identified needs and goals
- Provide services as authorized in the ISP
- Accept the participant's selection of providers
- Assure that all staff who are providing services complete BAS-required training
- Assure the health and welfare of participants
- Make qualified personnel and needed equipment available,
- Have contingency plans in place as needed, and
- Deliver services based on provider standards in order to request and receive reimbursement.
- Meet all requirements outlined in the Adult Autism Waiver Supplemental Agreement

• PARTICIPANT REFERRALS TO PROVIDERS

The BAS maintains a Services and Supports Directory of all provider agencies approved to provide Adult Autism Waiver services, their contacts and service information. The BAS updates the directory at least quarterly to ensure participants have up-to-date information regarding available providers. Solicitation of participants is not allowed.

The supports coordinator provides each participant and the planning team with a hard copy of the directory at each ISP development meeting. Participants may request a current copy at any time. The ISP identifies services and supports needed to achieve the participant's goals.

For waiver services, the participant, along with the planning team, will select service providers to implement the waiver services in the plan. The participant and the team will also identify the duration and frequency of each of the services based on the participant's assessed needs.

The SC then submits the ISP to his/her supervisor for review. The ISP is then submitted to the BAS for its approval and authorization of services.

The SC then contacts the provider(s) selected by the participant

- to notify them of their selection as provider;
- to review the ISP and expectations and responsibilities of the provider;
- to assess the provider's capability to provide services as identified in the ISP; and
- to make arrangements for the provider to meet the participant and initiate services delivery.

- **PROVIDER SERVICE DELIVERY INFORMATION**

Before services begin or at the time services are initiated, all providers must give participants the following information:

- General orientation describing the services to be provided including the staff who will be providing services
- Information on the schedule for services delivery, which must be consistent with participant preference specified in the ISP and actions a participant can take if the schedule is not followed (such as filing a complaint)
- Procedures for the participant to use to file a complaint with instructions on filing a verbal complaint including the name and/or title and telephone number of the contact person.
- Provider responsibilities in services delivery, including a contingency plan for those occasions when, for whatever reason, staff is unavailable to provide scheduled services. The Contingency Plan should include contact information for who is responsible for covering the hours in the event the "regular" support staff member is absent or the position is vacant
- Explanation of procedure to be followed and name and contact information for provider staff person to be informed when, for whatever reason, the participant is unable to receive services, such as due to illness or travel.
- This information must be provided both verbally and in writing, in terms understandable by the participant and his/her representative.

- **PROVIDER POLICY ON PARTICIPANT COMPLAINTS**

Providers must have a policy/process for accepting, investigating and resolving complaints that documents the components of the process including:

- Nature of complaint describing persons involved, date and time of complaint/occurrence, other pertinent information
- Name and title of person receiving/accepting complaint and date received

- Actions taken on assignment of complaint for investigation
- Persons investigating complaint and their titles
- Results of complaint investigation
- Resolution of complaint and date of resolution
- Provider actions to prevent further problems in cases of substantiated complaints
- Documentation of each complaint and subsequent action taken which is available to the BAS upon request

INCIDENT MANAGEMENT- PROVIDER REPORTING REQUIREMENTS

- **WHAT INCIDENT MANAGEMENT IS**

All providers of autism and mental retardation/intellectual disability supports and services are required to assure the health, safety, and rights of persons receiving supports and services. The primary goal of incident management is to assure that when an incident occurs, the response will be adequate to protect health, safety and rights of the individual. Standardization of the reporting format, the timeframes for reporting and the investigation protocol are crucial to conducting individual, provider, and statewide analysis of incidents. The continuous review of incidents at the provider and state levels is to enhance risk management processes and to formulate actions to prevent the recurrence of incidents.

The incident management process is a subset of a larger risk management process. Incident policies, procedures, training, response and reporting are all important aspects of the incident management process. Combined with other areas of risk assessment such as, but not limited to, employee injuries, complaints, satisfaction surveys and hiring practices, incident management is an essential component of a comprehensive quality management process.

All reportable incidents are to be submitted electronically via the Home and Community Services Information System (HCSIS), a web-based system developed by the Department of Public Welfare (see chapter 7). Incident Management enables appropriate users to record incidents, track the status of recorded incidents, log corrective action to prevent future occurrences, close incidents, and generate aggregate data reports through HCSIS for analysis.

******The Incident Management function will not be available in HCSIS until August 2009. All incidents will be reported using an interim reporting process established by the Bureau of Autism Services until the HCSIS functionality is available. While the interim reporting process is in effect, the incident categories, reporting timeframes and investigation requirement remain as described in this section. Please see Appendix E for the interim reporting process.******

- **THE INCIDENT CATEGORIES**

The following are the categories of reportable incidents. After the immediate health and safety assurances have been met, these incidents are to be reported in HCSIS. The categories are divided into those that must be reported within 24 hours of discovery or recognition and those that are to be reported within 72 hours.

For the incidents that require reporting within 24 hours, the first section of the incident report must be completed in HCSIS within 24 hours. The first section includes a minimum data set (individual and provider demographics, action taken to protect the individual and description of the incident and the category of incident). The final section of the incident report includes additional information about the incident, any required investigation and corrective actions. The final section is to be completed within 30 days of recognition or discovery of the incident.

The second set of incidents requires reporting within 72 hours of recognition or discovery. These incidents are reported using abbreviated data entry screens in HCSIS.

When multiple individuals associated with a provider/entity are involved in certain primary categories or secondary categories, or both, the incident can be reported using a site report. Only those events designated in the list of reportable incidents as a site report may be filed in this manner. An individual who is part of a group involved in a site report and is injured must have a separate individual report completed using the proper classification.

Providers, supports coordination entities and BAS must be vigilant to report any incident to law enforcement where there is a suspected crime. When an individual is allegedly abused, neglected or the victim of a crime, the individual is to be offered the support of a victim's assistance program.

Incidents to be reported within 24 hours.

(1) **Abuse:** The allegation or actual occurrence of the infliction of injury, unreasonable confinement, intimidation, punishment, mental anguish, sexual abuse or exploitation. Abuse is reported on from the victim's perspective, not on the person committing the abuse.

- (i) **Physical abuse.** An intentional physical act by staff or other person which causes or may cause physical injury to an individual, such as striking or kicking, applying noxious or potentially harmful substances or conditions to an individual.
- (ii) **Psychological abuse.** An act, other than verbal, which may inflict emotional harm, invoke fear or humiliate, intimidate, degrade or demean an individual.
- (iii) **Sexual abuse.** An act or attempted acts such as rape, incest, sexual molestation, sexual exploitation or sexual harassment and inappropriate or unwanted touching of an individual by another. Any sexual contact between a staff person and an individual is abuse.

- (iv) **Verbal abuse.** A verbalization that inflicts or may inflict emotional harm, invoke fear or humiliate, intimidate, degrade or demean an individual.
- (v) **Improper or unauthorized use of restraint.** A restraint not approved in the individual support plan or one that is not a part of an agency's emergency restraint procedure is considered unauthorized. A restraint that is intentionally applied incorrectly is considered an improper use of restraint.
- (vi) **Seclusion.** This practice is prohibited in BAS programs. Seclusion is defined as placing an individual in a locked room. A locked room includes a room with any type of engaged locking device, such as a key lock, spring lock, bolt lock, foot pressure lock or physically holding the door shut.

(2) **Death.** All deaths are reportable.

(3) **Disease reportable to the Department of Health** – An occurrence of a disease on *The Pennsylvania Department of Health List of Reportable Diseases*. The current list can be found at the Department of Health's website, www.health.state.pa.us An incident report is required only when the reportable disease is initially diagnosed.

(4) **Emergency closure.** An unplanned situation that results in the closure of a home or program facility for 1 or more days. This category does not apply to individuals who reside in their own home or the home of a family member. This may be reported as a site report.

(5) **Emergency Room visit.** The use of a hospital emergency room. This includes situations that are clearly "emergencies" as well as those when an individual is directed to an emergency room in lieu of a visit to the Primary Care Physician (PCP) or as the result of a visit to the PCP. The use of an emergency room by an individual's PCP, in place of the physician's office, is not reportable.

(6) **Fire.** A situation that requires the active involvement of fire personnel, that is, extinguishing a fire, clearing smoke from the premises, responding to a false alarm, and the like. Situations which require the evacuation of a facility in response to suspected or actual gas leaks or carbon monoxide alarms, or both, are reportable. Situations in which staff extinguishes

small fires without the involvement of fire personnel are reportable. This may be reported as a site report.

(7) **Hospitalization.** An inpatient admission to an acute care facility for the purpose of treatment. Scheduled treatment of medical conditions on an outpatient basis is not reportable.

(8) **Individual-to-individual abuse.** An interaction between one individual receiving services and another individual receiving services resulting in an allegation or actual occurrence of the infliction of injury, unreasonable confinement, intimidation, punishment, mental anguish, sexual abuse or exploitation. Individual-to-individual abuse is reported on from the victim's perspective, not on the person committing the abuse.

- (i) **Physical abuse.** An intentional physical act that causes or may cause physical injury to an individual, such as striking or kicking, or applying noxious or potentially harmful substances or conditions to an individual.
- (ii) **Psychological abuse.** An act, other than verbal, which may inflict emotional harm, invoke fear or humiliate, intimidate, degrade or demean an individual.
- (iii) **Sexual abuse.** An act or attempted act such as rape, incest, sexual molestation, sexual exploitation or sexual harassment and inappropriate or unwanted touching of an individual by another. Nonconsensual sex between individuals receiving services is abuse.
- (iv) **Verbal abuse.** A verbalization that inflicts or may inflict emotional harm, invoke fear or humiliate, intimidate, degrade or demean an individual.

(9) **Injury requiring treatment beyond first aid.** Any injury that requires the provision of medical treatment beyond that traditionally considered first aid. First aid includes assessing a condition, cleaning an injury, applying topical medications, applying a Band-Aid, and the like. Treatment beyond first aid includes but is not limited to lifesaving interventions such as CPR or use of the Heimlich maneuver, wound closure by a medical professional, casting or otherwise immobilizing a limb. Evaluation/assessment of an injury by emergency personnel in response to a "911" call is reportable even if the individual is not transported to an emergency room.

(10) **Law enforcement activity.** The involvement of law enforcement personnel is reportable in the following situations:

- (i) An individual is charged with a crime or is the subject of a police investigation that may lead to criminal charges.
- (ii) An individual causes an event such as pulling a fire alarm that requires active involvement of law enforcement personnel, even if the event will not lead to criminal charges.
- (iii) An individual is the victim of a crime, including crimes against the person or their property.
- (iv) A crime such as vandalism or break-in that occurs at a provider site. This may be reported as a site report.
- (v) An on-duty employee or an employee who is volunteering during off duty time, who is charged with an offense, a crime or is the subject of an investigation while on duty or volunteering. This is reported as a site report.
- (vi) A volunteer who is charged with an offense, a crime or is the subject of an investigation resulting from actions or behaviors that occurred while volunteering. This is reported as a site report.
- (vii) A crisis intervention involving police/law enforcement personnel.
- (viii) A citation given to an agency staff person for a moving violation while operating an agency vehicle, or while transporting individuals in a private vehicle, is reported as a site report.

(11) **Missing person.** A person is considered missing when they are out of contact with staff for more than 24 hours without prior arrangement or if they are in immediate jeopardy when missing for any period of time. A person may be considered in “immediate jeopardy” based on the person’s personal history and may be considered “missing” before 24 hours elapse. Additionally, it is considered a reportable incident whenever the police are contacted about an individual or the police independently find and return the individual, or both, regardless of the amount of time the person was missing.

(12) **Misuse of funds.** An intentional act or course of conduct, which results in the loss or misuse of an individual’s money or personal property. Requiring an individual to pay for an item or service that is normally provided as part of the individual support plan is considered financial exploitation and is reportable as a misuse of funds. Requiring an individual to pay for items that are intended for use by several individuals is also considered financial exploitation. Individuals may voluntarily make joint purchases with other individuals of items that benefit the household.

(13) **Neglect.** The failure to obtain or provide the needed services and supports defined as necessary or otherwise required by law or regulation. This includes the failure to provide needed care such as shelter, food, clothing, personal hygiene, medical care, protection from health and safety hazards, attention and supervision, including leaving individuals unattended and other basic treatment and necessities needed for development of physical, intellectual and emotional capacity and well being. This includes acts that are intentional or unintentional regardless of the obvious occurrence of harm.

(14) **Psychiatric hospitalization.** An inpatient admission to a psychiatric facility, including crisis facilities and the psychiatric departments of acute care hospitals, for the purpose of evaluation or treatment, or both, whether voluntary or involuntary. This includes admissions for “23 hour” observation and those for the review or adjustment, or both, of medications prescribed for the treatment of psychiatric symptoms or for the control of challenging behaviors.

(15) **Rights violation.** An act which is intended to improperly restrict or deny the human or civil rights of an individual including those rights which are specifically mandated under applicable regulations. Examples include the unauthorized removal of personal property, refusal of access to the telephone, privacy violations and breach of confidentiality. This does not include restrictions that are imposed by court order or consistent with a waiver of licensing regulations.

(16) **Suicide attempt.** The intentional and voluntary attempt to take one’s own life. A suicide attempt is limited to the actual occurrence of an act and does not include suicidal threats.

(17) **Crisis Event.** - A behavioral episode manifesting itself by acute symptoms of sufficient severity such that a prudent lay person who possesses an average knowledge of behavioral health and medicine could reasonably expect the absence of immediate intervention to result in placing the individual and or the persons around them in serious jeopardy including imminent risk of hospitalization, institutionalization or incarceration.

(18) **Restraints.** Any physical, chemical or mechanical intervention used to control acute, episodic behavior that restricts the movement or function of the individual or portion of the individual’s body, including those that are approved as part of an individual support plan or those used on an emergency basis. Improper or unauthorized use of restraint is considered abuse and is to be reported under the abuse category.

- (i) **Physical.** A physical or manual restraint is a physical hands-on technique that lasts thirty (30) seconds or more, used to control acute, episodic behavior that restricts the movement or function of an individual or portion of an individual's body such as a basket hold and supine containment.
Restraining a person in a prone restraint is prohibited.
- (ii) **Mechanical.** A mechanical restraint is a device used to control acute, episodic behavior that restricts the movement or function of an individual or portion of an individual's body. Examples of mechanical restraints include anklets, wristlets, camisoles, helmets with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, restraining sheets and similar devices. A device used to provide support for functional body position or proper balance and a device used for medical treatment, such as a wheelchair belt or helmet for prevention of injury during seizure activity, are not considered mechanical restraints.
- (iii) **Chemical.** A chemical restraint is a drug used to control acute, episodic behavior that restricts the movement or function of an individual. A drug ordered by a licensed practitioner as part of an on-going treatment program or pretreatment prior to medical or dental examination or treatment is not a chemical restraint. Medications prescribed on a Pro Re Nata (PRN) basis for the treatment of episodically occurring and well-defined symptoms of an underlying disorder (such as an anxiety disorder, auditory hallucinations, and the like.) and not simply for behavior control, are not considered chemical restraints.

Incidents to be reported within 72 hours.

(1) **Medication error.** Any nonconforming practice with the "Rights of Medication Administration" as described in the *ODP Medication Administration Training Course*. This includes omission, wrong dose, wrong time, wrong person, wrong medication, wrong route, wrong position, wrong technique/method and wrong form. Over the counter medication is excluded. Treatment procedures (for example, skin creams, shampoo, eye drops, and the like) that do not contain a prescription medication are excluded. A medication error occurring during a home visit, when the family is responsible for the administration, is not reportable. An individual's refusal to take medication is not reportable.

Categories of Incidents to be Investigated

Primary Category	Secondary Category
Abuse	All
	Improper or unauthorized use of restraint
Neglect	All
Rights Violation	All
Misuse of Funds	All
Death	When an individual is receiving services from a provider/entity
Hospitalization	Accidental Injury Unexplained Injury Staff to Individual Injury Injury resulting from Individual to Individual Abuse
	Injury Resulting from Restraint
Emergency Room Visit	Unexplained Injury Staff to Individual Injury Injury Resulting from Individual to Individual Abuse
	Injury Resulting from Restraint
Injury requiring treatment beyond first aid	Staff to Individual Injury Resulting from Individual to Individual Abuse
	Injury Resulting from Restraint
Individual to Individual Abuse	Sexual Abuse

- **DIFFERENCES BETWEEN BAS AND ODP REQUIREMENTS**

The Bureau of Autism Services has made several changes and/or enhancements to the incident management requirements in HCSIS. The critical changes are highlighted below:

(1) Restraint

Any use of restraint, whether it is part of an approved Behavior Support Plan or utilized in an emergency situation, must be reported. The revised restraint form contains a First Section and a Final Section.

The first section must be completed within 24 hours and enables the user to capture information such the provider location, point person's first and last name, secondary category, time in, time out, antecedents, restrain reason and description, name of person who authorized the restraint, whether the restraint was part of an approved Behavior Support Plan, and whether a prone restraint was used. This screen also captures if there was a resulting incident from of the restraint.

The final section includes information on the people present during the restraint (first and last name, contact and address information), antecedent information (type of antecedent – a drop down menu and antecedent description – a text box)

(2) Crisis Event

This is a new incident category for all BAS programs. A crisis event is defined as a behavioral episode manifesting itself by acute symptoms of sufficient severity such that a prudent lay person who possesses an average knowledge of behavioral health and medicine could reasonably expect the absence of immediate intervention to result in placing the individual and or the persons around them in serious jeopardy including imminent risk of hospitalization, institutionalization or incarceration.

The first section of the Crisis Event report enables the user to capture crisis event details to include the crisis event point person first and last name, location, crisis event recognized or discovered date and time, crisis event end time, name of staff involved, antecedents to the behavior, criteria of crisis event (danger to self, danger to others, danger to property) and a description of the behavior. This screen also captures if there was an individual incident as a result of the crisis event. The last screen in the First Section includes a description of the action(s) taken by staff during the crisis event.

The final section of the Crisis Event report enables the user to capture corrective actions taken in response to the event. Information to be captured includes the date of the required team meeting, any corrective action for the event and what changes were made to the Behavior Support Plan.

(3) Hospitalization

This is an optional screen and is displayed only if Hospitalization, Psychiatric Hospitalization or Death is selected as the primary category or if Suicide Attempt is selected as a secondary category. Information such as date of admission, hospital name, admitting diagnosis, was this an emergency room admission etc. is captured.

Several minor enhancements were made to the hospitalization screen. The first change is in the section “Hospital Course” and includes the addition of several new checkboxes to the question “what occurred during the hospitalization?” The new checkboxes include: therapy and medication review. Under the section “Discharge” new checkboxes were added to the question “what changed for the person after discharge?” Modification of the Behavior Support Plan was added as a new checkbox.

(4) Seclusion

Seclusion is defined as placing an individual in a locked room. A locked room includes a room with any type of engaged locking device, such as a key lock, spring lock, bolt lock, foot pressure lock or physically holding the door shut. This practice is prohibited in BAS programs and has been added as a secondary category of abuse.

(5) Report Extensions

In the event that an Incident Report cannot be finalized within the 30 day time period, the Point Person or their designee must contact the appropriate BAS Regional Office to inform them that an extension is needed.

- **INCIDENT MANAGEMENT ROLES AND RESPONSIBILITIES**

(1) Initial Reporter

The initial reporter is any person who witnesses the incident or is the first to discover or be made aware of the signs of an incident. The initial reporter first responds to the situation by taking prompt action to protect the individual’s health, safety and rights. The protection may include dialing 911, escorting to medical care, or removing the individual from a potentially harmful situation. As soon as the immediate needs of the person have been met, the initial reporter notifies the provider point person of the incident and receives instructions on next steps to take. The initial reporter documents his observations in a narrative report which is kept in the provider/entity’s files. In cases of alleged abuse or neglect, the initial reporter will comply with the applicable laws and regulations.

(2) Point Person

A point person is assigned and authorized to perform specific duties as described in Provider/Entity or BAS policy. In general, a point person is to receive verbal or other reports or allegations of incidents from individuals, families and initial reporters. They are to safeguard the individual, ensure that HCSIS Incident Reports are submitted, communicate with others involved in investigations, follow-up and review of incidents. This role is pivotal in the incident management process. When an incident is reported, the point person, as a representative of the agency, is to:

- (1) First confirm that appropriate actions have been taken or order additional actions to secure the safety of the individual involved in the incident.
- (2) Separate the individual from the target when the individual's health and safety may be jeopardized.
- (3) Ensure notification requirements of 35 P.S. §§ 10225.101 -10225.5102 and 23Pa. C.S. §§6301-6384 (relating to The Older Adults Protective Services Act and Child Protective Services Law) are met.
- (4) Determine whether an investigation or other follow-up is needed.
- (5) Secure the scene of an incident when an investigation may be required.
- (6) Ensure that, when needed, a certified investigator is promptly assigned.
- (7) Notify appropriate supervisory/management personnel within 24 hours of the incident, as specified in provider/entity or BAS policies.
- (8) Initiate a HCSIS Incident Report within 24 or 72 hours as described in the Reportable Incident section of this bulletin.
- (9) Notify the family within 24 hours (72 hours for medication) unless otherwise indicated in the individual support plan.

Providers are required to report if the alleged incident occurred when services and supports were (1) rendered at the provider's site; (2) provided in a community environment, other than the individual's home, while the individual was the responsibility of an employee, contracted agent or volunteer; or (3) provided in an individual's own home or the home of his family, while an employee, contracted agent or volunteer is providing services in the home.

(3) Incident Management Representative.

The incident management (IM) representative is the person designated by the provider with overall responsibility for incident management. This includes the assurance that the activities of the initial reporter and point person have been completed. In addition, the IM representative is responsible for the finalization of the

incident report within 30 days of the incident. The IM representative is responsible to evaluate the quality of incident investigations as described in the *Pennsylvania Certified Investigators Manual, Labor Relations Alternatives, Inc.*

(4) Certified Investigator

A certified investigator is a person who has been trained and received a certificate in investigation from ODP as communicated via Mental Retardation Bulletin 00-01-06, issued September 6, 2001, titled *Announcement of Certified Investigator Training*. Certified investigators are to promptly begin an investigation, when assigned, and are to enter a summary of their investigation findings in the HCSIS Incident Report.

(5) Supports Coordinator

- (a) When an individual or a family member informs the supports coordinator of an event that can be categorized as abuse or neglect as defined in this subchapter and there is no provider relationship (refer to Point Person description above on provider reporting requirements), the supports coordinator functioning in the point person role is to take prompt action to protect the individual. Once the individual's health and safety are assured, the supports coordinator will ensure a certified investigator is assigned, as necessary, and file a HCSIS Incident Report.
- (b) When a family informs their supports coordinator of the death of a relative, the supports coordinator will determine if a report has been filed by a provider. If no provider is required to file the report, the supports coordinator will file a HCSIS Incident Report.
- (c) When providers file an incident report, the Supports Coordinator will be notified by the provider that an incident occurred. It is the provider's responsibility to keep the Supports Coordinator abreast of any new information related to the incident and any follow-up that will be required; however, the Supports Coordinator may need to make contact with the provider to obtain updated information regarding the incident.

(6) Supports Coordinator Supervisor

The Supports Coordinator Supervisor is responsible for the finalizing of HCSIS Incident Reports filed by the Supports Coordinator.

(7) Regional Incident Manager

The regional incident manager is the person designated by BAS with overall responsibility for incident management within their region. This responsibility includes a review to ensure that incidents are managed and reported in accordance with the process described in this subchapter and to approve or not approve HCSIS Incident Reports.

- **TYPES OF INCIDENT REPORTS**

- **Standardized Incident Report**

The following process applies to the primary incident category to be reported within 24 hours.

- (1) The first section of the incident report is to include individual and provider demographics, incident categorization, actions taken to protect the health and safety of the individual, and a description of the incident. The first section is to be submitted through HCSIS within 24 hours of the incident being recognized or discovered.
- (2) For incidents where investigations is required, the certified investigator is responsible for conducting certified investigations, completing investigation records and for entering the summary of the investigator's findings into HCSIS. The summary is the compilation of the analysis and findings section of the investigation report. For more information on the analysis and findings section, see the *Pennsylvania Certified Investigation Manual*. The final section of the incident report will retain all of the information.
- (3) The final section of the incident report will retain all of the information from the first section and will add additional information relevant to the incident. The final section is to be submitted through HCSIS within 30 days of the incident being recognized or discovered. If the provider agency determines they will not be able to meet the 30-day reporting timeframes for completion of the final section, notification of an extension is to be made to the Bureau of Autism Services prior to the expiration of the 30-day period.

- (4) When multiple individuals associated with a provider or entity are involved in certain primary categories and secondary categories of incidents, the incident can be reported using a site report. Only those events designated in the list of reportable incidents as a site report may be filed in this manner.

Abbreviated Incident Report

The following process applies to the primary incident categories requiring reporting within 72 hours. These incidents are not individually approved by the BAS regional office, but are to have a 30-day analysis completed and maintained by the provider/entity. Analysis of these incidents is to be included in the quarterly report.

(b) Medication errors are to be reported using the abbreviated HCSIS Medication Error Report data entry screen, designed to gather relevant data about this incident. Data is to be input within 72 hours of the recognition or discovery of the event.

• ENTERING AN INCIDENT INTO HCSIS

1. The Point Person logs in to HCSIS. Navigation to the incident management search screen differs according to the user's role and scope as follows:
 - Regional and Supports Coordinators: M4Q > IM > Manage Incident Report
 - Providers with Autism role only: M4Q > IM > Manage Incident Report
 - Providers with both Autism and ODP roles: M4Q > IM > **BAS** > Manage Incident Report
2. The Point Person may search for the Participant by entering his/her name, identifier (Social Security Number or MCI#). It is important to enter the Participant's name as it was entered when he or she was registered in HCSIS. For example, if the Participant is registered as Robert Smith, he will not be found in the IM Search screen as Bob Smith.

If the Participant cannot be found, please contact the appropriate BAS Regional Office for assistance.

3. Once the Participant is located in the IM Search Screen, the Point Person creates a new incident report by selecting the type of incident on the drop down menu (individual incident, crisis event, medication error, restraint, optionally reportable event) and click "Create".

4. For all incidents other than Medication Errors, the Point Person will complete the First Section and submit within 24 hours of discovery/recognition of the incident. When the First Section is complete the Point Person will click the “Submit” button at the bottom of the final page. Once the submit button is clicked, the Point Person cannot make any changes to the First Section screens.
5. If the incident involved a Medication Error, the Point Person will complete the Medication Error report and submit within 72 hours.
6. The Point Person will complete the Final Section of the Incident report within 30 days. The incident can be searched by navigating to the IM Search screen by using the Participant’s name or the incident number assigned.
7. When the Final Section is completed, the Point Person will notify their Incident Management Representative that the Incident is ready to be finalized. The Point Person does not have the capability to finalize reports.

It is recommended that all Supports Coordinators and Provider personnel who will be assigned the role of Point Person or Incident Management Representative complete the Learning Management System (LMS) online course “Basics of Incident Management”.

MONITORING AND QUALITY MANAGEMENT

- **MONITORING FUNCTIONS**

Adult Autism Waiver providers are monitored through formal and informal quality assurance processes. Participants and their families/caregivers monitor services provision on an ongoing basis. They are aware of the expectations outlined in the ISP and provide feedback to the SC on the ISP's implementation. Additional monitoring is performed by SCs and BAS as outlined in the Adult Autism Waiver, Appendix H.

Supports Coordinators

SCs have a responsibility to monitor providers and document their findings for BAS review. This includes ongoing monitoring of the services included in the participant's ISP. SCs are required to meet in person with the participant each quarter or more frequently if necessary, to ensure the participant's health and welfare, to review the participant's progress, to ensure that the ISP is being implemented as written, and to assess whether the team needs to revise the ISP. Within 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 a participant receives services. *For example: Within one year, a SC may visit the participant twice in their home and twice at their job.* In addition, SCs must have monthly contact with the participant, which may be direct contact or by telephone. SCs use the monitoring tool developed by the BAS. The items below represent general areas assessed during monitoring visits.

- SC assesses the extent to which the participant has access to and is receiving services according to his or her ISP. This includes monitoring that providers delivered the 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;
- SCs evaluate whether the services furnished meet the participant's needs and help the participant become more independent;
- SCs assess the effectiveness of back-up (contingency) plans and determine if changes are necessary;
- SCs remind participants, providers, and informal caregivers that they should contact the SC if they believe services are not being delivered according to the ISP and utilize that information to focus monitoring activities;
- SCs review participant's progress toward goals stated in the ISP;
- SCs review Home and Community Services Information System (HCSIS) for information regarding critical incidents;
- SCs observe whether the participant appears healthy and not in pain or injured;

- SCs interview the participant and others involved in the participant's services to identify any concerns regarding the participant's health and welfare; and
- SCs review the participant's expenditures at least quarterly when participants elect to use family members as paid service providers.
- The BAS utilizes the monitoring process described in the approved CMS Adult Autism Waiver as follows:

Bureau of Autism Services

BAS staff determine level of care, approve all ISPs, verify qualifications for all Adult Autism Waiver providers, and evaluate critical incident reports to assess whether providers are handling incidents appropriately. In addition, BAS staff is the first level of Commonwealth oversight regarding waiver services. BAS staff conducts two types of reviews to monitor providers.

First, BAS staff will review SC monitoring notes in HCSIS for participants who have exhibited "serious" or "very serious" challenging behaviors according to the most recent SIB-R assessment, or who have experienced a crisis episode in the past year. BAS staff will also contact the SC on a quarterly basis to ask about the participant's status.

Second, each year BAS staff will interview a sample of participants, and their provider staff, to assess the quality of services. For the same sample of participants, BAS staff will review provider and SC documentation for these participants. The records will include:

- Support Coordinator notes;
- ISPs;
- Assessment instruments described in waiver regulations;
- Forms related to participant rights;
- Critical incident reports;
- Providers' records of service delivery;
- Documentation that staff meet provider requirements; and
- Documentation that criminal background checks were completed for staff.

BAS may select additional participants for this review if complaints, critical incident reports, or if other information indicates one or more particular providers may not be providing services according to waiver requirements. BAS will develop a standard template for these interviews and record reviews to ensure BAS staff capture necessary information to assess compliance with federal assurances.

Third, every two years, BAS staff will review each provider's records. The review will include verification that the provider meets the waiver provider qualifications, including licensure or certification standards.

BAS staff will use information from its monitoring activities and data from HCSIS and the Provider Reimbursement and Operations Management Information System (PROMISE) to determine remediation strategies and report results of Adult Autism Waiver quality management activities.

BAS staff will lead the reassessment of the quality management strategy during the waiver's third year.

Information system reports

BAS will generate quarterly reports regarding the following topics:

- Whether initial ISPs were completed within 30 days of eligibility determination;
- Whether ISPs were updated at least every 12 months.
- The percentage of authorized services that each provider is using. BAS staff will review this report to identify providers that are providing services more or less than expected.

BAS will generate monthly reports regarding incident management. One report will show the number of incidents for Adult Autism Waiver participants by type of incident, using incident categories.

The other reports will list each incident, the incident date and location, the type of incident, and status of investigation (if required). One report will group incidents by participant, so BAS can quickly identify participants with multiple incidents. The other report will group incidents by provider, so BAS can identify providers with an unusual number of incidents (either a high number or a low number, since the latter may indicate underreporting).

Remediation

BAS staff will conduct quarterly risk management meetings. Before each meeting, BAS staff will review monthly incident report data and the results of monitoring of SC notes for participants who have exhibited "very serious" or "extremely serious" challenging behaviors according to the most SIB-R assessment, or who have experienced a crisis episode in the past year.

BAS staff will analyze the data from that quarter and previous quarters to identify statewide and regional trends. During the meeting, staff will discuss identified trends, identify possible causes, and specify next steps for reducing participants' risk of abuse, neglect, or exploitation. Next steps may include:

- Communication with SCs, other providers, and/or participants to further understand an issue;
- Convening a group of representatives from Supports Coordination agencies, other providers, and participants to discuss systemic problems and possible solutions; or
- Corrective action for one or more providers that may include additional training and technical assistance, more intensive monitoring by BAS, and, if necessary, sanctions such as a suspension of new enrollment or termination of the provider agreement.

Each quarter, BAS will review information collected from the above discovery activities, including the information system reports and results of additional monitoring conducted during that quarter.

If the information indicates that there are issues in performance at the provider or regional level, BAS staff will first assess whether problems are system-wide or isolated to a particular provider or region. If there are multiple issues of performance, the BAS Director will set priorities regarding which issue to address first.

If problems are system-wide, the BAS Director or a designee will meet with individuals involved in the requirements that are not being met. The meetings will identify systemic issues that lead to inadequate performance and identify possible solutions such as staff training, technical assistance, more intensive monitoring, or process changes.

The BAS Director or designee will then develop a quality improvement strategy to address the issue. BAS will communicate this strategy through the reports designed to identify issues and actions.

If performance issues are isolated to only one region or provider, BAS will communicate with the responsible provider(s) to identify the reason for the issues in performance. In addition, BAS may interview participants, family members, and providers, and/or review additional records, as necessary.

The BAS Director or designee will determine corrective action based on the data collected and the previous performance of the provider. BAS will follow DPW policy regarding sanctions and, if warranted, disenrollment and termination of the provider agreement.

- **CONTACT INFORMATION FOR PROBLEMS/ISSUES**

Providers may contact BAS by leaving a message in the “Provider Questions” mailbox at the toll free number: 866-539-7689, or by emailing BAS at ra-odpautismwaiver@state.pa.us and by including “Provider” in the subject line.

- **PROVIDER MANUAL UPDATES**

Providers are responsible for being aware of and referencing the current version of this Provider Manual. Whenever it is revised, the Provider Manual will be made available at the BAS page of the DPW Web site, www.autisminpa.org and may be downloaded as a pdf document. BAS will notify waiver providers when a revised Provider Manual is posted.