

ADULT AUTISM WAIVER

PROVIDER MANUAL

APPENDICES

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APPENDIX A:
ADULT AUTISM WAIVER PROVIDER APPLICATION

**ADULT AUTISM WAIVER
PROVIDER APPLICATION**

1) NAME OF PROVIDER: _____

2) NAME OF CONTACT PERSON: _____

TITLE: _____

3) PROVIDER'S LEGAL ENTITY ADDRESS:

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

E-MAIL ADDRESS: _____

4) FEDERAL TAX ID: _____ **or** SOCIAL SECURITY NUMBER: _____

5) NATIONAL PROVIDER IDENTIFIER (NPI) Number (10 digits) _____ **and, if**
enrolled in the Medical Assistance Program, MASTER PROVIDER INDEX (MPI) number (9
digits) _____

6) NAME OF AUTISM WAIVER SERVICE TO BE PROVIDED:

(A separate Application must be completed for each service.)

7) PROVIDER TYPE(S) (2 digits) and SPECIALTY CODE(S) (3 digits) of entities and individuals who
will render services to be billed by the enrolled provider: _____

8) IF ALREADY ENROLLED IN THE MEDICAL ASSISTANCE PROGRAM, LIST ALL SERVICE
LOCATION CODE(S) (4 digits) FROM WHICH THE AUTISM WAIVER SERVICE WILL BE
PROVIDED: _____

9) LIST COUNTIES IN WHICH YOU INTEND TO PROVIDE THIS SERVICE:

10) IF THE SERVICE REQUIRES A LICENSE or CERTIFICATION, ATTACH A COPY TO THIS APPLICATION.

I CERTIFY, SUBJECT TO PENALTIES PROVIDED BY LAW, THAT THE INFORMATION ABOVE IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of Authorized Provider Representative

Date

Typed or Printed Name of Authorized Provider Representative

Title

APPENDIX B:
ADULT AUTISM WAIVER SUPPLEMENTAL PROVIDER
AGREEMENT

MEDICAL ASSISTANCE SUPPLEMENTAL PROVIDER AGREEMENT
ADULT AUTISM WAIVER

This Supplemental Provider Agreement sets forth the terms of participation in the Adult Autism Waiver, which are in addition to the terms of the Medical Assistance Provider Agreement:

1. The Provider shall participate in the Adult Autism Waiver and deliver the following Adult Autism Waiver service:
_____.
2. The Provider shall comply with all applicable Federal and State statutes and regulations as well as policies and announcements that pertain to participation in the Medical Assistance Program, including the Adult Autism Waiver.
3. The Provider shall deliver all services in compliance with all the requirements of the Adult Autism Waiver.
4. The Provider shall comply with the Provider Manual(s) issued by the Bureau of Autism Services (BAS) and any applicable service-specific provider manuals issued by the Office of Medical Assistance Programs.
5. The Provider shall comply with all qualifications, standards, and other requirements established by the Department of Public Welfare (Department) as outlined in the Adult Autism Waiver.
6. The Provider will be paid in accordance with the rates established by the Department and shall accept the established rate as payment in full for services.
7. The Provider assures that all employees of the Provider or individuals delivering services through individual service agreements with the Provider meet the qualifications, including required licenses, certifications, and training, required by the Adult Autism Waiver before services are delivered.
8. The Provider shall obtain criminal background checks for all employees that come into contact with Waiver Participants before services are delivered.
9. The Provider shall deliver services in accordance with a Waiver Participant's Individual Support Plan and, if the Participant has a Behavioral Support Plan and Crisis Intervention Plan, in accordance with those Plans.

10. If the Provider delivers services to a Waiver Participant that has a Behavioral Support Plan, the Provider shall collect data as directed by the Behavioral Specialist.
11. The Provider shall submit all reports or other data requested by the Supports Coordinator for reports or data needed for the Supports Coordinator to monitor the delivery of services.
12. The Provider shall have an emergency preparedness plan that assures the health and welfare of all Waiver Participants it serves in the event of an emergency.
13. The Provider shall comply with the Incident Management policy set forth in the Adult Autism Waiver.
14. The Provider shall submit all data requested by BAS within the time period specified by BAS.
15. The Provider shall comply with the requirements set forth in the Adult Autism Waiver for the use of restraints and restrictive interventions.
16. The Provider shall not use seclusion, as defined in the Adult Autism Waiver, for any reason.
17. The Provider shall not restrict a Waiver Participant's freedom of choice to be served by any qualified provider. The Provider of Supports Coordination shall provide each Waiver Participant with information on any qualified provider when requested
18. The Provider shall notify BAS if it believes that a Waiver Participant is no longer eligible for the Adult Autism Waiver.
19. The Provider shall certify that the services or items for which it claims payment were actually provided to the person identified as the Waiver Participant who received the services, and that all information submitted in support of the claim is true, accurate, and complete.
20. The Provider shall cooperate with any monitoring of services performed by BAS and develop and implement corrective actions plans in response to monitoring findings.
21. The Provider shall maintain all records necessary to fully describe the nature and extent of all services delivered to Waiver Participants.
22. The Provider shall make records available upon request to BAS, any Bureau within the Department including the Bureau of Program Integrity, any other Commonwealth Agency, and the United States Department of Health and Human Services.

23. The Provider shall cooperate with any audit and inspection of the Provider's records performed by the State or Federal government.
24. The Provider shall use the Home and Community Based Services Information System (HCSIS) to access the Waiver Participant's Individual Support Plan, Incident Management and as otherwise required in the Provider Manual issued by BAS.
25. The Provider shall use the Provider Reimbursement and Operations Management Information System (PROMISe) to submit claims for Adult Autism Waiver services and comply with all PROMISe and Medical Assistance billing requirements.
26. The Provider shall have automobile insurance for all automobiles owned, leased, or hired, if any automobiles are used in delivering services to a Waiver Participant.
27. The Provider shall make oral and written interpretation services available free of charge to each Waiver Participant who does not understand English and notify Waiver Participants that this service is available.
28. The effective date of this Agreement shall be the effective date that the Provider receives notification from PROMISe that it has been enrolled in the Adult Autism Waiver
29. This Agreement shall continue in effect until it is terminated by either BAS or the Provider upon 60 days' prior written notice to the other party.
30. All disputes concerning this Agreement shall be decided by the Department's Bureau of Hearings and Appeals.
31. The Provider assures that no director, officer, manager, consultant, agent employee, or volunteer of Provider's organization/facility has ever been convicted of a felony involving physical harm to a person which includes but is not limited to homicide, rape, aggravated assault, robbery, and arson.
32. The Provider assures that no director, officer, manager, consultant, agent employee, or volunteer of Provider's organization/facility has within the five years immediately preceding the date of Provider's enrollment in the Adult Autism Waiver, been convicted of a felony not involving physical harm to a person which includes but is not limited to grand theft, distribution of controlled substances, extortion, embezzlement, fraud, or burglary.

33. The Provider assures that no director, officer, manager, consultant, agent employee, or volunteer of Provider's organization/facility will receive any benefit as a result of any financial arrangement (such as owner-lease kickbacks) with a Waiver Participant, including but not limited to receiving gifts from the Waiver Participant or being named as the beneficiary on a Waiver Participant's life insurance policy.

By signing this Agreement, the Provider certifies that it agrees to comply with the terms of this Supplemental Provider Agreement, in addition to the terms of the Medical Assistance Provider Agreement.

Signature of Provider

Date

Printed Name of Provider

Title

APPENDIX C:
PROVIDER INFORMATION TABLE

Department of Public Welfare
Bureau of Autism Services
Adult Autism Waiver
Provider Information Table
Service Definitions, Rates, Codes and Qualifications

Department of Public Welfare
 Bureau of Autism Services
 Adult Autism Waiver Provider Information Table

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Bureau of Autism Services
Adult Autism Waiver Provider Information Table

<i>Waiver Service</i>	<i>Unit</i>	<i>Rate</i>	<i>Staffing</i>	<i>Provider Type</i>	<i>Provider Specialty</i>	<i>Procedure Code</i>	<i>Modifier Description</i>
Assistive Technology	Item			24	240	T2028SEU2 (Specialized Supply)	U2: Adult Autism Waiver
				24	241		SE: State & Federal Funding
				24	242	T2029SEU2 (Specialized Medical Equipment)	
				24	243		
				24	245		
				25	250		
				51	544		
				55	250		

Limitations

Max of \$10,000 Per a lifetime

Service Definition:

An item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve a participant’s communication, self-help, self-direction, and adaptive capabilities. This service also includes items necessary for life support and durable and non-durable medical equipment not available under the Medicaid state plan. Assistive technology service includes activities that directly support a participant in the selection, acquisition, or use of an assistive technology device, limited to:

- A. Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for participants;
- B. Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
- C. Coordination and use of necessary interventions or services with assistive technology devices, such as interventions or services associated with other services in the ISP;
- D. Training or technical assistance for the participant, or, where appropriate, the participant’s family members, guardian, advocate, authorized representative, or other informal support on how to use and/or care for the Assistive Technology;
- E. Training or technical assistance for professionals or other individuals who provide services to the participant on how to use and/or care for the assistive technology;
- F. Extended warranties; and
- G. Ancillary supplies and equipment necessary to the proper functioning of assistive technology devices, such as replacement batteries.

All items shall meet the applicable standards of manufacture, design, and installation. Items shall be specific to a participant’s individual needs and not be approved to benefit the public at large, staff, significant others, or family members. Items reimbursed with waiver funds shall not duplicate items covered under the Medicaid State Plan. If the participant receives Behavioral Specialist Services, Assistive Technology must be consistent with the participant’s behavioral support plan and crisis intervention plan. Assistive technology devices costing \$500 or more must be recommended by an independent evaluation of the participant’s assistive technology needs, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the participant on the customary environment of the participant. This service does not include the independent evaluation. Depending on the type of assistive technology, the evaluation may be conducted by an occupational therapist; a speech, hearing, and language therapist; a behavioral specialist; or another professional as approved in the ISP. Supports Coordinators may also recommend to BAS generalized assistive technology for the participant based on evaluation of participant request and documentation of need. The organization or professional providing the evaluation shall not be a related party to the Assistive Technology provider.

Qualifications:

There are two types of providers for Assistive Technology service, an independent vendor and a durable medical equipment supplier. An independent vendor must meet the applicable standards of manufacture, design, and installation for the items they provide under this waiver. Where as the durable medical equipment supplier must meet the requirements for Medicaid State Plan medical supplies providers specified in 55 PA Code Chapter 1123. The Bureau of Autism Services is responsible for verification of qualifications and will do so on a bi-annual basis.

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<i>Waiver Service</i>	<i>Unit</i>	<i>Rate</i>	<i>Staffing</i>	<i>Provider Type</i>	<i>Provider Specialty</i>	<i>Procedure Code</i>	<i>Modifier Description</i>
Behavioral Specialist	Unit (Develop Plan, FBA)	\$1,365.13	1:1	11	420 Behavioral Specialist	96150	
	15 min	\$17.06	1:1	11	420 Behavioral Specialist	96151HB	HB: Direct Service Age 21-64
						96151HC	HC: Direct Service Age 65+
						96151HT	HT: Consultation

Limitations

Service Definition:

This service provides specialized behavioral support for individuals who may demonstrate behavioral challenges because of limited social skills, limited communication skills, or impaired sensory systems. Behavioral Specialist Services provide specialized 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 will focus on positive behavior strategies incorporating a proactive understanding of behavior, rather than aversive or punishment strategies. The service includes both the development of an initial behavioral supports plan by the Behavioral Specialist and ongoing behavioral supports as follows:

1. Initial Plan Development: When services begin, the Behavioral Specialist Provider will:
 - Conduct a Functional Behavioral Assessment (FBA) of behavior and its causes, and an analysis of assessment findings of the behavior(s) to be targeted so that an appropriate behavioral support plan may be designed;
 - Develop an individualized, comprehensive behavioral support plan – a set of interventions to be used by people coming into contact with the participant to increase and improve the participant’s adaptive behaviors – consistent with the outcomes identified in the participant’s Individual Support Plan (ISP);
 - Develop a crisis intervention plan that will identify how crisis intervention support will be available to the participant, how the Supports Coordinator 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.
2. Ongoing Support: Upon completion of the initial plan, the Behavioral Specialist Provider will provide direct and consultative supports.
 - 2a. Direct supports include:
 - Training of and consultation with the participant in the purpose, objectives, methods, and documentation of the behavioral support plan or revisions of the plan
 - Training of and consultation with family members, friends, waiver providers and other support providers in the purpose, objectives, methods, and documentation of the behavioral support plan or revisions of the plan with the participant present; and
 - Crisis intervention supports provided directly to the participant in response to a behavioral episode manifesting itself by acute symptoms of sufficient severity such that a prudent layperson, who possesses an average knowledge of behavioral health and medicine, could reasonably expect the absence of immediate intervention to result in placing the participant and/or the persons around them in serious jeopardy including imminent risk of institutionalization or place the Participant in imminent risk of incarceration or result in the imminent damage to valuable property by the Participant.
 - 2b. Consultative supports include:
 - Training of and consultation with family members, friends, waiver providers and other support providers in the purpose, objectives, methods, and documentation of the behavioral support plan or revisions of the plan without the participant present;
 - Monitoring and analyzing data collected during the behavioral support plan implementation based on the goals of the behavioral support plan;
 - If necessary, modification of the behavioral support plan, possibly including a new Functional Behavioral Assessment, based on data analysis of the plan’s implementation; and
 - Crisis intervention supports provided to informal or formal caregivers in response to a behavioral episode manifesting itself by acute symptoms of sufficient severity such that a prudent layperson, who possesses an average knowledge of behavioral health and medicine, could reasonably expect the absence of immediate intervention to result in placing the

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participant and/or the persons around them in serious jeopardy including imminent risk of institutionalization or place the Participant in imminent risk of incarceration or result in the imminent damage to valuable property by the Participant.

The Behavioral Specialist Services provider will have a Behavioral Specialist available for crisis intervention support 24-hours a day, 7 days a week. The Behavioral Specialist on call for crisis response and the Supports Coordinator must have access to the person's crisis intervention plan. The Supports Coordinator will be responsible for ensuring that the participant's behavior support plan and crisis intervention plan are consistent with the participant's ISP, and will reconvene the planning team if there are any discrepancies. The Behavioral Specialist Services provider must notify the Supports Coordinator of any changes to the behavioral support plan or crisis intervention plan, and must update the Supports Coordinator on at least a monthly basis regarding the participant's progress toward the goals for this service. Behavioral Specialist Services are specific services necessary to address behavioral challenges resulting from autism spectrum disorders. Behavioral Specialist Services do not duplicate mental health services to treat mental illness that Medical Assistance provides through a 1915(b) waiver (Behavioral Health Choices).

Qualifications:

Behavioral Specialist Service will be provided through a Behavioral Specialist Services Agency that has signed a Medical Assistance Provider Agreement. The Behavioral Specialist employed by the agency to provide the service must have at least a Masters degree in Social Work, Psychology, Education, or a related human services field. They must also complete training in conducting and using a Functional Behavioral Assessment and in positive behavioral support. The training must be provided by either the Bureau of Autism Services or by an accredited college or university. If the Bureau of Autism Services did not provide this training, BAS must review and approve the course description. They also must complete required training developed by the Bureau of Autism Services regarding Behavioral Specialist Services for people with autism spectrum disorders. The Bureau of Autism Services is responsible for verification of qualifications and will do so on a bi-annual basis.

Department of Public Welfare
 Bureau of Autism Services
 Adult Autism Waiver Provider Information Table

<i>Waiver Service</i>	<i>Unit</i>	<i>Rate</i>	<i>Staffing</i>	<i>Provider Type</i>	<i>Provider Specialty</i>	<i>Procedure Code</i>
Community Inclusion – Agency Managed	15 min	\$7.93	1:1	51	510	W7201

Limitations

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

Service Definition:

Community Inclusion is designed to assist participants in acquiring, retaining, and improving communication, socialization, self-direction, self-help, and adaptive skills necessary to reside in the community. Community Inclusion facilitates the participant's social interaction; use of natural supports and typical community services available to all people; and participation in education and volunteer activities.

This service includes activities to improve the participant's capacity to perform activities of daily living (i.e., bathing, dressing, eating, mobility, and using the toilet) and instrumental activities of daily living (i.e., communication, survival skills, cooking, housework, shopping, money management, time management, and use of transportation). As necessary, Community Inclusion may include personal assistance in completing activities of daily living and instrumental activities of daily living. The intent of this service, however, is to reduce the need for direct personal assistance by improving the participant's capacity to perform these tasks independently. Community Inclusion provides on-site modeling of behavior, behavior support, intensive behavior episode intervention, training, cueing, and/or supervision.

Community Inclusion services must be necessary to achieve the expected outcomes identified in the participant's ISP. The Supports Coordinator must review this service at least quarterly, in conjunction with the participant, to assure that expected outcomes are met and to modify the ISP as necessary. The review must include an assessment of the participant's progress, identification of needs, and plans to address those needs. If the participant receives Behavioral Specialist Services, this service includes implementation of the behavioral support plan and, if necessary, the crisis intervention plan. The service includes collecting and recording the data necessary to support review of the ISP and the behavioral support plan.

This service may be furnished in a participant's home and at other community locations, such as libraries or stores. The cost of transportation provided by staff to and from Community Inclusion activities is included in the rate paid to the program provider. Community Inclusion may not be provided at the same time that quarter hourly-reimbursed Respite, Day Habilitation, Transitional Work Services, or Supported Employment service is provided.

Qualifications:

Community Inclusion services will be provided through a Community Inclusion agency that has signed a Medical Assistance Provider Agreement. The Community Inclusion staff must be 18 or older, has a high school diploma or equivalent and completed all required training developed by the Bureau of Autism Services for people with autism spectrum disorder. The Community Inclusion Agency must have automobile insurance for all automobiles owned, leased, and/or hired used as a component of this service. The Bureau of Autism Services is responsible for verification of qualifications and will do so on a bi-annual basis.

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<i>Waiver Service</i>	<i>Unit</i>	<i>Rate</i>	<i>Staffing</i>	<i>Provider Type</i>	<i>Provider Specialty</i>	<i>Procedure Code</i>
Community Transition Services	Item			55	551	T2038
<i>Limitations</i>						
Max of \$4,000 per lifetime						
<i>Service Definition:</i>						
<p>Community Transition Services are non-recurring set-up expenses for individuals who are transitioning from an institution to private residence where the person is directly responsible for his or her living expenses. Institutions include ICF/MR, ICF/ORC, nursing facilities, and psychiatric hospitals where the participant has resided for at least 90 consecutive days. Allowable expenses are those necessary to enable an individual to establish his or her basic living arrangement that do not constitute room and board. Community Transition Services are limited to the following:</p> <ul style="list-style-type: none"> • Essential furnishings and initial supplies (Examples: household products, dishes, chairs, and tables); • Moving expenses; • Security deposits or other such one-time payments that are required to obtain or retain a lease on an apartment or home; • Set-up fees or deposits for utility or service access (Examples: telephone, electricity, heating); and • Personal and environmental health and welfare assurances (Examples: pest eradication, allergen control, one-time cleaning prior to occupancy). <p>Community Transition Services are furnished only to the extent that they are reasonable and necessary as determined through the service plan development process; clearly identified in the service plan, and the person is unable to meet such expense, or when the services cannot be obtained from other sources. Community Transition Services do not include monthly rental or mortgage expense; food, regular utility charges; and/or household appliances or items that are intended for purely diversional/recreational purposes.</p>						
<i>Qualifications:</i>						
Community Transition Services will be provided by a Supports Coordination Agency that has signed a Medical Assistance Provider Agreement. Expenses incurred for Community Transition Services are authorized and billed by agencies that meet the standards for the Supports Coordination service. All individuals providing services must meet all local and state requirements for this service. All items and services shall be provided according to applicable state and local standards of manufacture, design, and installation. The Bureau of Autism Services is responsible for verification of qualifications and will do so on a bi-annual basis.						

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<i>Waiver Service</i>	<i>Unit</i>	<i>Rate</i>	<i>Staffing</i>	<i>Provider Type</i>	<i>Provider Specialty</i>	<i>Procedure Code</i>
Day Habilitation	15 min	\$1.05	>1:6	51	514	W7063
	15 min	\$1.32	<1:6 – 1:3.5			W7064
	15 min	\$2.79	<1:3.5 – >1: 1			W7065
	15 min	\$6.28	1:1			W7066

Limitations

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

Service Definition:

Day Habilitation is provided in adult training facilities licensed under 55 PA Code Chapter 2380. Day Habilitation provides individualized assistance with acquiring, retaining, and improving communication, socialization, self-direction, self-help, and adaptive skills necessary to reside in the community. This service includes activities to improve the participant’s capacity to perform activities of daily living (i.e., bathing, dressing, eating, mobility, and using the toilet) and instrumental activities of daily living (i.e., communication, survival skills, cooking, housework, shopping, money management, time management, and use of transportation). Day Habilitation provides on-site modeling of behavior, behavior support, intensive behavior episode intervention, training, cueing, and/or supervision.

Day Habilitation can include personal assistance in completing activities of daily living and instrumental activities of daily living. The intent of this service, however, is to reduce the need for direct personal assistance by improving the participant’s capacity to perform these tasks independently. This service includes assistance with medication administration and the performance of health-related tasks to the extent state law permits. This service also includes transportation to and from the facility and during day habilitation activities necessary for the individual's participation in those activities. These transportation costs are assumed in the rate for this service. Day Habilitation services must be necessary to achieve the expected outcomes identified in the participant’s ISP. The Supports Coordinator must review this service at least quarterly, in conjunction with the participant, to assure that expected outcomes are met and to modify the ISP as necessary. The review must include an assessment of the participant’s progress, identification of needs, and plans to address those needs. If the participant receives Behavioral Specialist Services, this service includes implementation of the behavioral support plan and, if necessary, the crisis intervention plan. The service includes collecting and recording the data necessary to support review of the ISP and the behavioral support plan.

Day Habilitation is normally furnished for up to 6 hours a day, five days per week on a regularly scheduled basis. Day Habilitation does not include services that are funded under the Rehabilitation Act of 1973 or the Individuals with Disabilities Education and Improvement Act. The Supports Coordinator must review the need for this service quarterly. Day Habilitation may not be provided to a participant during the same hours that Supported Employment, Transitional Work Services, quarter hourly-reimbursed Respite, or Community Inclusion is provided.

Total combined hours for Community Inclusion, Day Habilitation, Supported Employment, and Transitional Work Services are limited to 50 hours in a calendar week. Participants living in the community should be able to have their needs met within the 50 hour limitation on the combination of Community Integration, Day Habilitation, Supported Employment, and Transitional Work Services. A participant whose needs exceed 50 hours a week will be evaluated by BAS to determine if the participant’s health and welfare cannot be assured within the 50 hour limitation. If the participant’s health and welfare cannot be assured, the Supports Coordinator will explore the following to ensure health and welfare:

- Accessing additional natural supports (e.g., assistance of family or local community organizations);
- Seeking services through non-waiver resources such as State Plan services or local community agencies; or
- Accessing residential habilitation services.

Qualifications:

Adult Training Facilities that have signed a Medical Assistance Provider Agreement will provide Day Habilitation. The Adult Training Facilities must hold a Title 55 PA Code Chapter 2380 License. The Day Habilitation staff must be 18 or older, has a high school diploma or equivalent and completed all required training developed by the Bureau of Autism Services for people with autism spectrum disorder. The Adult Training Facility must have automobile insurance for all automobiles owned, leased, and or hired used as a component of this service. The Bureau of Autism Services is responsible for verification of qualifications and will do so on a bi-annual basis.

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<i>Waiver Service</i>	<i>Unit</i>	<i>Rate</i>	<i>Staffing</i>	<i>Provider Type</i>	<i>Provider Specialty</i>	<i>Procedure Code</i>
Environmental Modifications	Item			55	543	W7067
<i>Limitations</i>						
Max Limit of \$20,000 per lifetime						
<i>Service Definition:</i>						
<p>These are physical adaptations to the participant's home outlined in the participant's ISP which are necessary to ensure the health and welfare of the participant and/or to enable the participant to function with greater independence in the home. If the participant receives Behavioral Specialist Services, modifications must be consistent with the participant's behavioral support plan and crisis intervention plan.</p> <p>Adaptations are limited to:</p> <ul style="list-style-type: none"> A. Alarms and motion detectors on doors, windows, and/or fences; B. Brackets for appliances; C. Locks; D. Modifications, including vehicle modifications, needed to accommodate an individual's special sensitivity to sound, light or other environmental conditions, E. Outdoor gates and fences; F. Plexiglas windows; G. Raised electrical switches and sockets; and H. Home or vehicle adaptations for participants with physical disabilities, such as ramps, grab-bars, widening of doorways, or modification of bathroom facilities. <p>Environmental Modifications may not be provided in homes or vehicles owned by a provider. Environmental Modifications costing over \$1,000 must be recommended by an independent evaluation of the participant's needs, including a functional evaluation of the impact of the modification on the participant's environment. This service does not include the independent evaluation. Depending on the type of modification, the evaluation may be conducted by an occupational therapist; a speech, hearing, and language therapist; a behavioral specialist; or another professional as approved in the ISP. The organization or professional providing the evaluation shall not be a related party to the Environmental Modifications provider.</p>						
<i>Qualifications:</i>						
<p>Environmental Modification Services can be provided by two entities both of which are independent vendors. The provider can be an independent vendor agency or individual. Either must meet all applicable state and local licensure requirements. All modifications shall meet applicable standards of manufacture, design, and installation. Services shall be provided in accordance with applicable state and local building codes. The Bureau of Autism Services is responsible for verification of qualifications and will do so on a bi-annual basis.</p>						

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<i>Waiver Service</i>	<i>Unit</i>	<i>Rate</i>	<i>Staffing</i>	<i>Provider Type</i>	<i>Provider Specialty</i>	<i>Procedure Code</i>	<i>Modifier Description</i>
Family Counseling	15 min	\$14.19	1:1	19	425 Autism Certified Psychologist	90846SE (Without Participant Present) 90847SE (With Participant Present)	(SE: State & Federal Funding)
				11	421 Autism Social Worker	H0046SE for all PT11	
				11	422 Autism Marriage & Family Therapist		
				11	423 Autism Professional Counselor		
				11	424 Autism Counseling Agency		

Limitations

Max Limit of 20 hours per year with the year starting on the date of the ISP authorization.

Service Definition:

This service provides caregiver counseling for the participant’s family and informal network to develop and maintain healthy, stable relationships among all caregivers, including family members, in order to support the participant. Emphasis is placed on the acquisition of coping skills by building upon family strengths. Counseling services are intended to increase the likelihood that the participant will remain in or return to the family’s home. The waiver may not pay for services for which a third party, such as the family members’ health insurance, is liable. Family Counseling services do not duplicate mental health services to treat mental illness that Medical Assistance provides through a 1915(b) waiver (Behavioral Health Choices).

Family Counseling must be necessary to achieve the expected outcomes identified in the participant’s ISP. The Family Counseling provider must update the Supports Coordinator on at least a quarterly basis regarding progress toward the goals for the Family Counseling service. If the participant receives Behavioral Specialist Services, the Family Counseling provider must provide this service in a manner consistent with the participant’s behavioral support plan and crisis intervention plan.

The amount of this service is limited to 20 hours in a year, with the year starting on the ISP authorization date. This limitation generally would not impact participant’s health and welfare. In the event that family counseling services would be needed beyond the above limits in order to assure health and welfare, based on the family’s request or provider assessment that additional services would be needed, the Supports Coordinator will convene an ISP meeting of the participant, and other team members to explore alternative resources to assure the participant’s health and welfare through other supports and services as outlined in Appendix D Provider Specifications.

Qualifications:

Only a counseling agency can provide Family Counseling services through this waiver. The provider licensure qualifications required are as follows:

- Psychologist-Title 49 PA Code Chapter 41
- Social Worker-Title 49 PA Code Chapter 47
- Marriage and Family Therapist-Title 49 PA Code Chapter 48
- Professional Counselor-Title 49 PA Code Chapter 49

Also, the provider must complete required training developed by the Bureau of Autism Services regarding services for people with autism spectrum disorder. The Bureau of Autism Services is responsible for verification of qualifications and will do so on a bi-annual basis.

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<i>Waiver Service</i>	<i>Unit</i>	<i>Rate</i>	<i>Staffing</i>	<i>Provider Type</i>	<i>Provider Specialty</i>	<i>Procedure Code</i>
Family Training	15 min	\$9.71	1:1	51	535	W7062
<i>Limitations</i>						
Max Limit of 20 hours per year with the year starting on the date of the ISP authorization.						
<i>Service Definition:</i>						
<p>Family Training is a service available to develop expertise in the participant’s family and informal care network so that caregivers can help the participant acquire, retain, or improve skills that directly improve the individual’s ability to live independently. Training is limited to the following areas of expertise: communication skills, stress reduction, self-direction, daily living skills, socialization, and environmental adaptation. This service does not include training in the use assistive technology devices, which is included in the Assistive Technology service. This service also does not include the training necessary for family members to carry out the behavioral support plan or crisis intervention plan, which is included in Behavioral Specialist Services.</p> <p>Family Training must be necessary to achieve the expected outcomes identified in the participant’s ISP. The Family Training provider must update the Supports Coordinator on at least a quarterly basis regarding progress toward the goals for the Family Training service. The Supports Coordinator will ensure Family Training does not duplicate training to the family that is provided under Behavioral Specialist Services. If the participant receives Behavioral Specialist Services, the Family Training provider must provide this service in a manner consistent with the participant’s behavioral support plan and crisis intervention plan.</p>						
<i>Qualifications:</i>						
<p>Either a family training agency or a family training provider who have signed a Medical Assistance Provider Agreement can provide Family Training Services. Individuals furnishing this service must have at least three years experience working directly with people with autism spectrum disorder and have at least a Bachelor’s degree in Education, Psychology, Social Work, or another related social science. The Bureau of Autism Services is responsible for verification of qualifications and will do so on a bi-annual basis.</p>						

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<i>Waiver Service</i>	<i>Unit</i>	<i>Rate</i>	<i>Staffing</i>	<i>Provider Type</i>	<i>Provider Specialty</i>	<i>Procedure Code</i>
Job Assessment	Unit	\$755.01	1:1	53	531	W7071

Limitations

Service Definition:

Job Assessment and Finding provides support necessary to obtain paid or volunteer work in the community by participants receiving waiver services, including job assessment and job development. Ongoing services may be provided under the Supported Employment service, or may not be necessary if the participant obtains competitive employment. Job Assessment and Finding may be provided concurrent with Supported Employment if the participant wants to obtain a better job while continuing to work.

Job Assessment: the provider will find suitable employment based on a situational vocational assessment that includes:

- Conducting a review of the participant’s work history, interests, and skills that results in recommendations for employment and, if necessary, training;
- Identifying jobs in the community that match the participant’s interests, abilities, and skills; and
- Situational assessments (job tryouts) to assess the participant’s interest and aptitude in a particular type of job

If the participant receives Behavioral Specialist Services, this service includes implementation of the behavioral support plan and, if necessary, the crisis intervention plan. This service includes collecting and recording the data necessary to support review of the Individual Support Plan and the behavioral support plan. Documentation is maintained in the file of each individual receiving this service to satisfy state assurances that the service does not include services which are otherwise available to the participant under the Rehabilitation Act of 1973, as amended, or Individuals with Disabilities Education and Improvement Act (IDEA).

Qualifications:

A Job Finding Agency who has signed a Medical Assistance Provider Agreement can provide services for Job Assessment and Finding. Individuals furnishing this service must have at least a Bachelor’s degree in Education, Psychology, Social Work, or other related social sciences and also completed required training developed by the Bureau of Autism Services regarding services for people with autism spectrum disorders, including training in providing a situational vocational assessment. Job Finding Agencies must have automobile insurance for all automobiles owned, leased, and/or hired used as a component of this service. The Bureau of Autism Services is responsible for verification of qualifications and will do so on a bi-annual basis.

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<i>Waiver Service</i>	<i>Unit</i>	<i>Rate</i>	<i>Staffing</i>	<i>Provider Type</i>	<i>Provider Specialty</i>	<i>Procedure Code</i>
Job Finding	Unit	\$453.01	1:1	53	530	W7077
Limitations						
Max of 1 unit per 30 days						
Service Definition:						
<p>Job Assessment and Finding provides support necessary to obtain paid or volunteer work in the community by participants receiving waiver services, including job assessment and job development. Ongoing services may be provided under the Supported Employment service, or may not be necessary if the participant obtains competitive employment. Job Assessment and Finding may be provided concurrent with Supported Employment if the participant wants to obtain a better job while continuing to work.</p> <p>Job Finding: assistance in identifying and securing a job that fits the participant's preferences and employer's needs, based on data obtained during the situational assessments. A successful outcome is defined as a permanent job placement where the participant has worked for at least 30 calendar days.</p> <p>If the participant receives Behavioral Specialist Services, this service includes implementation of the behavioral support plan and, if necessary, the crisis intervention plan. This service includes collecting and recording the data necessary to support review of the Individual Support Plan and the behavioral support plan. Documentation is maintained in the file of each individual receiving this service to satisfy state assurances that the service does not include services which are otherwise available to the participant under the Rehabilitation Act of 1973, as amended, or Individuals with Disabilities Education and Improvement Act (IDEA).</p>						
Qualifications:						
A Job Finding Agency who has signed a Medical Assistance Provider Agreement can provide services for Job Assessment and Finding. Individuals furnishing this service must have at least a Bachelor's degree in Education, Psychology, Social Work, or other related social sciences and also completed required training developed by the Bureau of Autism Services regarding services for people with autism spectrum disorders, including training in providing a situational vocational assessment. Job Finding Agencies must have automobile insurance for all automobiles owned, leased, and/or hired used as a component of this service. The Bureau of Autism Services is responsible for verification of qualifications and will do so on a bi-annual basis.						

<i>Waiver Service</i>	<i>Unit</i>	<i>Rate</i>	<i>Staffing</i>	<i>Provider Type</i>	<i>Provider Specialty</i>	<i>Procedure Code</i>	<i>Modifier Description</i>
Nutritional Consultation	15 min	\$11.24	1:1	23	230	S9470SE	SE: State & Fed. Funding
Limitations							
Service Definition:							
Nutritional Consultation provides assistance to participants with an identified food allergy, food sensitivity, or a serious nutritional deficiency. Nutritional Consultation assists the participant and/or their families and caregivers in developing a diet and planning meals that meet the participant's nutritional needs while avoiding any problem foods that have been identified by a physician. If the participant receives Behavioral Specialist Services, the services delivered must be consistent with the participant's behavioral support plan and crisis intervention plan. This service does not include the purchase of food.							
Qualifications:							
Either a Dietician-Nutritionist or a Dietician-Nutritionist agency that has signed a Medical Assistance Provider Agreement can provide nutritional consultations. A Dietician-Nutritionist must carry a Title 49 PA Code Chapter 21, subpart G license and also complete required training developed by the Bureau of Autism Services regarding services for people with autism spectrum disorders. The Bureau of Autism Services is responsible for verification of qualifications and will do so on a bi-annual basis.							

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Waiver Service	Unit	Rate	Staffing	Provider Type	Provider Specialty	Procedure Code
Residential Habilitation – Community Home	Day	\$126.19	Light	52	521	W7228
	Day	\$151.19	Limited			W7229
	Day	\$201.18	Extensive			W7230
	Day	\$402.35	Intensive			W7231
	Day	\$475.51	Intensive+			W7232
Residential Hab. Community Home Ineligible (State funded only Room & Board)	Day	\$22.33	All staffing levels above.	52	521	W7233
Residential Habilitation – Family Living Home	Day	\$92.64	Low	52	522	W7052
	Day	\$122.85	High			W7053
Residential Hab. Family Living Home Ineligible (State Funded only Room & Board)	Day	\$10.00	Staffing levels for Low and High	52	522	W7234

Limitations

1 unit billed per day

Service Definition:

Residential habilitation assists individuals for up to 24 hours a day in acquiring, retaining, and improving the communication, socialization, self-direction, self-help, and adaptive skills necessary to reside in the community. This service also includes any necessary assistance in performing activities of daily living (i.e., bathing, dressing, eating, mobility, and using the toilet) and instrumental activities of daily living (i.e., communication, survival skills, cooking, housework, shopping, money management, time management, and use of transportation). The intent of this service, however, is to reduce the need for direct personal assistance by improving the participant’s capacity to perform these tasks independently. This service includes transportation to community activities not included in the Medicaid State Plan or other services in this waiver. Transportation costs are built into the rate for this service. Residential Habilitation does not include payment for room or board.

Residential Habilitation services must be necessary to achieve the expected outcomes identified in the participant’s ISP. The Supports Coordinator must review this service at least quarterly, in conjunction with the participant, to assure that expected outcomes are met and to modify the ISP as necessary. The review must include an assessment of the participant’s progress, identification of needs, and plans to address those needs.

Residential Habilitation is provided in a licensed facility not owned by the participant or a family member. Residential Habilitation is provided in two types of licensed facilities:

- Community Homes (Group Settings) licensed under Title 55 Pennsylvania Code Chapter 6400; and
- Family Living Homes licensed under Title 55 Pennsylvania Code Chapter 6500.

If the participant receives Behavioral Specialist Services, this service includes implementation of the behavioral support plan and, if necessary, the crisis intervention plan. Residential Habilitation includes collecting and recording the data necessary to support review of the Individual Support Plan and the behavioral support plan.

Qualifications:

Either Family Living Provider or a Residential Provider (Community Home) that has signed a Medical Assistance Provider Agreement will provide Residential Habilitation Services. The Family Living Provider must hold a Title 55 PA Code Chapter 6500 License and the Residential Provider (Community Home) must hold a Title 55 Pa Code Chapter 6400 License. All Residential Habilitation staff must be 18 or older, have a high school diploma or equivalent, completed all required training developed by the Bureau of Autism Services for people with autism spectrum disorder, and meet all requirements for the licensure of the facility. The Residential Habilitation facilities must have automobile insurance for all automobiles owned, leased, and or hired used as a component of this service. The Bureau of Autism Services is responsible for verification of qualifications and will do so on a bi-annual basis.

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<i>Waiver Service</i>	<i>Unit</i>	<i>Rate</i>	<i>Staffing</i>	<i>Provider Type</i>	<i>Provider Specialty</i>	<i>Procedure Code</i>
Respite – Agency Managed In Home	15 min	\$5.20		51	512	W7213
<i>Limitations</i>						
Total limit for all respite is \$6240 per year starting on the authorization date of the ISP						
<i>Service Definition:</i>						
<p>Respite provides planned or emergency short-term relief to a participant’s unpaid caregiver when the caregiver is temporarily unavailable to provide supports due to non-routine circumstances. Respite may be provided either in or out of the participant’s home. Respite services facilitate the participant’s social interaction, use of natural supports and typical community services available to all people, and participation in volunteer activities.</p> <p>This service includes activities to improve the participant’s capacity to perform activities of daily living (i.e., bathing, dressing, eating, mobility, and using the toilet) and instrumental activities of daily living (i.e., communication, survival skills, cooking, housework, shopping, money management, time management, and use of transportation). Respite includes on-site modeling of behavior, behavior support, intensive behavior episode intervention, training, cueing, and/or supervision. To the degree possible, the respite provider must maintain the participant’s schedule of activities.</p> <p>If the participant receives Behavioral Specialist Services, this service includes implementation of the behavioral support plan and, if necessary, the crisis intervention plan. The service includes collecting and recording the data necessary to support review of the Individual Support Plan and the behavioral support plan. Respite services are not available to people who receive Residential Habilitation. Respite services may not be provided at the same time that Community Inclusion, Day Habilitation, Supported Employment, or Transitional Work Services is provided. This service does not include room and board when delivered in the participant’s home. Respite services when provided outside the home in a licensed residential setting include room and board. Respite is provided as follows:</p> <ul style="list-style-type: none"> • In the participant’s home or out of the home in units of 15 minutes. <ul style="list-style-type: none"> Intended to provide short-term respite. • Respite does not include room and board when provided in the participant’s home. • Out of the home in units of a day which is defined as 10 or more hours of out of home respite. Intended to provide overnight respite. Respite services when provided outside the home in a licensed residential setting include room and board. 						
<i>Qualifications:</i>						
<p>Three types of facilities can provide Respite services: Family Living Home, Community Home, and a Respite Provider Agency. All of which must have a signed Medical Assistance Provider Agreement and have the required license (if applicable):</p> <ul style="list-style-type: none"> Family Living Home: Title 55 PA Code Chapter 6500 Community Home: Title 55 PA Code Chapter 6400 <p>For all provider types the staff must be at least 18 years or older, have a high school diploma or equivalent, and must complete all required trainings developed by the Bureau of Autism Services regarding people with autism spectrum disorders. The Bureau of Autism Services is responsible for verification of qualifications and will do so on a bi-annual basis.</p>						

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<i>Waiver Service</i>	<i>Unit</i>	<i>Rate</i>	<i>Staffing</i>	<i>Provider Type</i>	<i>Provider Specialty</i>	<i>Procedure Code</i>
Respite – Agency Managed Out of Home (Day)	Day	\$198.28		51	513	W7211

Limitations

Total limit for all respite is \$6240 per year starting on the authorization date of the ISP

Service Definition:

Respite provides planned or emergency short-term relief to a participant’s unpaid caregiver when the caregiver is temporarily unavailable to provide supports due to non-routine circumstances. Respite may be provided either in or out of the participant’s home. Respite services facilitate the participant’s social interaction, use of natural supports and typical community services available to all people, and participation in volunteer activities.

This service includes activities to improve the participant’s capacity to perform activities of daily living (i.e., bathing, dressing, eating, mobility, and using the toilet) and instrumental activities of daily living (i.e., communication, survival skills, cooking, housework, shopping, money management, time management, and use of transportation). Respite includes on-site modeling of behavior, behavior support, intensive behavior episode intervention, training, cueing, and/or supervision. To the degree possible, the respite provider must maintain the participant’s schedule of activities.

If the participant receives Behavioral Specialist Services, this service includes implementation of the behavioral support plan and, if necessary, the crisis intervention plan. The service includes collecting and recording the data necessary to support review of the Individual Support Plan and the behavioral support plan. Respite services are not available to people who receive Residential Habilitation. Respite services may not be provided at the same time that Community Inclusion, Day Habilitation, Supported Employment, or Transitional Work Services is provided. This service does not include room and board when delivered in the participant’s home. Respite services when provided outside the home in a licensed residential setting include room and board. Respite is provided as follows:

- In the participant’s home or out of the home in units of 15 minutes.
 Intended to provide short-term respite.
- Respite does not include room and board when provided in the participant’s home.
- Out of the home in units of a day which is defined as 10 or more hours of out of home respite. Intended to provide overnight respite. Respite services when provided outside the home in a licensed residential setting include room and board.

Qualifications:

Three types of facilities can provide Respite services: Family Living Home, Community Home, and a Respite Provider Agency. All of which must have a signed Medical Assistance Provider Agreement and have the required license (if applicable):

Family Living Home: Title 55 PA Code Chapter 6500

Community Home: Title 55 PA Code Chapter 6400

For all provider types the staff must be at least 18 years or older, have a high school diploma or equivalent, and must complete all required trainings developed by the Bureau of Autism Services regarding people with autism spectrum disorders. The Bureau of Autism Services is responsible for verification of qualifications and will do so on a bi-annual basis.

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<i>Waiver Service</i>	<i>Unit</i>	<i>Rate</i>	<i>Staffing</i>	<i>Provider Type</i>	<i>Provider Specialty</i>	<i>Procedure Code</i>
Respite – Agency Managed Out of Home (15 min)	15 min (up to 10hrs)	\$4.96		51	513	W7212

Limitations

Total limit for all respite is \$6240 per year starting on the authorization date of the ISP

Service Definition:

Respite provides planned or emergency short-term relief to a participant’s unpaid caregiver when the caregiver is temporarily unavailable to provide supports due to non-routine circumstances. Respite may be provided either in or out of the participant’s home. Respite services facilitate the participant’s social interaction, use of natural supports and typical community services available to all people, and participation in volunteer activities.

This service includes activities to improve the participant’s capacity to perform activities of daily living (i.e., bathing, dressing, eating, mobility, and using the toilet) and instrumental activities of daily living (i.e., communication, survival skills, cooking, housework, shopping, money management, time management, and use of transportation). Respite includes on-site modeling of behavior, behavior support, intensive behavior episode intervention, training, cueing, and/or supervision. To the degree possible, the respite provider must maintain the participant’s schedule of activities.

If the participant receives Behavioral Specialist Services, this service includes implementation of the behavioral support plan and, if necessary, the crisis intervention plan. The service includes collecting and recording the data necessary to support review of the Individual Support Plan and the behavioral support plan. Respite services are not available to people who receive Residential Habilitation. Respite services may not be provided at the same time that Community Inclusion, Day Habilitation, Supported Employment, or Transitional Work Services is provided. This service does not include room and board when delivered in the participant’s home. Respite services when provided outside the home in a licensed residential setting include room and board.

Respite is provided as follows:

- In the participant’s home or out of the home in units of 15 minutes.
 - Intended to provide short-term respite.
- Respite does not include room and board when provided in the participant’s home.
- Out of the home in units of a day which is defined as 10 or more hours of out of home respite. Intended to provide overnight respite. Respite services when provided outside the home in a licensed residential setting include room and board.

Qualifications:

Three types of facilities can provide Respite services: Family Living Home, Community Home, and a Respite Provider Agency. All of which must have a signed Medical Assistance Provider Agreement and have the required license (if applicable):

Family Living Home: Title 55 PA Code Chapter 6500

Community Home: Title 55 PA Code Chapter 6400

For all provider types the staff must be at least 18 years or older, have a high school diploma or equivalent, and must complete all required trainings developed by the Bureau of Autism Services regarding people with autism spectrum disorders. The Bureau of Autism Services is responsible for verification of qualifications and will do so on a bi-annual basis.

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Supported Employment	15 min	\$8.43	1:1	53	531	W7200
<i>Limitations</i>						
Total combined hours for Community Inclusion, Day Habilitation, Supported Employment and Transitional Work Services are limited to 50 hours/calendar week						
<i>Service Definition:</i>						
<p>Supported Employment provides ongoing assistance in developing the communication, socialization, self-direction, self-help, and adaptive skills necessary to maintain employment in a community setting. This service provides ongoing assistance in maintaining employment. The Job Finding service is available to help participants identify and obtain a position of employment. Supported Employment services are provided for persons who, because of their disability, need intensive ongoing support to perform in a work setting. The intent of this service is to reduce the need for assistance by improving the participant's capacity to work independently.</p> <p>Payment will be made only for the support and training of the participants receiving waiver services as a result of their disabilities. Payment will not be made for supervisory activities rendered as a normal part of the business setting nor will payment be made for adaptations employers would be expected to provide for other employees not receiving supported employment. The cost of transportation provided by staff to and from job sites is included in the rate paid to the program provider.</p> <p>Supported Employment must be necessary to achieve the expected outcomes identified in the participant's ISP. The Supports Coordinator must review this service at least quarterly, in conjunction with the participant, to assure that expected outcomes are met and to modify the ISP as necessary. The review must include an assessment of the participant's progress, identification of needs, and plans to address those needs. It is the participant and supported employment services provider's responsibility to notify the Supports Coordinator of any changes in the employment activities.</p> <p>If the participant receives Behavioral Specialist Services, this service includes implementation of the behavioral support plan and, if necessary, the crisis intervention plan. This service includes collecting and recording the data necessary to support review of the Individual Support Plan and the behavioral support plan. Documentation is maintained in the file of each individual receiving this service to satisfy state assurances that the service does not include services which are otherwise available to the participant under the Rehabilitation Act of 1973, as amended, or Individuals with Disabilities Education and Improvement Act (IDEA). Supported Employment may not be provided at the same time that quarter hourly-reimbursed Respite, Day Habilitation, Community Inclusion, or Transitional Work Services is provided.</p>						
<i>Qualifications:</i>						
Supported Employment Agencies are the only agencies able to provide Supported Employment services as long as they have signed a Medical Assistance Provider Agreement. The staff must be at least 18 years or older, have a high school diploma or equivalent, and must complete all required trainings developed by the Bureau of Autism Services regarding people with autism spectrum disorders. The Supported Employment Agency must have automobile insurance for all automobiles owned, leased, and /or hired used as a component of this service. The Bureau of Autism Services is responsible for verification of qualifications and will do so on a bi-annual basis.						

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Supports Coordination – Initial Plan Development	1 Unit	\$250.15	1:1	21	214	W7199

Limitations

Service Definition:

Supports Coordination involves the location, coordination, and monitoring of needed services and supports. The Supports Coordinator will assist participants in obtaining and coordinating needed waiver and other State plan services, as well as housing, medical, social, vocational, and other community services, regardless of funding source. The Supports Coordinator will have a maximum caseload of 35 waiver participants, including participants in other Pennsylvania waivers, unless the requirement is waived by BAS.

The coordination of services includes the following:

- 1) Assessments to inform service planning, including:
 - a) The Scales of Independent Behavior-Revised (SIB-R) to assess each individual’s strengths and needs regarding independent living skills and adaptive behavior;
 - b) For participants living with family members, the Parent Stress Scale to evaluate the total stress a family caregiver feels based on the combination of the participants’ and parents’ characteristics; and
 - c) Assessment information on the Individual Support Plan form regarding the person’s desired goals and health status

The Supports Coordinator will complete the SIB-R and Parent Stress Scale in advance of the initial ISP development and at least annually thereafter. The assessment information on the ISP form will be completed when the ISP is completed, and reviewed along with the rest of the ISP.

- 2) The development of an initial Individual Support Plan (ISP). The Supports Coordinator will use a person centered planning approach to help the planning team develop a comprehensive ISP to meet the participant’s identified needs in the least restrictive manner possible. The planning team will include the Supports Coordinator, the participant, and other individuals the participant chooses. The Supports Coordinator will also ensure participant choice of providers by providing information to ensure participants make fully informed decisions. If the participant receives Behavioral Specialist Services, the Supports Coordinator will ensure the participant’s behavioral support plan and crisis intervention plan are consistent with the ISP, and reconvene the planning team if necessary;
- 3) Supports Coordination includes ongoing monitoring of the services included in the participant’s ISP. As specified in Appendix H, the Supports Coordinator will meet the participant in person no less than quarterly 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. In addition, the Supports coordinator will contact the participant, his or her guardian, or a representative designated by the participant in the ISP at least monthly, or more frequently as necessary to ensure the participant’s health and welfare. These contacts may be also be made in person. The Supports Coordinator will reconvene the planning team to conduct a comprehensive review of the ISP at least annually. At least annually, the Supports Coordinator also will collect information to inform level of care reevaluations by ODP staff.
- 4) Supports Coordination furnished to individuals who received Medicaid-funded institutional services (i.e., ICF/MR, ICF/ORC, nursing facility, and people age 65 or older in an Institution for Mental Disease) and who lived in an institution for at least 90 consecutive days prior to their transition to the waiver. Supports Coordination activities for people leaving institutions must be coordinated with and must not duplicate institutional discharge planning.

The State assures that this waiver is in compliance with all applicable case management rules. A participant may not receive both Supports Coordination and case management under the Medicaid State Plan. If a person is eligible for State Plan case management, the participant may choose between State Plan case management and Supports Coordination. If the person chooses State Plan case management, BAS staff will perform any Supports Coordination tasks described in this waiver that are outside the scope of the State Plan case management service. If a participant refuses Supports Coordination services, BAS staff will perform the Supports Coordination tasks described in this waiver. Supports Coordination Agencies must use HCSIS to maintain case records that document the following for all individuals receiving Supports Coordination:

1. The name of the individual.
2. The dates of the Supports Coordination services.
3. The name of the provider agency (if relevant) and the person providing the Supports Coordination.
4. The nature, content, units of the case management services received and whether goals specified in the ISP have been

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- achieved.
5. Whether the individual has declined services in the ISP.
 6. The need for, and occurrences of, coordination with other Supports Coordinators or case managers.
 7. A timeline for obtaining needed services.
 8. A timeline for reevaluation of the ISP.

Qualifications:

Only Support Coordination Agencies can provide Supports Coordination Services. The Support Coordination Agency must have a signed Medical Assistance Provider Agreement. The staff must have at least a Bachelor's degree in Education, Psychology, Social Work, or other related social sciences, have either 1) at least three years experience providing case management for people with disabilities or 2) at least three years experience working with people with autism spectrum disorders, they also must complete required training developed by Bureau of Autism Services for Supports Coordination for people with autism spectrum disorders, including training in needs assessment and per-centered planning. The Supports Coordination agency may not provide any other waiver service with the exception of Community Transition services or have a fiduciary relationship with waiver service providers. The Bureau of Autism Services is responsible for verification of qualifications and will do so on a bi-annual basis.

<i>Waiver Service</i>	<i>Unit</i>	<i>Rate</i>	<i>Staffing</i>	<i>Provider Type</i>	<i>Provider Specialty</i>	<i>Procedure Code</i>
Supports Coordination – On-going	15 min	\$10.42	1:1	21	214	T2024

Limitations

Service Definition:

Supports Coordination involves the location, coordination, and monitoring of needed services and supports. The Supports Coordinator will assist participants in obtaining and coordinating needed waiver and other State plan services, as well as housing, medical, social, vocational, and other community services, regardless of funding source. The Supports Coordinator will have a maximum caseload of 35 waiver participants, including participants in other Pennsylvania waivers, unless the requirement is waived by BAS.

The coordination of services includes the following:

- 1) Assessments to inform service planning, including:
 - a) The Scales of Independent Behavior-Revised (SIB-R) to assess each individual's strengths and needs regarding independent living skills and adaptive behavior;
 - b) For participants living with family members, the Parent Stress Scale to evaluate the total stress a family caregiver feels based on the combination of the participants' and parents' characteristics; and
 - c) Assessment information on the Individual Support Plan form regarding the person's desired goals and health status

The Supports Coordinator will complete the SIB-R and Parent Stress Scale in advance of the initial ISP development and at least annually thereafter. The assessment information on the ISP form will be completed when the ISP is completed, and reviewed along with the rest of the ISP.

- 2) The development of an initial Individual Support Plan (ISP). The Supports Coordinator will use a person centered planning approach to help the planning team develop a comprehensive ISP to meet the participant's identified needs in the least restrictive manner possible. The planning team will include the Supports Coordinator, the participant, and other individuals the participant chooses. The Supports Coordinator will also ensure participant choice of providers by providing information to ensure participants make fully informed decisions. If the participant receives Behavioral Specialist Services, the Supports Coordinator will ensure the participant's behavioral support plan and crisis intervention plan are consistent with the ISP, and reconvene the planning team if necessary;
- 3) Supports Coordination includes ongoing monitoring of the services included in the participant's ISP. As specified in Appendix H, the Supports Coordinator will meet the participant in person no less than quarterly 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. In addition, the Supports coordinator will contact the participant, his or her guardian, or a representative designated by the participant in the ISP at least monthly, or more frequently as necessary to ensure the participant's health and welfare. These contacts may be also be made in person. The Supports Coordinator will reconvene the planning team to conduct a comprehensive review of the ISP at least annually. At least annually, the Supports Coordinator also will collect information to inform level of care reevaluations by ODP staff.

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- 4) Supports Coordination furnished to individuals who received Medicaid-funded institutional services (i.e., ICF/MR, ICF/ORC, nursing facility, and people age 65 or older in an Institution for Mental Disease) and who lived in an institution for at least 90 consecutive days prior to their transition to the waiver. Supports Coordination activities for people leaving institutions must be coordinated with and must not duplicate institutional discharge planning.

The State assures that this waiver is in compliance with all applicable case management rules. A participant may not receive both Supports Coordination and case management under the Medicaid State Plan. If a person is eligible for State Plan case management, the participant may choose between State Plan case management and Supports Coordination. If the person chooses State Plan case management, BAS staff will perform any Supports Coordination tasks described in this waiver that are outside the scope of the State Plan case management service. If a participant refuses Supports Coordination services, BAS staff will perform the Supports Coordination tasks described in this waiver. Supports Coordination Agencies must use HCSIS to maintain case records that document the following for all individuals receiving Supports Coordination:

1. The name of the individual.
2. The dates of the Supports Coordination services.
3. The name of the provider agency (if relevant) and the person providing the Supports Coordination.
4. The nature, content, units of the case management services received and whether goals specified in the ISP have been achieved.
5. Whether the individual has declined services in the ISP.
6. The need for, and occurrences of, coordination with other Supports Coordinators or case managers.
7. A timeline for obtaining needed services.
8. A timeline for reevaluation of the ISP.

Qualifications:

Only Support Coordination Agencies can provide Supports Coordination Services. The Support Coordination Agency must have a signed Medical Assistance Provider Agreement. The staff must have at least a Bachelor's degree in Education, Psychology, Social Work, or other related social sciences, have either 1) at least three years experience providing case management for people with disabilities or 2) at least three years experience working with people with autism spectrum disorders, they also must complete required training developed by Bureau of Autism Services for Supports Coordination for people with autism spectrum disorders, including training in needs assessment and per-centered planning. The Supports Coordination agency may not provide any other waiver service with the exception of Community Transition services or have a fiduciary relationship with waiver service providers. The Bureau of Autism Services is responsible for verification of qualifications and will do so on a bi-annual basis.

Department of Public Welfare
 Bureau of Autism Services
 Adult Autism Waiver Provider Information Table

<i>Waiver Service</i>	<i>Unit</i>	<i>Rate</i>	<i>Staffing</i>	<i>Provider Type</i>	<i>Provider Specialty</i>	<i>Procedure Code</i>
Temporary Crisis Services	15 min	\$7.93	1:1	51	536	W7236
<i>Limitations</i>						
540 hours max per 12 month period (2160 units)						
<i>Service Definition:</i>						
<p>Temporary Crisis services provides additional staff in the short term at a time of crisis for a participant when it has been determined that the participant's health and welfare is in jeopardy and existing supports and services cannot be provided without additional staff assistance. This service is intended for those unforeseen circumstances, which trigger a need for a time limited increase in support.</p> <p>Temporary Crisis services staff will support the family and the existing services of Community Inclusion, Residential, Day Habilitation, and Family Living Home in stabilizing and implementing the Behavior Support Plan. The need for the Temporary Crisis services will be determined by the BAS team based on information and documentation from the Supports Coordinator, the Behavioral Specialist and other members of the ISP team including the participant and family.</p> <p>The BAS team will review the continued need for the Temporary Crisis services staff based on data and information received from the SC, Behavior Specialist, participant and other team members, including the family, at least weekly. When it has been determined by the Behavior Specialist and other team members that the participant has been stabilized, the Temporary Crisis services staff services will cease.</p> <p>This service may be furnished in a participant's home and at other community locations where the participant is receiving supports and services in order to assist in transitioning from a crisis status and assure health and welfare.</p>						
<i>Qualifications:</i>						
<p>Four types of provider agencies are permitted to provide services for Temporary Crisis Services: Residential Habilitation Provider, Day Habilitation Provider, Family Living Home Provider, and Community Inclusion Agency; all of which must have signed a Medical Assistance Provider Agreement. Temporary Crisis services staff must be at least 18 years or older, have a high school diploma or equivalent, and must have completed required training developed by the Bureau of Autism Services regarding services for people with autism spectrum disorders. All Temporary Crisis agencies provider staff must have automobile insurance for all automobiles owned, leased, and/or hired used as a component of this service. The Bureau of Autism Services is responsible for verification of qualifications and will do so on a bi-annual basis.</p>						

Department of Public Welfare
 Bureau of Autism Services
 Adult Autism Waiver Provider Information Table

<i>Waiver Service</i>	<i>Unit</i>	<i>Rate</i>	<i>Staffing</i>	<i>Provider Type</i>	<i>Provider Specialty</i>	<i>Procedure Code</i>	<i>Modifier Description</i>
Occupational Therapy	15 min	\$14.29	1:1	17	171	T2025GO, U2	GO: Occupational Therapy Plan of Care U2: Adult Autism Waiver
Limitations							
State plan must first be exhausted							
Service Definition:							
Therapies are services provided by health care professionals that enable individuals to increase or maintain their ability to perform activities of daily living. Occupational therapy must be based on documentation of a prescription for a specific therapy program by a physician. Occupational therapy can include independent evaluations of a participant's assistive technology or environmental modification needs, as described in the definitions of Assistive Technology and Environmental Modifications.							
Qualifications:							
The individual who provides this service must be licensed under Title 49 PA Code; Chapter 42 at the time the service is delivered and has completed training developed by the Bureau of Autism Services regarding services for people with autism spectrum disorder. An Occupational Therapy Agency or individual must have a signed Medical Assistance Provider Agreement. The Bureau of Autism Services is responsible for verification of qualifications and will do so on a bi-annual basis.							

<i>Waiver Service</i>	<i>Unit</i>	<i>Rate</i>	<i>Staffing</i>	<i>Provider Type</i>	<i>Provider Specialty</i>	<i>Procedure Code</i>	<i>Modifier Description</i>
Speech Therapy	15 min	\$13.83	1:1	17	173	T2025GN, U2	GN: Speech Pathology U2: Adult Autism Waiver
Limitations							
State plan must first be exhausted							
Service Definition:							
Therapies are services provided by health care professionals that enable individuals to increase or maintain their ability to perform activities of daily living. Speech/language therapy may be provided by a licensed speech therapist or certified audiologist upon examination and recommendation by a certified or certification-eligible audiologist or a licensed speech therapist.							
Qualifications:							
The individual who provides this service must be licensed under Title 49, PA Code; Chapter 45 (speech therapist) or Title 49, PA Code; Chapter 45 (audiologist) at the time the service is delivered and has completed training developed by the Bureau of Autism Services regarding services for people with autism spectrum disorder. A Speech/Language Therapy Agency or individual must have a signed Medical Assistance Provider Agreement. The Bureau of Autism Services is responsible for verification of qualifications and will do so on a bi-annual basis.							

Department of Public Welfare
 Bureau of Autism Services
 Adult Autism Waiver Provider Information Table

<i>Waiver Service</i>	<i>Unit</i>	<i>Rate</i>	<i>Staffing</i>	<i>Provide Type</i>	<i>Provider Specialty</i>	<i>Procedure Code</i>	<i>Modifier Description</i>
Counseling	15 min	\$15.82	1:1	19	425 Autism Certified Psychologist	T2025HE	HE: Informational, Mental Health
	15 min	\$15.82	1:1	31	426 Autism Certified Psychiatrist	T2025HE	HE: Informational, Mental Health

Limitations

Service Definition:

Therapies are services provided by health care professionals that enable individuals to increase or maintain their ability to perform activities of daily living. Providers of therapies deliver services directly to the individual receiving services. The need for counseling will be documented by a written assessment by a qualified professional in the individual's support plan. These assessments are also subject to federal and state financial participation under the waiver.

Qualifications:

The individual who provides this service must be either a licensed psychologist under Title 49, PA Code; Chapter 41 or psychiatrist under Title 49, PA Code; Chapter 17 and is also required to complete training developed by the Bureau of Autism Services regarding services for people with autism spectrum disorder. A Counseling Therapy Agency or individual must have a signed Medical Assistance Provider Agreement. The Bureau of Autism Services is responsible for verification of qualifications and will do so on a bi-annual basis.

Department of Public Welfare
Bureau of Autism Services
Adult Autism Waiver Provider Information Table

<i>Waiver Service</i>	<i>Unit</i>	<i>Rate</i>	<i>Staffing</i>	<i>Provider Type</i>	<i>Provider Specialty</i>	<i>Procedure Code</i>
Transitional Work Services	15 min	\$1.62	<1:6 ->1:3.5	51	516	W7239
		\$3.27	<1:3.5 - >1:1			W7241

Limitations

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

Service Definition:

Transitional Work Services provide community employment opportunities in which the participant is working alongside other people with disabilities. The intent of this service is to support individuals in transition to integrated, competitive employment. Transitional Work Services may not be provided in a facility subject to Title 55, Chapter 2380 or Chapter 2390 regulations. Transitional Work Services do not include Supported Employment services. Transitional work service options include: mobile work force, workstation in industry, affirmative industry, and enclave. A Mobile Work Force uses teams of individuals, supervised by a training/job supervisor, who conduct service activities away from an agency or facility. The provider agency contracts with an outside organization or business to perform maintenance, lawn care, janitorial services, or similar tasks and the individuals are paid by the provider. A Work Station in Industry involves individual or group training of individuals at an industry site. Training is conducted by a provider training/job supervisor or by a representative of the industry, and is phased out as the individual(s) demonstrate job expertise and meet established production rates. Affirmative Industry is operated as an integrated business, where disabled and non-disabled employees work together to carry out the job functions of the business. Enclave is a business model where disabled individuals are employed by a business/industry to perform specific job functions while working alongside non-disabled workers.

Transitional Work Services must be necessary to achieve the expected outcomes identified in the participant's ISP. The Supports Coordinator must review this service at least quarterly, in conjunction with the participant, to assure that expected outcomes are met, to ensure the participant is aware of employment options, and to modify the ISP as necessary. The review must include an assessment of the participant's progress, identification of needs, and plans to address those needs. It is the participant and services provider's responsibility to notify the Supports Coordinator of any changes in the employment activities and to provide the Supports Coordinator with copies of the referenced evaluation. The cost of transportation provided by staff to and from job sites is included in the rate paid to the program provider.

If the participant receives Behavioral Specialist Services, this service includes implementation of the behavioral support plan and, if necessary, the crisis intervention plan. The service includes collecting and recording the data necessary to support review of the Individual Support Plan and the behavioral support plan.

Documentation is maintained in the file of each individual receiving this service to satisfy state assurances that the service does not include services, which are otherwise available to the participant under the Rehabilitation Act of 1973, as amended, or Individuals with Disabilities Education and Improvement Act (IDEA). Transitional Work Services may not be provided at the same time that quarter hourly-reimbursed Respite, Day Habilitation, Community Inclusion, or Supported Employment service is provided.

Qualifications:

Transitional Work Services will be provided through a Transitional Work Services agency that has signed a Medical Assistance Provider Agreement. The Transitional Work Services staff must be 18 or older, has a high school diploma or equivalent and completed all required training developed by the Bureau of Autism Services for people with autism spectrum disorder. The Transitional Work Services Agency must have automobile insurance for all automobiles owned, leased, and or hired used as a component of this service. The Bureau of Autism Services is responsible for verification of qualifications and will do so on a bi-annual basis.

APPENDIX D:
INTERIM INCIDENT REPORTING PROCESS

WHAT DOES THE INTERIM INCIDENT REPORTING PROCESS REQUIRE?

Incident Categories and Time Frames

In order to be consistent with Incident Management reporting in HCSIS, the interim reporting requirements include the same reportable incidents, incident categories and time frames as described in the section titled Incident Management – Provider Reporting Requirements.

What is the interim process?

The Bureau of Autism Services developed an interim incident reporting process that mirrors the HCSIS incident reporting process. Along with the first section and final sections of the Individual report, separate supplemental incident report forms are required for Hospitalizations, Crisis Events, Restraints, Medication Errors, Death and Certified Investigator summaries. All incident reporting forms were designed for consistent data capture and data comparison between incident report data collected during the interim process and data collected in HCSIS (when available).

Incident Report forms can be downloaded from the Department of Public Welfare, Bureau of Autism Services website (www.autisminpa.org). The forms are in Word format and can be completed and emailed to the Adult Autism Waiver email box, ra-odpautismwaiver@state.pa.us (please include “INCIDENT REPORT” in the subject line and send with “High Importance”).

Consistent with the HCSIS reports, the Individual Incident Report, Crisis Event Report, and Restraint Report have a first section and a final section. In addition, if an incident involves a hospitalization or death, those supplemental forms must also be completed and submitted. (See Appendix G for copies of all interim Incident Management Reporting Forms.)

The chart below describes the reporting requirements:

Incident/Event	What to Complete
Individual Incident	<ul style="list-style-type: none"> • If the incident is an individual incident in a category other than Restraint, Crisis Event or Medication Error, complete the Incident Report form <ul style="list-style-type: none"> • Complete the first section of the report and submit within 24 hours of discovery/recognition of the incident • Complete the final section within 30 days and submit • If the incident involved the death of a participant, the supplemental death report must be completed. • If the incident involves hospitalization, complete the supplemental hospitalization report. • If the incident required an investigation, the Certified Investigator must complete the supplemental Certified

	Investigator Summary Report.
Restraint	<ul style="list-style-type: none"> • If the incident/event is the result of the use of restraint, complete the Restraint form • Complete the first section of the report within 24 hours and submit • Complete the final section within 30 days and submit • If the restraint resulted in another incident, complete both the Restraint Form and the Incident Report form
Crisis Event	<ul style="list-style-type: none"> • If the incident/event is the result of a Crisis Event, complete the Crisis Event form • Complete the first section of the report within 24 hours and submit • Complete the final section of the report within 30 days and submit • If the Crisis Event resulted in another incident, complete both the Crisis Event report and an Incident Report Form
Medication Error	<ul style="list-style-type: none"> • If the incident/event is a Medication Error complete the Medication Error form within 72 hours of discovery or recognition of the error • If the Medication Error resulted in another incident, complete both the Medication Error form and an Incident Report Form

The Bureau of Autism Services will communicate any changes to the interim reporting process to the Supports Coordination agencies and Providers.

WHAT ARE THE INCIDENT CATEGORIES THAT QUALIFY AS AN INDIVIDUAL INCIDENT?

Combinations that Qualify as Individual Incidents	
Primary Category	Secondary Category
Abuse	Improper or unauthorized use of restraint
Abuse	Physical
Abuse	Psychological
Abuse	Sexual
Abuse	Verbal
Abuse	Seclusion
Death	Other
Death	Provider Operated Setting
Crisis Event	None
Disease Reportable to the Department of Health	None
Emergency Room Visit	Behavioral
Emergency Room Visit	Illness-new
Emergency Room Visit	Injury accidental

Combinations that Qualify as Individual Incidents	
Emergency Room Visit	Injury individual to individual
Emergency Room Visit	Injury resulting from restraint
Primary Category	Secondary Category
Emergency Room Visit	Injury self inflicted
Emergency Room Visit	Injury staff to individual
Emergency Room Visit	Injury unexplained
Emergency Room Visit	Injury, other
Emergency Room Visit	Psychiatric
Emergency Room Visit	Illness-chronic / recurring
Hospitalization	Illness
Hospitalization	Injury accidental
Hospitalization	Injury individual to individual
Hospitalization	Injury resulting from restraint
Hospitalization	Injury self inflicted
Hospitalization	Injury staff to individual
Hospitalization	Injury unexplained
Hospitalization	Illness-new
Hospitalization	Illness-chronic / recurring
Hospitalization	Elective surgery
Hospitalization	Elective medical procedure
Individual To Individual Abuse	Physical
Individual To Individual Abuse	Psychological
Individual To Individual Abuse	Sexual
Individual To Individual Abuse	Verbal
Injury Requiring Treatment Beyond First Aid	Injury accidental
Injury Requiring Treatment Beyond First Aid	Injury individual to individual
Injury Requiring Treatment Beyond First Aid	Injury resulting from restraint
Injury Requiring Treatment Beyond First Aid	Injury self inflicted
Injury Requiring Treatment Beyond First Aid	Injury staff to individual
Injury Requiring Treatment Beyond First Aid	Injury unexplained
Injury Requiring Treatment Beyond First Aid	Injury, other
Injury Requiring Treatment Beyond First Aid	Toxic reaction
Missing Person	None
Misuse of Funds	Staff to Individual
Misuse of Funds	Individual to Individual
Misuse of Funds	Other
Neglect	Failure to provide needed care
Neglect	Failure to provide other needed supervision
Neglect	Failure to provide protection from hazards
Neglect	Leaving individual(s) unattended
Neglect	Other
Psychiatric Hospitalization	Admitted Involuntary changed to Voluntary
Psychiatric Hospitalization	Admitted Voluntary changed to

Combinations that Qualify as Individual Incidents	
	Involuntary
Psychiatric Hospitalization	Involuntary
Primary Category	Secondary Category
Psychiatric Hospitalization	Voluntary
Restraints	
Rights Violation	None
Suicide Attempt	ER Treatment
Suicide Attempt	Hospital
Suicide Attempt	Other

WHAT ARE INCIDENT CATEGORIES THAT QUALIFY AS A SITE LEVEL INCIDENT?

Combinations that qualify as Site Level Incidents	
Primary Category	Secondary Category
Fire	Carbon Monoxide/Gas/etc. Alarm
Fire	Fire personnel response to false alarm/cooking
Fire	Fire personnel response to false alarm/fire drill
Fire	Fire personnel response to false alarm/malfunction
Fire	Fire personnel response to false alarm/unknown
Fire	Fire requiring relocation/closure
Fire	Fire with property damage
Fire	Fire without property damage
Fire	Other
Law Enforcement Activity	Crisis Intervention
Law Enforcement Activity	Employee/Caregiver
Law Enforcement Activity	Individual charged with a crime/under police investigation
Law Enforcement Activity	Individual victim of crime
Law Enforcement Activity	Moving violation
Law Enforcement Activity	Site crimes (vandalism, break-in)
Law Enforcement Activity	Volunteer
Emergency Closure	None

Department Of Public Welfare
 Bureau of Autism Services
 Incident Management Report Form

First Section – Submit within 24 hours

Date Report Completed		First Section Complete			Final Section Complete		
	Yes		No		Yes		No

Individual Name	Individual Address

Phone Number	Region	Program (Waiver / ACAP)

Provider Name	Provider Address

Initial Reporter Name	Initial Reporter's Title

Incident Point Person	Point Person's Title

Date & Time of Incident	Classification of Incident (Primary)	Classification of Incident (Secondary) (if applicable)

Investigation Required	Assigned Certified Investigator (If Yes - Investigator Must Complete the Certified

Restraint?	Restraint - If Yes Please Explain And Complete The Restraint Report Form

Was the incident a result of a crisis event?

Department Of Public Welfare
Bureau of Autism Services
Incident Management Report Form

Actions Taken

Description of Incident

Department Of Public Welfare
 Bureau of Autism Services
 Incident Management Report Form

Final Section – Submit within 30 days

Individual Name	Individual Address

Phone Number	Region	Program (Waiver / ACAP)

Second Section Completed within 30 Days	
Yes	No

Were there any witnesses?	
Yes	No

Witness Name	Relation to Individual	Telephone Number
Witness Name	Relation to Individual	Telephone Number

Person Notified	Relation to Individual	Telephone Number
Person Notified	Relation to Individual	Telephone Number

Hospitalization as a result of the incident? (If Yes Complete the Hospitalization Form)	Death as a result of the incident? (If Yes Complete the Death Report Form)
Yes	No
Yes	No

Additional Incident Information

Corrective Action

Completion/Expected Completion Date	Responsible Party with Phone Number

Department of Public Welfare
 Bureau of Autism Services
 Crisis Event Report Form

Original IM ID: (BAS Use Only)	
Consumer's First Name:	
Consumer's Last Name:	
Consumer's Date of Birth	

Crisis Event Point Person's First Name:	
Crisis Event Point Person's Last Name:	

Provider Location:	
Crisis Event Recognized/Discovered Date:	
Crisis Event Recognized/Discovered Time:	

Names of Staff and Individuals Present

	Phone

Criteria of Crisis Event (Check all that apply)			
	Danger to Self		Danger to Property
	Danger to Others		Other (Please explain in Additional Comments)

Description of Behavior

Antecedent of Behavior

Additional Comments

Department of Public Welfare
 Bureau of Autism Services
 Crisis Event Report Form

Behavioral Specialist and/or Supports Coordinator Notified?
Immediate Staff Action:
Describe Action

Date of Team Meeting	Was there a revision to the Behavioral Specialist Plan?		
		Yes	No
If Yes - What changes were made?			
Corrective Action (Other):			
Completed/Expected Completion Date:	Responsible Party's Name:	Responsible Party Phone Number	

Department of Public Welfare
Bureau of Autism Services
Restraint Report Form

Original IM Report ID:	
Participant's First Name:	
Participant's Last Name:	
Participant's Birth Date:	

Reporting Entity:			
Provider Location:			
Point Person's First Name:			
Point Person's Last Name:			
Point Person's Phone Number:			
Secondary Category:			
<input type="checkbox"/> Chemical	<input type="checkbox"/> Physical	<input type="checkbox"/> Mechanical	
Restraint Agent:			
Date (MM/DD/YYYY):		Time In (HH:MM AM/PM):	Time Out (HH:MM AM/PM):
Antecedent:			
Restraint Reason and Description:			
Authorizing Staff (First Name):		Authorizing Staff (Last Name):	
Part of an Approved Plan?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was a prone (face down) position used during this restraint?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was an Incident Report filed as a result of this restraint?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Person Completing This Form:		Phone Number:	

Final Section

Were there people present to the incident		<input type="checkbox"/> Yes	<input type="checkbox"/> No
People Present (First Name):		People Present (Last Name):	
Relationship		Phone Number	
People Present (First Name):		People Present (Last Name):	
Relationship		Phone Number	
People Present (First Name):		People Present (Last Name):	
Relationship		Phone Number	
People Present (First Name):		People Present (Last Name):	
Relationship		Phone Number	

Department of Public Welfare
Bureau of Autism Services
Restraint Report Form

Antecedent Information

Description of the event that precipitated the event:

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Department Of Public Welfare
Bureau of Autism Services
Incident Management
Certified Investigator's Report Form

Original IM ID: (BAS Use Only)

Participant's First Name:	<input type="text"/>
Participants Last Name:	<input type="text"/>
Participant's Date of Birth:	<input type="text"/>

Certified Investigator's First Name:	<input type="text"/>
Certified Investigator's Last Name:	<input type="text"/>
Certified Investigator's Phone Number:	<input type="text"/>

Date Certified Investigator was assigned:	<input type="text"/>
Date of Incident:	<input type="text"/>

Persons Questioned by Certified Investigator include Phone #:

<input type="text"/>

Summary of Findings:

<input type="text"/>

Date Investigation was Complete:

Recommendations:

<input type="text"/>

Signature of Certified Investigator:	<input type="text"/>
Date of Signature:	<input type="text"/>

Department of Public Welfare
Bureau of Autism Services
Hospitalization Report Form

Original IM ID (BAS Only)	
----------------------------------	--

Participant's First Name:	
Participant's Last Name:	
Participant's Birth Date:	

Date of Admission					
Hospital Name:					
Admitting diagnosis:					
	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>				

Hospital Course

What occurred during the hospitalization? Include follow-up or referral information (Check all that apply):

Special Studies (e.g. CT, MRI, colonoscopy, bronchoscopy, etc)	
Swallowing Study	
Admission to ICU/CCU	
Treatment on a Ventilator	
Restraint use (physical, mechanical or chemical)	
Seclusion	
IV Therapy	
Therapy	
O2/Respiratory Therapy	
Medication Review	
Other	
If Other, please specify:	

Discharge (If the individual is still hospitalized after 30 days, file a Report Extension)

Actual Date of Discharge					
Discharge Diagnosis:					
	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>				

What changed for this person after discharge? (Select all that apply)

New Medication	
New Treatment	
New Instructions on when to Contact the Health Care Practitioner	
Wound Care	
New Equipment	
New Medical Condition	
Modification of ISP	
Modification of the Behavioral Support Plan	
New Psychotherapy	
Deceased	
Transferred to another Facility	
No Changes	

Department of Public Welfare
 Bureau of Autism Services
 Hospitalization Report Form

Describe the person's current status (select all that apply):

Change in functional level-higher than before hospitalization	
Change in functional level-no change from before hospitalization	
New health status-temporary condition that will get better	
New health status-progressively deteriorating condition	
New health status permanent condition, not changing	
New health status-terminal condition	

Was a follow-up appointment scheduled for post hospitalization with the medical professional? (Select all that apply)

Personal Care Practitioner (PCP)	
Admitting Physician	
Surgeon	
Specialist	
Outpatient Psychiatrist	
Admitting Psychiatrist	
None	

Add additional information not captured above:

Name of the person completing this form	Phone Number

Department of Public Welfare
Bureau of Autism Services
Death Information Report Form

Original IM ID: (BAS USE ONLY):

Participant's First Name:
Participant's Last Name:
Participant's Birth Date:

Date of Death (mm/dd/yyyy)

Was the individual in hospice care? **Yes** **No**

Did the individual have a diagnosed terminal illness? **Yes** **No**

Was a "Do No Resuscitate" in effect? **Yes** **No**

Was a coroner contacted? **Yes** **No**

Was an autopsy performed or will an autopsy be performed? **Yes** **No**

Please indicate what supplemental information exists for this report (forward hard copies of the available documents to the BAS Regional Office):

Copy of Death Certificate	<input type="checkbox"/>
Autopsy Report	<input type="checkbox"/>
Discharge Summary	<input type="checkbox"/>
Results of Most Recent Physical Exam	<input type="checkbox"/>
Results of Most Recent Health and Medical Assessments	<input type="checkbox"/>
Other Documentation	<input type="checkbox"/>

If Other, Please Specify:

Was there a hospitalization for this individual? **Yes** **No**

Name of the person completing this form	Phone Number
<input type="text"/>	<input type="text"/>