



**OFFICE OF DEVELOPMENTAL PROGRAMS  
BUREAU OF AUTISM SERVICES**

# Adult Autism Waiver Participant Handbook

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This **Participant Handbook** gives you important information about the Adult Autism Waiver (AAW). You should keep it in a safe place so you can look back at it if you have questions or concerns about your waiver services. From time to time, you may get new information or forms that can be added to the handbook.

You will also find in this handbook:

- What you should expect as a participant in the AAW.
- Your rights and responsibilities.
- Contact information for the Bureau of Autism Services (BAS), which is responsible for managing the AAW.
- Samples of important documents. (You may already have filled out some of those documents, but they are in this handbook in case you did not keep a copy.)

Please contact your Supports Coordinator or BAS if you have questions or concerns about the AAW program.

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## Chapter 1: About the Bureau of Autism Services

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### A. Background

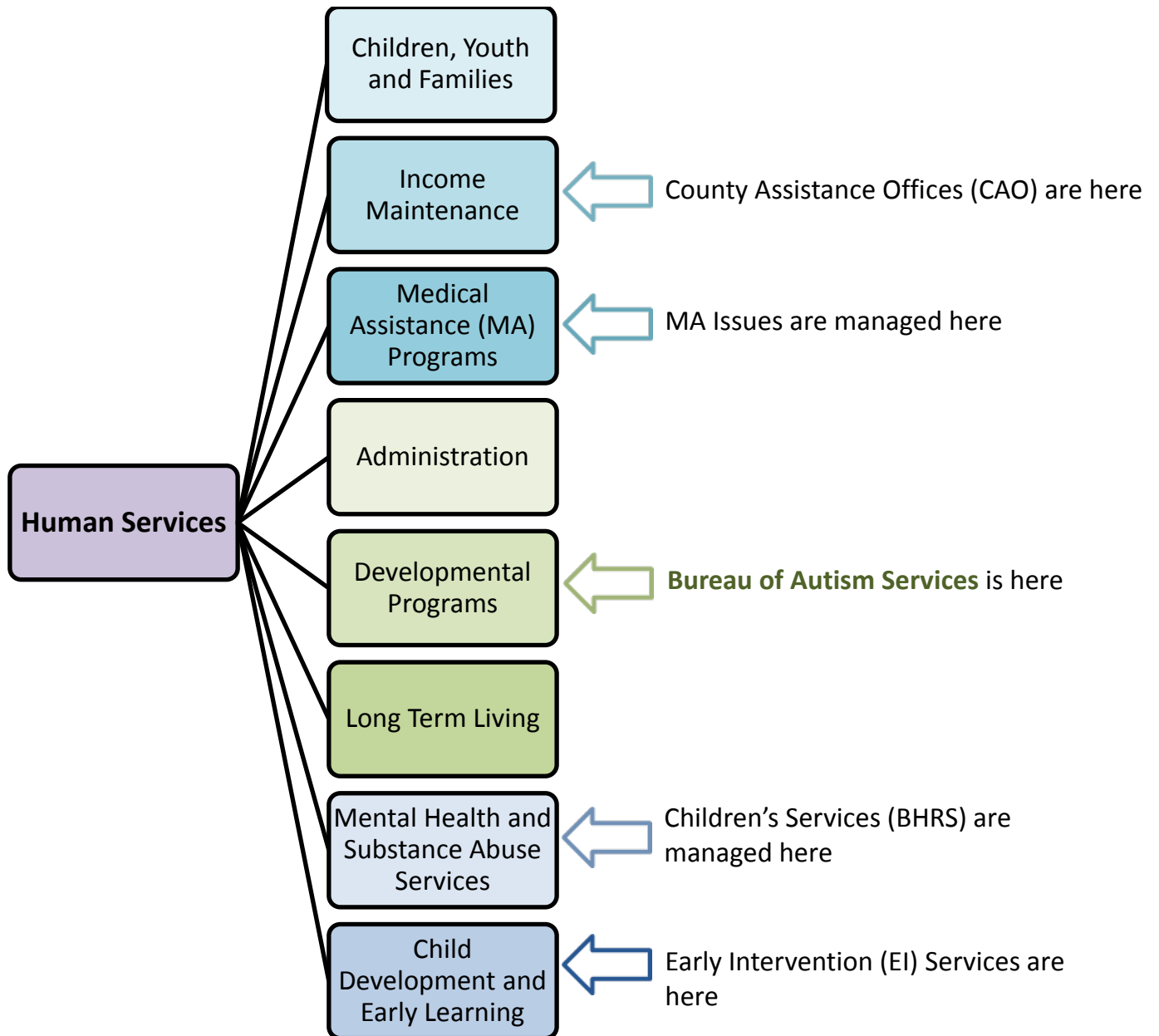
In 2003 the Secretary of Pennsylvania's Department of Public Welfare (now called the Department of Human Services or DHS) created a task force to develop a plan to help people with autism and make Pennsylvania a national model of excellent service for people with autism. This task force was made up of over 250 people. The people on the task force included family members of people with autism, service providers, teachers, and others.

The Bureau of Autism Services (BAS) was created in 2007. BAS is part of DHS's Office of Developmental Programs (ODP).

One of BAS's responsibilities is programs for adults with Autism Spectrum Disorder (ASD). BAS has developed two programs for adults with ASD: the Adult Autism Waiver (AAW) and the Adult Community Autism Program (ACAP). Both programs help adults with ASD participate in their communities in the way that they want to participate.

## B. Department of Human Services (DHS) Organization

This graphic shows the different offices within DHS.



## C. Our Mission

BAS's mission is to develop and manage services and supports to enhance the quality of life of Pennsylvanians living with ASD and to support their families and caregivers. The Bureau carries out its mission through the creation and administration of adult service delivery models, the development of resources to support individuals with autism and their families across the lifespan, and by collaborating with and providing technical assistance to other Department of Human Services (DHS) offices and government agencies.

## D. Our Values

- Support those living with autism throughout their lifespan.
- Support those living with autism across the spectrum.
- Support families of individuals living with autism.
- Every person living with autism can have an improved quality of life given the right supports delivered by trained staff.
- Increased independence and self-sufficiency of individuals living with autism.
- Explore innovative, collaborative models of service delivery.
- Professional and program accountability.

## E. BAS Directory

**BAS Statewide Toll-Free Number: 1-866-539-7689**

### **Central Region**

**Fax: 717-265-7761**

**PO Box 2675**

**Harrisburg, PA 17105-2675**

*These are the counties in Central Region:*

Adams	Dauphin	Mifflin
Bedford	Franklin	Montour
Blair	Fulton	Northumberland
Cambria	Huntington	Perry
Centre	Juniata	Snyder
Clinton	Lancaster	Somerset
Columbia	Lebanon	Union
Cumberland	Lycoming	York

**Western Region****Fax: 412-770-2983****Platt Place, Room 490****301 Fifth Avenue****Pittsburgh, PA 15222***These are the counties in the Western Region:*

Allegheny	Erie	Potter
Armstrong	Fayette	Venango
Beaver	Forest	Warren
Butler	Greene	Washington
Cameron	Indiana	Westmoreland
Clarion	Jefferson	
Clearfield	Lawrence	
Crawford	McKean	
Elk	Mercer	

**Eastern Region****Fax: 215-965-0548****801 Market Street, Suite 5071****Philadelphia, PA 19107***These are the counties in the Eastern Region:*

Berks	Lehigh	Schuylkill
Bucks	Luzerne	Sullivan
Bradford	Monroe	Susquehanna
Carbon	Montgomery	Tioga
Chester	Northampton	Wayne
Delaware	Philadelphia	Wyoming
Lackawanna	Pike	

**Bureau of Autism Services****Public email address for general inquiries:**[DPW-AutismOffice@pa.gov](mailto:DPW-AutismOffice@pa.gov)**Autism Waiver email address for questions about AAW services:**[ra-odpautismwaiver@pa.gov](mailto:ra-odpautismwaiver@pa.gov)**Website:**[www.autisminpa.org](http://www.autisminpa.org)



## Chapter 2: Overview of the Adult Autism Waiver

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### A. What is a Medical Assistance waiver?

There are many Medical Assistance waiver programs. **The Adult Autism Waiver (AAW) is a Home and Community-Based Services (HCBS) waiver.** It is authorized under section 1915(c) of the federal Social Security Act. It allows adults who would need care in Intermediate Care Facilities to live in their home and community with the supports they need. Waivers let the state design programs especially for the people helped by each waiver.

### B. What is the role of BAS in the AAW program?

BAS is responsible for managing the AAW program. This is done in many ways. BAS staff:

- Send out applications and check whether an applicant is eligible for the AAW.
- Review and approve all Individual Support Plans (ISPs).
- Check the qualifications of all service providers.
- Enroll participants and providers into the AAW program.
- Talk to some participants each year to check that they are receiving the services included in their ISPs.
- Monitor providers to make sure services are being provided according to the waiver.
- Occasionally make changes to the waiver and to policies that apply to providers and participants.

### C. What services does the AAW offer?

The AAW offers the following services:

- Assistive Technology
- Career Planning:
  - ◊ Vocational Assessment
  - ◊ Job Finding
- Community Transition Services
- Day Habilitation
- Family Support
- Home Modifications
- Nutritional Consultation
- Respite
- Specialized Skill Development:
  - ◊ Behavioral Specialist Service
  - ◊ Community Support

- ◇ Systematic Skill Building
- Supported Employment
  - ◇ Intensive Job Coaching
- Extended Employment Supports
- Supports Coordination
- Temporary Supplemental Services
- Therapies:
  - ◇ Counseling
  - ◇ Speech/Language Therapy
- Transitional Work Services
- Vehicle Modifications

## Chapter 3: Supports Coordination

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### A. What is Supports Coordination?

Supports Coordination, sometimes called case management, is one of the services provided under the Adult Autism Waiver (AAW). **Your Supports Coordinator's (SC) job is to find, coordinate, and monitor the supports and services you receive. The SC makes sure you get all the supports and services you need and that they are listed in your ISP** (see Chapter 4 for more information on ISPs). Your SC does this by working with you; with someone else that you choose to help you, if you choose someone; and with providers of your supports and services. Your SC makes sure that you are healthy and safe and that the supports and services you receive are helping you the way they are supposed to help you.

### B. What are the functions of an SC?

The SC has many jobs under the AAW. The major roles of the SC are:

- **ISP Development.** *To develop the ISP, the SC:*
  - ◇ Meets with you to do assessments.
  - ◇ Schedules ISP team planning meetings.
  - ◇ Explains the services available through the AAW and helps you and your team decide which services you need.
  - ◇ Makes sure that you and the people you choose are part of the ISP planning process and helps you lead the person-centered planning process, as much as you want and are able to do (see Chapter 4 for more information on person-centered planning).
  - ◇ Helps you and your team choose providers for the services on your ISP. The SC also helps you choose a different provider if you want to change your provider. The SC must provide you with a document that lists all the qualified providers that you may choose from to provide your services.
  - ◇ Makes sure that each provider has a back-up plan ("contingency plan") to be used when services cannot be delivered as planned, for instance, if the provider's staff member is ill.
- **Coordination of Services.** *The SC is responsible for:*
  - ◇ Arranging for you to get the services included in your ISP. This includes services that are paid for through the AAW and services that are not paid for through the waiver.
  - ◇ Making sure that you get the services listed in your ISP and helping you with any problems that arise.
  - ◇ Keeping members of the team, including providers of services, updated about any changes to the ISP, your situation, or other information they need to know.

- **Monitoring.** *The SC must:*
  - ◊ Contact you or visit you every month to ask you about your services and to check how you are doing.
  - ◊ Meet with you in person at least once every three months.
  - ◊ Meet with you at least once a year in your home and at least once a year in a location outside of your home where you receive services.
  - ◊ Look at reports from providers to see your progress in reaching your goals.
  - ◊ Work closely with your providers to make sure that all services are provided as described in your ISP.
- **Informing you of your rights.** *The SC will:*
  - ◊ Review with you your rights and responsibilities.
  - ◊ Explain your right to keep your information confidential and only release it to be people who you want to see it.
  - ◊ Explain when you can appeal a decision by BAS and how you can file an appeal.
  - ◊ Tell you that you can update your ISP at any time and what you need to do to have your ISP updated.

## C. How to choose a Supports Coordination Agency

**You should try to choose an SC who will be the best match for you.** The following are some questions you might want to ask when you are talking to different supports coordination agencies and individual SCs.

- Where is the supports coordination agency located?
  - ◊ It's a good idea to use a supports coordination agency that has SCs located close to where you live. That way the supports coordination agency and its SCs will know what supports and services are nearby that can help you. Also, if the SC works close to where you live, it is easier for the SC to meet with you in person.
- Does the supports coordination agency know about services provided in your community? Does the supports coordination agency know about other county and state services which may be available?
  - ◊ The SC can help you find and get services in your community or other county and state services that are not part of the AAW.
- Does the supports coordination agency know about adults with ASD? Does the supports coordination agency know about adults with other developmental disabilities? Does the supports coordination agency know about the needs of people who are your age?
- Does the supports coordination agency know about Medical Assistance and how it works in Pennsylvania?

- Does the supports coordination agency know about the services that are included in the AAW?
- Is the SC willing to meet with you and your family at times that you can meet?

If you would like BAS to help you choose your supports coordination agency, you may call BAS toll-free at 1-866-539-7689. Please leave a message with your name and daytime phone number and someone will return your call.

## Chapter 4: The Individual Support Plan (ISP)

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### A. What is an ISP?

**An Individual Support Plan, or ISP, is a written plan of your goals and services.** During the development of your ISP information about your goals and health condition will be collected, which will be used to help understand your needs and plan for your services. The ISP includes the services and supports (both waiver and non-waiver) that will best help you reach your goals. It includes a lot of information that is useful to know for people who provide services to you.

ISPs are developed by a planning team that includes you, your representative (if you have asked someone you know to help you as your representative), your Supports Coordinator (SC), and anyone else that you choose to have involved. If you have a court-appointed guardian, that person is also part of your team. If you are receiving AAW services, you may ask current service providers to attend the planning team meeting.

Your SC will assist you with the process of developing your ISP. Your ISP is developed using a “person-centered planning” approach.

Everyday language will be used in your ISP. It will not have words that are not familiar to most people. It will use language that you can understand. It will also include any special help or special arrangements for cultural considerations.

### B. Person-Centered Planning

All ISPs are developed using person-centered planning. **Person-centered planning focuses on your interests and what you do well rather than on things you cannot do.** It means that your ISP will be designed just for you and will be different from anyone else's plan. Person-centered planning is a way for you to say what is important to you and what is important for you in your life. Person-centered planning is used because an ISP that does not have what you like and think is important will not be very good at helping you become more independent.

Person-centered planning looks for answers to the following questions: (1) who is the person? and (2) what opportunities in the community will help the individual reach his/her goals? Answers to these questions are obtained from you and the people who love and support you. (O'Brien & Lovett, 1993)

### C. The ISP Planning Process

**Every year before the ISP is updated, your SC will conduct three assessments to help your team understand your needs, what's working well for you, and how your services need to be changed.** The assessments are:

***Scales of Independent Behavior-Revised (SIB-R)*** - The SIB-R is used to assess your strengths and needs in several areas. The SIB-R also identifies risks related to challenging behaviors, such as those that might result in a person hurting him or herself or others. The SIB-R looks at the following areas:

- Motor Skills
- Social Interaction and Communication Skills
- Personal Living Skills
- Community Living Skills

The SIB-R is completed in person. During it you will be asked a series of questions. It will take about an hour to complete.

***Parental Stress Scale (PSS)*** - The PSS is filled out by your parent or close family member but should not be completed by a husband, wife or significant other and returned to the SC. The PSS evaluates the amount of stress a parent or close family member feels and helps the team to see what waiver services might be helping the participant or will help to lower family stress. It is optional. It takes about 30 minutes to complete.

***Quality of Life Questionnaire (QOL.Q)*** - The QOL.Q measures your quality of life. It is also used each year to see if your life is improving due to the waiver services you are receiving. It helps the ISP team focus on your strengths and goals as well as understand what supports you may need. Answers are requested from you and someone who knows you well. (For instance, if you live with a family member or unpaid caregiver, that person may be asked to answer questions as well.) The QOL.Q is an optional assessment. It is completed in person and takes about 20 to 30 minutes to complete.

Shortly after all the assessments are done, the ISP team will meet to develop the ISP. The team meeting will be at a time and place that is easy for you to attend. If you want, you can lead the planning process with the help of your SC.

At the end of the ISP meeting, the plan will be explained to you. If you agree with what the plan says, you should sign the ISP Signature Page. If you don't agree, you should tell your SC why you don't agree. You, the SC and the ISP Team can keep working together until you agree and you want to sign the form. The SC will show the ISP to BAS. BAS will review the plan and either approve it or ask the SC to make changes to it. If changes are needed, the SC will discuss them with you and the rest of the ISP team. After the changes are made, the SC will send the changed ISP back to BAS for review. Once BAS approves the ISP, services included in the ISP can start or continue. You and your team will be given a copy of the approved ISP by your SC.

The ISP is usually written for a year of services. It is reviewed at least once every 12 months or whenever you request that updates be made to the plan. During the review of your ISP, you and your ISP team can decide to keep the goals and services the same or change them. In addition, there are

certain events that may happen, such as a crisis, that require the ISP team to meet more often to decide whether services need to be changed to better support you.

## **D. What Is In the ISP**

ISPs contain the following sections:

### Individual

- Demographics – General information about you, like your age and gender.
- Address – Your mailing address, place where you live, email address and phone number.
- Insurance – Information about your private insurance, if you have it.
- Medicaid – Information about your enrollment in the Medical Assistance Program.
- Diagnosis – Includes your diagnosis of autism and any other conditions you may have.
- Contacts – People you told the SC you would like to be contacted, if needed.

### Individual Preferences

- Like and Admire – What other people like and admire about you and what you like about yourself.
- Know and Do – What kinds of activities you like to do and what is important to you.
- Desire Activities – Activities you would like to continue doing, begin to do, or explore doing.
- Important To – Things that are important to you.
- What Makes Sense – What experiences do and do not make sense in your life RIGHT NOW.

### Medical

- Medications/Supplements – List of the medications that you regularly take.
- Allergies – All your known sensitivities and allergies.
- Health Evaluations – Medical evaluations/appointments in the past 12 months.
- Medical Contacts – Medical contacts such as doctors, dentists, etc.
- Current Health Status – A summary of health issues that you have experienced in the past 12 months.
- Developmental Information – Developmental milestones that occurred prior to your 22<sup>nd</sup> birthday.
- Psychosocial Information – Significant behavioral, mental health or psychiatric concerns.
- Physical Assessment – Your long-term health history.
- Immunization/Booster – List of immunizations and boosters that you have received.

### Health and Safety

- General Health and Safety Risks – Health and safety risks that you may have such as not taking the correct medication.
- Fire Safety – Your ability to react during a fire or fire drill.
- Traffic – Whether you know how to be safe around traffic.
- Cooking/Appliance Use – Your ability to use cooking and kitchen appliances, prepare meals, and knowledge of safe food storage.



- Outdoor Appliances – Your ability to use a lawn mower, weed whacker, gas grill, etc.
- Water Safety – Your understanding of water safety including the danger of very hot or very cold water.
- Safety Precautions – Understanding of how to handle and store poisonous substances and ability to read danger signs or warning labels.
- Knowledge of Self-Identifying Information – Your ability to give information such as your name, address, and phone number.
- Stranger Awareness – Your ability to interact with strangers safely.
- Sensory Concerns – Whether any of your senses are very sensitive, such as sensitivity to light or sound.
- Meals/Eating – Your ability to eat, including whether you have a special diet or are at risk of choking, etc.
- Health and Welfare – General health and safety risks.
- Functional Information – Functional level, educational/employment, employment history, and ability to communicate.

### Goals & Objectives

Any number of goals may be included in your ISP. Each goal includes objectives or “steps” to reach the goal. A goal may take many years to achieve. An objective is a step towards a goal that can probably be reached within a year. A single goal may have one or many objectives.

### Service Details

This section of the ISP lists the supports and services you have chosen to help you reach the goals included in the ISP. Your SC will review and explain the different services available to you through the AAW, including employment services. Your SC will also explain how natural supports and non-AAW services can help you reach the goals included in your ISP. Each service included in the ISP must be used to help you reach at least one goal included in the ISP. A completed ISP outlines the ways you will achieve goals important to you by using both natural supports and paid supports. The ISP will include services that address all of your needs, including services that if you did not receive, would put you at risk to be placed in an institutional setting.

Your ISP will also include the name of each provider that you have chosen to provide the services listed in the ISP. It will also include for how long and how often you will receive each service.

## Chapter 5: AAW Service Definitions

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**This chapter describes the services available through the AAW. Please see “Appendix C: Participant Services” in the waiver at [www.autisminpa.org](http://www.autisminpa.org) for the full text of the service definitions in the approved waiver.**

**Assistive Technology:** This service pays for items used to help a participant be more independent in their daily life. It includes helping a participant, as well as his or her representative and informal care network, choose, learn how to use, and care for the item. It also includes fitting the chosen item, if needed. An item purchased, rented, or otherwise provided to the participant is to be used only for the benefit of the participant.

- This service includes repairs and batteries if they are needed each year and extended warranties.
- Items that cost \$500 or more must be recommended by an independent evaluation. Independent evaluations can be provided as part of Assistive Technology services.
- If the item is available through the Medical Assistance State Plan, the participant must have reached the limits in the State Plan before receiving the item through the AAW.
- There is a \$10,000 lifetime limit for Assistive Technology services.

*Some examples of Assistive Technology are talking calculators, audio books, special cooking and eating tools, special computer keyboards, and equipment that creates speech.*

**Career Planning:** This service helps the participant identify a career direction and come up with a plan for getting a job at or above the minimum wage; and get a job in competitive employment (which means a job that is also done by people without disabilities.) This service can also be used to assist a participant with self-employment.

Career Planning has two parts: Vocational Assessment and Job Finding

- Vocational Assessment is used to develop a plan (called a Vocational Profile) to identify a career direction that meets the participant’s goals, needs and abilities and will result in a job that is also done by people without disabilities that pays minimum wage or more or self-employment. The Vocational Profile includes what the participant needs to do or learn to get the job the participant wants.
- The Vocational Assessment includes:
  - ◊ Discovery, or figuring out the participant’s likes, interests, skills and abilities. The participant is asked what kind of work place he or she would like, how he or she could get to work, and what support he or she might have or need to do the job the participant wants. It also includes reviewing the participant’s work history.

- ◇ Talking to natural supports (such as family, friends or neighbors) who can provide information about the participant.
  - ◇ Helping the participant participate in job-related programs such as Ticket to Work, including Ticket Outcome and Milestone payments, and work incentives programs that might make it easier to get a job.
  - ◇ Benefits counseling, including explaining to the participant how working will affect his or her ability to keep his or her benefits, including Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), or the Supplemental Nutrition Assistance Program (SNAP).
  - ◇ Determining the kinds of jobs that match the participant's skills, abilities, and interests.
  - ◇ Short job tryouts to allow the participant to see if he or she has the ability and is interested in a job.
- Job Finding helps the participant find a job that is also done by people without disabilities that pays minimum wage or more. The job should match the participant's needs and be a job the participant wants. It should also meet the employer's needs. Job Finding can be provided to the participant or it can be provided the participant is not present. Job Finding includes:
  - ◇ Looking for jobs that fit the participant's Vocational Profile.
  - ◇ Working with the participant's natural supports to find contacts and possible jobs.
  - ◇ Searching for a job.
  - ◇ Supporting the participant if the participant chooses to start his or her own business, including finding potential business opportunities, helping the participant make a business plan, and looking for ongoing supports to run the business.
  - ◇ Identifying and developing customized jobs such as working with an employer to create a job that does not exist yet or doing part of an existing job for an employer.
  - ◇ Setting up informational interviews with potential employers.
  - ◇ Helping the participant find and schedule job interviews.
  - ◇ Helping the participant negotiate reasonable accommodations and supports from the employer to help the participant do a job.

Vocational Assessment and Job Finding must be approved for the participant every 90 days and can be provided to the participant for up to 1 year every time it is added to the participant's ISP. Vocational Assessment may be authorized whenever the participant's situation or career goals change. Job Finding may be authorized if a job ends or the participant wants to change jobs.

Participants must be referred to the Office of Vocational Rehabilitation (OVR) before they can receive AAW Career Planning services unless the participant was evaluated by OVR before and was not eligible for OVR services or received OVR services and OVR closed the case.

*An example of Career Planning services is testing the participant for different job skills. This service may also include looking at the participant's interests or experience that might help the participant do a job. It could also include helping the participant apply for a job with an employer who has already been contacted by the Job Finding provider.*

**Community Transition Services:** This service helps participants move from an institution to a home in the community by helping to pay for some items and services. The participant must have lived in the institution for at least 90 days in a row. Institutions include State Hospitals, State Centers, nursing facilities and psychiatric hospitals.

- Community Transition Services can be used for one time only expenses, such as moving costs, security deposits, set-up fees or deposits for utilities, or to buy basic furnishings.
- Community Transition Services are only available to participants who pay their living expenses on their own. (For example, the participant may rent an apartment with a roommate and use this service, but may not use this service if he or she will be living in a Residential Habilitation home.)
- Community Transition Services does not include rent, food, or regular utility charges.
- Community Transition Services are limited to \$4,000 in a participant's lifetime.

*An example of Community Transition Services is paying a security deposit or paying for dishes and glassware for a participant moving from a State Center to an apartment of his or her own in the community.*

**Day Habilitation:** This service helps participants become more independent. It can be used to help a participant gain daily living skills (dressing, eating, and using the toilet) and instrumental activities of daily living skills (communication, cooking, money and time management). This service can only be provided in licensed adult training facilities and during outings that are part of Day Habilitation services.

- The goal of Day Habilitation services is to improve the participant's ability to do things on his or her own. As the participant becomes more independent, the amount of time in Day Habilitation may go down and time spent using other services, such as Community Support, may go up.
- This service is normally provided for 6 hours or less per day, 5 days a week on a regular basis.
- A participant may get a total of 50 hours per week of Community Support, Day Habilitation, Supported Employment (when provided directly to the participant) and Transitional Work Services. A participant who needs more than 50 hours a week may ask for more hours and BAS will determine if there is a need for additional hours.
- A participant cannot get Day Habilitation services at the same time that Supported Employment (when provided directly to the participant), Transitional Work Services, quarter hour Respite, or Community Support is provided.

*An example of a goal for Day Habilitation services is helping a participant learn skills so that he or she can do activities related to his or her hobbies, watch sports, or exercise. Another example is helping a participant improve his or her basic self-care skills.*

**Family Support:** This service provides support for a participant's family and informal network (such as friends or neighbors) to help develop and maintain healthy relationships among all members of the participant's family, informal network and with the participant. The Family Support service helps the participant meet the goals in the participant's ISP. This service assists the participant's family and informal care network with learning skills that they can use to help the participant learn, keep or improve skills that will help the participant live independently.

- The major purpose of this service is to teach the participant's family and members of his or her informal network coping skills by building on their strengths.
- The participant does not need to be there when this service is provided.
- This service is limited to 40 hours per year.

*An example of Family Support is teaching family member's ways to help the participant calm down when he or she is upset and explaining how autism may make it difficult for the participant to understand why others may be getting upset.*

**Home Modifications:** These are physical changes made to the home where the participant lives. The home may be owned or rented by the participant's parents or relatives. If the participant is getting Residential Habilitation services in a Family Living home licensed under Chapter 6500, Home Modification services can be used to pay for physical changes to the host family's home if it is privately owned or rented. The changes must be needed for the participant to remain safe and/or live with more independence.

- Home Modifications services will pay for:
  - ◇ Alarms and motion detectors on doors, windows, or fences.
  - ◇ Brackets for appliances.
  - ◇ Locks.
  - ◇ Changes that need to be made to a home that helps with a participant's special sensitivity to sound, light, or other environmental conditions.
  - ◇ Outdoor gates and fences.
  - ◇ Installing a shatterproof or break resistant material to replace glass window panes.
  - ◇ Moving electrical switches and sockets lower or higher.
  - ◇ Making needed changes to a home for a participant with physical limitations, such as installing ramps or grab bars, widening doorways, or changing bathrooms.

- Home Modifications services include the cost to install, repair, and maintain the changes and the cost of warranties for the changes. It also includes when required by a rental agreement, the cost of returning the property to its original condition.
- Home Modification services cannot be used to pay for:
  - ◊ Home modifications that are for the benefit of the public at large, staff, significant others, or family members.
  - ◊ General maintenance of the home.
  - ◊ Adaptations that add to the total square footage of the home.
  - ◊ Building a new room.
  - ◊ Building a new home.
  - ◊ Durable medical equipment.
  - ◊ Modifications in a home that is owned, rented or leased by a provider agency.

Home Modification services that cost over \$1,000 must be recommended by an independent evaluation by an Occupational Therapist; a Speech, Hearing, and Language Therapist; a Behavioral Specialist; or another professional as approved in the ISP. This service does not include the cost of the independent evaluation.

Home Modification services are limited to \$20,000 per participant over 10-back-to-back years in the same home. A new \$20,000 limit starts when the participant moves to a new home or when the 10-year period ends. A participant who needs more Home Modification services may ask for more services and BAS will determine if there is a need for additional Home Modification services.

*An example of Home Modifications services is changing the lighting in a home to help a participant who is sensitive to light.*

**Nutritional Consultation:** This service helps participants who have food allergies, food sensitivities, or serious nutritional deficiencies.

- This service can help participants and their informal network plan a diet and meals. It can also include learning how to make healthy food choices.
- The Nutritionist can work with the Behavioral Specialist to help the participant learn how to eat healthy.
- Nutritional Consultation services can be provided by telephone after an in person evaluation has been done if the participant lives more than 30 miles away from the provider.
- This service does not include buying food.

*An example of Nutritional Consultation services is helping plan meals. Another example is providing advice on how to help a participant eat a larger variety of foods.*

**Residential Habilitation:** This service is for participants who need help all or most of the time, including at night, and other services cannot meet the participant's health and safety needs. The purpose of this service is to teach participants skills they need to be able to live with less help so that they would no longer need Residential Habilitation services. Participants receiving Residential Habilitation live in licensed Community Homes owned or leased by the provider or licensed Family Living Homes which are usually owned by a host family. Participants who do not need help all or most of the time should use other waiver services to learn skills that help them live independently.

- Residential Habilitation services will pay for:
  - ◊ Help with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). ADLs and IADLs may include bathing, dressing, eating, housework, managing money, and cooking. The goal of Residential Habilitation services is to improve the participant's ability to do ADLs and IADL on his or her own.
  - ◊ Helping the participant learn communication skills and teaching the participant how to make decisions and how to ask for help when needed. Residential Habilitation helps a participant learn skills needed to successfully live in the community.
  - ◊ Transportation to and from community activities.
  - ◊ If a participant receives Specialized Skill Development services, using the Behavioral Support Plan, the Crisis Intervention Plan and the Skill Building Plan.
- Residential Habilitation services will not pay for room and board. The participant must pay the cost of his or her housing and food (known as room and board). Participants who get Supplemental Security Income (SSI) must pay 72% of their SSI payment to the Residential Habilitation provider for room and board for the days the participant receives Residential Habilitation services. The provider and participant must both sign a Room and Board Contract.

There are two different licensed settings where Residential Habilitation services are provided:

- **Community Home:** A home that is licensed by DHS and is owned by a provider agency. This is sometimes called a "group home." Community homes may not have more than four people living there, even if the other people living in the home get services from a different program than the AAW program. The provider agency uses staff in the home to provide services to the participant to help the participant become more independent.

If a participant is receiving Residential Habilitation services in a Community Home where the participant is the only person receiving services in that home, the participant may not also receive Community Support on the same day the participant is receiving Residential Habilitation services. That participant should receive support from the Residential Habilitation provider to participate in activities in the community, such as volunteering, shopping, attending events, voting, being part of community groups and anything else that the participant wants to do in the community. On days that the participant is away from the Community Home and not receiving Residential Habilitation services, such as when visiting family over the weekend, the participant may get Community Support services.

- **Family Living Home:** A home that is owned or leased by a family who lives there and has opened up their home to a participant to share their life and receive supports. The home is licensed. This living arrangement is called “lifesharing.” Family Living allows a participant to become a part of the host family, develop relationships with family members and participate in the community with the family as well as on his or her own. The Family Living Home provider agency is responsible for the services the participant receives and pays the host family for services. No more than two individuals can get Residential Habilitation services at the same time in a Family Living Home.

Before Residential Habilitation services are provided, the SC and ISP team must explain to BAS why the participant needs this service and get approval from BAS.

**Respite:** This service gives a participant’s caregiver a short break. It is for unexpected circumstances when the caregiver is not available at a time when the caregiver would usually be available to support the participant. This service is not for events that happen regularly. It may be used to give the caregiver a break, such as a long weekend away or vacation. Respite services may also be used by a participant who gets Residential Habilitation services in a Family Living Home.

- Respite includes help for activities such as bathing, dressing, eating, doing housework, managing money, and cooking.
- During respite the provider follows the participant’s regular schedule as much as possible.
- Respite is not available to people who get Residential Habilitation services in a Community Home.
- If Respite is provided out of the participant’s home, it includes meals provided by the provider.
- This service may be provided in or out of the participant’s home. It may be for part of a day, an entire day or over several days.
- A participant can receive up to 30 times the day unit rate for respite in a licensed facility per year.
- Respite may not be provided at the same time that Supported Employment (when provided directly to the participant), Transitional Work Services, Day Habilitation, or Community Support is provided.

*An example of a time where Respite services can be used is when a caregiver has jury duty and must be out of the house for a few hours when the caregiver would usually be home.*

**Specialized Skill Development:** This service is used to teach participants skills to help with challenges participants may have. The challenges may be because the participant has trouble understanding what other people are saying or because the participant has trouble with people understanding what the participant is saying. It may be because the participant is very sensitive to sounds, lights or other things around him or her. The challenges may be because of other reasons. The Specialized Skill Development service includes the development of individual plans by experts in behavioral supports and independent living skills development to help the participant learn skills. Specialized Skill Development



includes three levels of support: Behavioral Specialist Services, Systematic Skill Building and Community Supports.

**1. Behavioral Specialist Services (BSS)** is used to provide support to participants with behaviors that are a problem for them. This may include disruptive or destructive behaviors, which make it hard to be active in the community or live at home. BSS includes the development of a **Behavioral Support Plan (BSP)**.

- A Behavioral Specialist provides BSS.
- The Behavioral Specialist first conducts a Functional Behavior Assessment (FBA) to understand the participant's behavior concerns and the causes of the behaviors. The Behavioral Specialist then does an analysis of the results of the FBA and develops the BSP.
- People with autism learn skills faster and better when they are helped in the same way by different people and in different places. For that reason, the BSP tells everyone who is in regular contact with the participant what they should do to help the participant learn skills. After the plans are created, the Behavioral Specialist and SC meet with the participant and the people who support him or her to explain the BSP and to answer questions about the BSP.
- BSS includes training family members and providers so that they understand the BSP and can help the participant learn the skills the participant needs. BSS can also include training other people with regular contact with the participant (like friends and neighbors) how to teach the participant the skills he or she needs to be more independent and to reach his or her goals.
- The Behavioral Specialist works with the SC to make sure that all of the participant's waiver services follow the BSP. The Behavioral Specialist may ask providers to collect data to see if the BSP is working well or needs to be changed.
- The Behavioral Specialist also develops a Crisis Intervention Plan (CIP). The CIP explains what can be done to help the participant avoid a crisis. It also explains how to help the participant if there is a crisis.
- If the participant needs behavioral support before the plans are developed, the SC may submit a request to BAS for ongoing support to be provided during plan development.
- The BSS agency must have someone available 24 hours/day, 7 days/week to help if a participant has a crisis.
- The Behavioral Specialist will check to see how well the BSP and CIP are working. If the BSP and CIP are not working well and need to be changed, the Behavioral Specialist will discuss the need for changes with the participant.

**2. Systematic Skill Building** helps the participant learn skills that increase independence and participation in his or her community. These skills are not behavioral in focus. They include skills like cooking, using public transportation or keeping one's home neat.

- The Systematic Skill Building Specialist looks at the participant's abilities and learning style. The Skill Building Specialist then develops a **Skill Building Plan (SBP)**. The SBP will explain how the participant can learn the skills that the participant needs to learn to increase his or

her independence and participation in the community. The SBP will use Applied Behavior Analysis techniques to teach skills.

- After the SBP is developed, the Skill Building Specialist and SC meet with the participant and the people who support him or her to explain the SBP and answer questions about the plan.
- People with autism learn skills faster and better when they are helped in the same way by different people and in different places. For that reason, the SBP tells everyone who is in regular contact with the participant what they should do to help the participant learn skills. Systematic Skill Building includes training family members and providers so that they understand the SBP and can help the participant learn the skills the participant needs. Systematic Skill Building can also include training other people with regular contact with the participant (like friends and neighbors) how to use the SBP to help the participant learn the skills he or she needs to be more independent and to reach his or her goals.
- The Skill Building Specialist will check to see how well the SBP is working. If the SBP is not working well and needs to be changed, the Skill Building Specialist will discuss the need for changes with the participant.

**3. Community Support** helps a participant gain, keep, and improve skills needed to live in the community. The goal of this service is for the participant to need less direct help.

- Community Support services include helping a participant improve the skills he or she needs to be active in the community. This includes helping the participant meet people, attend social events and develop social relationships. The participant may also use this service to help him or her get to know his or her neighborhood and community where he or she lives, take part in community activities and be involved in hobbies. He or she may go shopping, volunteer or attend events.
- Community Support services can be used to assist a participant with self-care activities that are usually done at home such as bathing, dressing, eating, housework, managing money, or cooking.
- Community Support cannot be used just for transportation.
- Community Support staff implement the BSP and SBP and collect and record the data necessary in order to evaluate progress and the need for revisions to the plans.
- Community Support can take place in a participant's private home or in places in the community such as libraries or stores.
- Community Support has three staffing levels. The staffing level depends on the participant needs and circumstances. There may be one staff supporting one participant, one staff supporting two participants, or one staff supporting three participants. For example, if three participants who have the same provider are attending the same concert and one staff person can support all three of them at the same time, one staff person will attend the concert. This allows for small groups to participate in activities without having more staff than they need.
- A participant can get a total of 50 hours per week of Community Support, Day Habilitation, Supported Employment (when provided directly to the participant), and Transitional Work Services. A participant who needs more than 50 hours a week may ask for more hours and BAS will determine if there is a need for the additional hours.

- A participant cannot get Community Support services at the same time that Supported Employment (when provided directly to the participant), Transitional Work Services, quarter hour Respite, or Day Habilitation is provided.

*Some examples of Community Support services are helping the participant use public transportation, make new friends, and handle money. Community Support services can also be used to help the participant with personal hygiene, cooking, grocery shopping, or following a daily schedule.*

**Supported Employment:** This service is for participants who need support to keep a job. Participants who get this service must have competitive, integrated employment. That means a job paying minimum wage at a job site that includes people without disabilities doing the same or similar work. The Supported Employment service may also be used to support a participant who is self-employed. Supported Employment can be provided directly to the participant or for the benefit of the participant when the participant is not present. It may include personal assistance (such as help using the rest room) as part of the service as long as that is a minor part of the support the participant receives from this service.

Supported Employment has two parts: Intensive Job Coaching and Extended Employment Supports

- 1. Intensive Job Coaching** provides on-the-job training and support to help participants learn how to do a new job for an employer or for a self-employment situation, when the participant is new to the job or the job duties have changed and the participant needs more support.

- Intensive Job Coaching includes:
  - ◊ Onsite job training and skills development.
  - ◊ Assisting the participant with development of natural supports in the workplace.
  - ◊ Coordinating with employers, coworkers (including developing co-worker supports) and customers, as necessary, when the participant is there or when the participant is not there.
  - ◊ Training the participant how to use public transportation to and from the place of employment.

This service is for participants who need on-the-job support for more than 20% of their work week when the service begins. (For example, if a participant works 20 hours a week, Intensive Job Coaching would be used to provide support for more than 4 hours per week and up to 20 hours per week.) During the time that Intensive Job Coaching services are provided it is expected that the need for support will go down as the participant learns the job and the participant's supervisor and co-workers become familiar with the participant. After Intensive Job Coaching services are no longer needed, Extended Employment Supports can be used instead, if needed.

Intensive Job Coaching at the same job site must be authorized again if it is needed for more than 6 months. This service may only be authorized twice, for a total of 18 back-to-back months for the same job. A participant who needs Intensive Job Coaching at the same employment site for more than 18 back-to-back months can ask for more time by asking for an exception.

Intensive Job Coaching services may be authorized again for the same workplace if the participant's circumstances change, including a change in job duties.

- 2. Extended Employment Supports** are ongoing supports available for as long as needed for 20% or less of the work week. (For example, if a participant works 20 hours a week, Extended Employment Supports could be used to provide support for fewer than 4 hours per week.) This service helps participants keep their jobs. It includes:

- ◇ Reminding the participant of good workplace practices.
- ◇ Reinforcing skills learned prior to employment or during the period of Intensive Job Coaching.
- ◇ Coordinating with employers or employees and coworkers (including maintaining coworker supports), when the participant is there or when the participant is not there.

Extended Employment Supports may be approved for up to a total of 240 hours per year.

A participant may get a total of 50 hours per week of Community Support, Day Habilitation, Supported Employment (when provided directly to the participant), and Transitional Work Services. A participant who needs more than 50 hours a week may ask for more hours by asking for an exception.

A participant cannot get Supported Employment services (when provided directly to the participant) at the same time that Day Habilitation, Transitional Work Services, quarter hour Respite, or Community Support is provided.

*An example of Supported Employment services is when a staff person goes with the participant to work until the participant has learned the routine of the work place. Supported Employment services may be used to help the participant meet his or her co-workers. It can also be used to help the supervisor and co-workers get to know the participant and understand how to help the participant develop work skills specific to the job. Supported Employment services can also be used to teach the participant how to problem solve while at work.*

**Supports Coordination:** This service helps the participant find services, including services that are not provided through the waiver. This service also includes coordinating the participant's services and making sure that the services are provided the way the participant's ISP says that they will be provided. The Supports Coordinator (SC) will also help the participant and the ISP team understand the waiver services and helps the participant choose providers. The SC also helps participants understand their rights and responsibilities as participants in the AAW.

Supports Coordination includes four major areas of activity:

- 1. Conducting assessments:** Before developing a participant's first ISP and every year before meeting with the ISP team to review the ISP, the SC will ask the participant and the participant's family members to complete three assessments. These are: the Scales of Independent Behavior-Revised (SIB-R); the Parental Stress Scale (PSS) (if the participant lives with a caregiver); and the Quality of Life Questionnaire (QOL.Q).
- 2. Developing and updating the ISP:** The SC, the participant and the ISP team develop the ISP using "person-centered planning." Each year the SC meets with the participant and the ISP team to check whether the ISP should be changed. The SC can also meet with the participant and the ISP team sooner if a participant's needs have changed or a participant requests an ISP team meeting. SCs make any needed changes to the ISP and send the changes to BAS to be approved.
- 3. Monitoring:** The SC must visit or call the participant or someone close to the participant who sees the participant often at least once a month. The SC also must visit the participant either at home or outside of the participant's home while the participant is getting services, at least once every three months. During the visits or calls, the SC checks to see that the participant is healthy, not having any major problems, and getting the services in his or her ISP the way the ISP says they will be provided. The SC checks that the service providers are doing what they are supposed to be doing. The SC also checks that the participant is making progress towards his or her goals.
- 4. Coordination of non-waiver services:** The SC also helps the participant get services that are not provided by the AAW. For example, the SC may help find a doctor or housing. The SC may help the participant apply for job training or job finding through the Office of Vocational Rehabilitation (OVR). The SC may help the participant get other services offered by the participant's community (town or county).

*An example of Supports Coordination services is assisting the participant with setting new goals and choosing services that will help the participant reach those goals.*

**Temporary Supplemental Services:** This service provides extra staff for a short time when there is a concern about a participant's health and welfare. This service is for circumstances such as unexpected life events which may make it more likely that a participant will have a crisis event. An example is a recent loss of a family member.

This service may also be used to support a participant after a recent crisis event that resulted in a need for a short term increase in support. Staff supports the family, the participant's informal support network and other providers' staff.

- BAS decides if Temporary Supplemental Services are needed based on information from the SC, the Behavioral Specialist (if the participant gets that service) and the rest of the ISP team. BAS reviews the need for Temporary Supplemental Services at least once a week.
- Temporary Supplemental Services are limited to 540 hours in a 12-month period.

*An example of Temporary Supplemental Service is providing extra support to the team after the participant is discharged from a hospital stay or after a behavioral crisis.*

**Therapies:** These services are provided by healthcare professionals. The need for the service must be evaluated at least annually as part of the ISP process. This evaluation must include determining if the participant continues to require the current level of services and if the service continues to help the participant.

- Therapies provided through the AAW include:
  - ◊ *Speech/Language Therapy* - This service is provided by a licensed speech therapist or certified audiologist. It needs to be recommended by a certified or certification-eligible audiologist or a licensed speech therapist.
  - ◊ *Counseling* - This service is provided by a licensed psychologist or licensed psychiatrist. It may also be provided by a licensed social worker, licensed marriage and family therapist or licensed professional counselor. It is provided directly to the participant.
- The participant must have reached the limits included in the Medical Assistance State Plan before getting therapy services through the AAW.

*An example is a Speech/Language therapist helping a participant to find a communication system that will help the participant communicate his or her wants and needs.*

**Transitional Work Services:** This service gives the participant the chance to work with other people with disabilities. This service helps participants transition to integrated, competitive employment which is a job paying minimum wage or more than minimum wage at a job site that includes people without disabilities doing the same or similar work. The Transitional Work Services provider pays the participant for his or her work.

- Transitional work services include:
  - ◊ *Mobile work force* - This uses teams of workers who do their work away from the place which employs the team. This includes work such as maintenance, lawn care, janitorial services, and other similar tasks. The provider contracts with an organization or business to provide the job.
  - ◊ *Work station in industry* - This involves individual or group training of participants at an industry site. Training is done by the waiver provider or by a representative of the industry. Training is slowly ended as the participant develops the skills needed to do the job and meet production standards.

- ◇ *Affirmative industry* - This is a business where disabled and non-disabled individuals work together on the same job tasks.
- ◇ *Enclave* - Enclave is a business model where disabled individuals are hired by a business/industry to perform specific tasks while working alongside non-disabled workers.

A participant may get a total of 50 hours per week of Community Support, Day Habilitation, Supported Employment (when provided directly to the participant), and Transitional Work Services. A participant who needs more than 50 hours a week may ask for more hours by asking for an exception.

A participant cannot get Transitional Work Services at the same time that Supported Employment (when provided directly to the participant), Day Habilitation services, quarter hour Respite, or Community Support is provided.

Transitional Work services may be provided without a referral to OVR unless the participant is under the age of 24 and is paid at subminimum wage. When a participant is under the age of 24, Transitional Work Services may only be authorized as a new service in the ISP when documentation has been obtained that OVR has closed the participant's case or that the participant has been determined ineligible for OVR services.

*An example of Transitional Work Services is participating in a mobile work force team to learn job skills that could be used to help get a job in the future. Job skills learned can include the importance of being on time, how to take direction from a supervisor and specific skills like yard maintenance.*

**Vehicle Modifications:** Vehicle Modifications are changes to an automobile or van. The vehicle must be the participant's main form of transportation. The changes must be needed for the health, welfare and safety of the participant and must be for the purpose of helping the participant live more fully in the community.

- Vehicle Modifications are limited to the following:
  - ◇ Vehicular lifts.
  - ◇ Interior changes to seats, head and leg rests, and belts.
  - ◇ Customized devices necessary for the participant to be transported safely in the community, including driver control devices.
  - ◇ Changes needed to help with a participant's special sensitivity to sound, light or other environmental conditions.
  - ◇ Raising the roof or lowering the floor so that a wheelchair will fit in the automobile or van.
- Vehicle Modification services do not include the following:
  - ◇ Changes to the vehicle that are not of direct medical or remedial help to the participant.
  - ◇ Regularly scheduled upkeep of a vehicle, except upkeep and maintenance of changes that were made as part of Vehicle Modification services.

- ◇ Changes to a vehicle owned or rented by a provider.
- ◇ Vehicle Modifications cannot be used to buy or lease vehicles for participants.
- Vehicle changes costing over \$500 must be recommended by an independent evaluation of the participant's needs. Depending on the type of modification, the evaluation may be conducted by an occupational therapist, a physical therapist, a behavioral specialist, or another professional as approved in the ISP.
- Three estimates of cost from providers are required. The estimates are given to BAS for consideration.
- Vehicle Modification services are limited to \$10,000 per participant over 5 years.

*An example of a Vehicle Modification is adding a lift to a van to accommodate a participant in a wheelchair.*



## Chapter 6: Service Providers

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The AAW Supports and Services Directory is a list of all the agencies that provide services to AAW participants. It groups agencies according to the service they provide and lists which counties they serve. You can find the Supports and Service Directory on the BAS website. Visit [www.autisminpa.org](http://www.autisminpa.org) and click on the Adult Autism Waiver Supports and Services Directory link. Your SC will give you a copy of the directory every year during the annual review your ISP. You may also ask your SC for a copy at any time.

Providers of AAW services must complete training. The training required depends on the service provided. The trainings help providers understand the needs of AAW participants and how to deliver good services.

BAS checks some providers each year to make sure that staff are qualified and that they are following the rules of the AAW and Medical Assistance. BAS also meets with some participants every year to ask them about their AAW services.

### A. Choosing a provider

Here are some things to think about when choosing a provider:

- ◇ Does the staff treat participants with dignity and respect?
- ◇ What is the back-up plan for when a staff person can't make it into work?
- ◇ Does staff have experience working with someone with autism?
- ◇ Does staff get more training than the waiver requires?
- ◇ On average, how long does staff stay with the agency?
- ◇ How long does it take to replace a staff person who leaves?
- ◇ How does the provider make sure that staff show up when they are supposed to and provide the services they are supposed to provide?
- ◇ How well does the agency handle individual suggestions, complaints or concerns? Does the agency welcome questions or suggestions?
- ◇ Am I able to choose the staff person that will work me?

### B. What if you are not satisfied with a provider you chose?

**If at any time you are not happy with a service provider, you can tell your SC** and your SC can help you file a complaint with the provider and/or choose another provider.

You do not need to tell the SC why you are unhappy, but if you do tell the SC why you are unhappy it may help the SC decide what to do to help you. For example, if the SC knows that you are not happy

with the person that provided services, but you are happy with the agency, you may be able to continue to get services from the same agency and work with a different staff person.

**Reasons why a participant might be dissatisfied with a provider include:**

- The provider has not started services on the date promised and the participant was not told that there would be a delay.
- A direct staff person is often late or does not follow the schedule in the ISP.
- The participant feels that he or she cannot tell the provider his or her wants and needs.

Remember: The provider works for the participant and the participant has the right to make the choice to change providers at any time.

If you are unhappy with your SC or the agency that your SC works for, talk to your current SC about concerns you have, file a complaint with the SC agency or ask your SC to change you to another SC agency. You may also submit a complaint by contacting BAS at 1-866-539-7689 or via email at [Radpautismwaiver@pa.gov](mailto:Radpautismwaiver@pa.gov). A Regional Office Representative can tell you how to submit a complaint or help you switch Supports Coordination agencies.

## Chapter 7: Incident Management

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All AAW providers are required to make sure that you stay healthy, safe, and that your rights are respected. To do this, providers must follow an “incident management” process. When you are involved in an event such as an accident or injury, there must be an immediate response to make sure that you, your staff and others involved are safe. If the event involves provider staff, the agency must try to make sure it does not happen again.

Please see “Appendix G: Participant Safeguards” in the approved waiver at [www.autisminpa.org](http://www.autisminpa.org) for the full description of Incident Management.

### A. What events are considered to be “Incidents”?

- You are admitted to a hospital (medical).
- You are admitted to a psychiatric hospital.
- You visit an emergency room.
- You have an injury that needs more than first aid (for example, you need to be seen by a doctor or nurse).
- You are abused (abuse can be physical, psychological, sexual, or verbal).
- You are neglected (for example, you do not have enough to eat or clean clothes to wear).
- A fire.
- Your money or personal property is lost or misused (for example, someone takes your money).
- Your rights are not respected.
- You have a crisis (an event that could put you or others nearby in danger).
- You are restrained.
- You are involved with the police or need to go to court.
- A mistake is made with your medication.
- You are missing.
- You have a disease that must be reported to the Department of Health.
- Your provider has to close for an emergency.
- You are abused by another person that receives services.
- You try to hurt yourself in any way.

If you need more information about the types of incidents and what they mean, you can contact your SC or BAS.

Some events need to be reported and some events may not be serious enough to report. The providers have been told by BAS which events must be reported as incidents. Providers, supports coordination agencies and BAS have to report any incident to police where there is a possible crime. If you have been abused, neglected, or are the victim of a crime, your provider should refer you to a victim’s assistance program.

## B. The participant/family role in Incident Management

There are times when you or your family should report an event. If one of the events listed above happens and there is no provider staff present, you must contact your SC. For example if there is an incident overnight at home or with your family over the weekend, you, your representative or a family member must tell the SC what happened as soon as possible.

If you, your representative or family member knows about an incident that happened while you were with provider staff, contact that provider agency. You can make sure that the provider knows about the incident and has reported it. If you, your representative or family member still has concerns about the incident or whether the incident was reported, you, your representative or family member may contact the SC or your regional BAS office for help.

**You and your family members are responsible to assist in reporting incidents that have happened to you by:**

1. Contacting the SC or provider and telling him or her of any incidents that have happened or any situations which raise a question about your health and safety.
2. Contacting BAS if there are concerns related to incidents that may involve SC staff that cannot be solved by the Supports Coordination agency.

You, your representative or family should never feel afraid to report anything that does not seem right to you, your representative or your family. The SC and BAS staff are always willing to talk about anything that may be a concern to you.

## Chapter 8: Participant Rights & Responsibilities

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### A. Participant Rights

#### General Rights

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- You have the right to be treated with dignity and respect.
- You have the right to privacy and confidentiality regarding the waiver services you receive.
- If you get residential services from the AAW, you have the right to privacy and confidentiality, including the right to make private phone calls, receive unopened mail, and have privacy in your bedroom and bathroom.
- You have the right to file an appeal when any of these things happen:
  - ◊ You are not given a choice between home and community-based services and institutional services.
  - ◊ Your request for new or additional services is denied.
  - ◊ Your choice of a willing and qualified provider is denied.
  - ◊ Your current waiver services are denied, reduced or terminated.

#### Rights Regarding Service Planning

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- You have the right to know about all of the services offered by the AAW.
- You have the right to help develop your ISP. As the participant, you are at the center of the services you receive. You have the right to have your needs, likes, dislikes, goals and abilities reflected in your ISP.
- You have the right to have a representative and other people who know you help write your ISP, be part of your planning team, and help you participate in the AAW.
- You have the right to choose who is part of your planning team.
- You have the right to ask to see your file kept by the agencies that provide your services and BAS and to ask for copies of papers in your file. You will need to ask your service provider how to get your file.

#### Rights Regarding Services and Providers

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- You have the right to receive the services listed in your ISP. This includes receiving services at the times, in the manner and for the amount of time stated in your ISP.
- You have the right to choose which agency will provide your services and to change your service providers at any time.

- You have the right to tell your SC or BAS if you have problems or concerns about any of your providers, including the way your services are delivered.

## B. Participant Responsibilities

The following is a list of your responsibilities as a participant in the AAW. If you fail to meet these responsibilities, you might lose your services.

### Requests from BAS

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BAS is responsible for making sure you are healthy and safe, you are happy with the services you have and you get your services the way your ISP says.

- If BAS calls you, sends you an email or letter, or asks to meet with you, you are responsible for responding to BAS or meeting with BAS.

### Remaining Eligible

---

You are responsible for making sure that you continue to be eligible for Medical Assistance and the AAW.

- You must contact your county assistance office (CAO) as well as the Social Security Administration if you get Supplemental Security Income (SSI) if your financial situation or address changes.
- You must give your CAO any required documentation if the CAO asks for it.
- If you have questions about Medical Assistance, ask your SC for help.

Every year you must have a Pennsylvania-licensed physician complete the MA 51 Medical Evaluation form. The MA 51 form is used to confirm your diagnosis of autism. It also confirms that you continue to need the level of care required by the AAW.

- BAS will send a reminder letter to you about 60 days before the form is due.
- Your SC will remind you that the MA 51 form needs to be completed. The SC can also help you to schedule an appointment with your doctor.
- The MA 51 form **MUST** be submitted to your SC on time. The date by when you must submit your MA 51 form is included in your reminder letter. If you do not submit the completed MA 51 form 7 days before the expiration date, you risk an interruption in your services or loss of services.

### SC Monitoring

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- You are responsible for cooperating with your SC's monitoring activities by:
  - ◊ Answering calls or returning calls from your SC.

- ◇ Keeping your appointments with your SC.
- If you are not able to keep your appointment, you must call your SC to cancel with as much notice as possible. If you cancel your appointment, you must reschedule the appointment. Tell your SC another time when you can meet.
- You must meet with your SC to review and monitor your services at least once a month either in person or by telephone.
  - ◇ You must meet with your SC in person at least once every three months.
  - ◇ You must meet with your SC once a year in your home and once a year at a place where you are receiving waiver services outside your home, if you get waiver services outside your home.
- Monthly contacts with your SC are important to:
  - ◇ Make sure you are healthy and safe.
  - ◇ Make sure you are satisfied with the services you receive.
  - ◇ Make sure your services are being provided the way your ISP says.
- You are responsible to report to your SC whether your services are being provided as written in your ISP. This can be done during monthly contact with the SC. You can also call your SC at any time to talk about your services.

## **ISP Development**

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- You are responsible for participating in an ISP meeting with your SC every year. You should participate as actively as you can because the services listed in your ISP will be provided to help you meet your needs.
- You are responsible for participating in required assessments every year to determine your strengths and needs. This information will be used by you and your planning team to develop an ISP that meets your needs and goals. You need to find time to meet to do the assessments and always answer the questions as honestly and completely as you can.
- You are responsible for working toward the goals in your ISP.

## **Providers and Service Delivery**

---

- You are responsible for cooperating with your service providers by:
  - ◇ Answering calls or returning calls from your service providers.
  - ◇ Keeping your appointments and being ready when staff arrives to provide services.
  - ◇ If you are not able to keep your appointment, calling your service provider to cancel with as much notice as possible.
  - ◇ If you cancel your appointment, rescheduling the appointment. Give your service provider another time when you can meet.

- You are responsible for treating staff with respect. You and the people you live with should not yell at, curse, or threaten your staff.

## Incidents

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- You are responsible for telling your SC if something bad happens to you even if it happens when you are not getting a waiver service (like having to go to the doctor or emergency room after an accident).
- You are responsible for telling your SC or BAS any time someone:
  - ◊ Does mean things to you, like yells at you, scares you, hits you or hurts you.
  - ◊ Does not give you needed care and attention like food or shelter or take you to the doctor or get you medicine when you need it.
  - ◊ Tries to trick you into doing things you should not do or takes your things or your money without asking you first.

## For Guardians of Participants:

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- **If you are the guardian, all responsibilities listed in this section are your responsibilities.**
- Remember that the participant is at the center of the ISP team.
- The participant's preferences and needs should drive the service planning process. As much as they are able, participants have the right to contribute in decisions affecting their quality of life. The guardian should let the participant take an active role in planning support services. Without the participant's acceptance, services will not be effective.

## C. Complaints & Right to Fair Hearing

### UNDERSTANDING COMPLAINTS & FAIR HEARINGS

A participant has the right to ask the DHS Bureau of Hearings and Appeals to review a determination or decision made by BAS when the participant disagrees with the decision. This is called **requesting a fair hearing** or filing an **appeal**.

A **complaint** refers to a disagreement or dissatisfaction with the way that a provider is delivering waiver services, including Supports Coordination services. Complaints can include concerns about service quality, services not being provided on time, and other topics related to the AAW program.

If you or your representative is unsure whether to file a request for fair hearing or a complaint, you or your representative may talk about any concerns with your SC or BAS. Your SC or BAS can give you more information on what to do.



## When can you ask for a fair hearing?

You can ask for a fair hearing when BAS:

- Denies a request to include a new service in your ISP;
- Approves fewer hours of a service that you had been receiving;
- Denies a request to increase the number of hours for a service you are getting;
- Temporarily stops a service that you are currently receiving; or
- Stops a service you are currently receiving.

You may also request a fair hearing if you are:

- Not given a choice between the AAW and services in an Intermediate Care Facility for Persons with Other Related Conditions (ICF/ORC); or
- Not given a choice of qualified providers.

When any of these above events happen, you will receive a letter. The letter will explain how you can request a fair hearing.

Your SC will also discuss with you your right to a fair hearing every year when your ISP is reviewed or changed.

## How does a participant file a request for fair hearing?

The request for fair hearing (appeal) must be made in writing and mailed to the address below within 30 calendar days of the date of the letter that tells you about the decision that you want to appeal. If the decision is to reduce or stop services that you are currently getting and you want those services to continue while you wait for your appeal to be decided, your written request for a fair hearing must be made within 10 calendar days of the date of the letter that tells you about the decision that you want to appeal. BAS will send the fair hearing request to the DHS Bureau of Hearings and Appeals.

By mail:           Bureau of Autism Services Fair Hearing Request  
                      801 Market Street, Suite 5071  
                      Philadelphia, Pennsylvania 19107

## How does a participant make a complaint?

Waiver providers are required to have their own process in place to respond to your complaints. The provider should tell you about its process when you select that provider. You can make a complaint about a provider using the provider's complaint process before telling BAS about the complaint.

You can file your complaint with BAS by calling BAS's toll-free general information line at 1-866-539-7689. Please leave a message with a daytime phone number and someone will return your call. You can also file a complaint by sending an email to BAS at [DHS-AutismOffice@pa.gov](mailto:DHS-AutismOffice@pa.gov) or by sending a letter to your BAS Regional Office. Complaints do not need to be made in writing. Filing a complaint is not needed before requesting a fair hearing, nor does it take the place of a fair hearing.

### How long until a complaint is resolved by BAS?

After BAS gets the complaint, it is sent to a BAS staff person for resolution. BAS will resolve your complaint within 30 days of getting it and let you know in writing the complaint's resolution. Please see "Appendix F: Participant Rights" in the approved Waiver at [www.autisminpa.org](http://www.autisminpa.org) for a description of the grievance and complaint processes.

### D. Rights regarding health information

The "Notice of Privacy Practices" includes important information about the privacy of your medical information. Please pay special attention to the "What Are My Rights Regarding My Health Information?" section. It discusses the following important information about how medical information about you may be used and given out and how you may see your health information:

- **Right to See and Copy Your Health Information:** You have the right to see most of your protected health information and to receive a copy of it.
- **Right to Correct or Add Information:** If you think some of the protected health information BAS has is wrong or BAS is missing important information, you may ask BAS in writing to correct the information or add new information. You may ask BAS to send the corrected or new information to others who have gotten your health information from BAS.
- **Right to Receive a List of Disclosures:** You have the right to get a list of where your protected health information has been sent, unless it was sent for purposes relating to treatment, payment, operating AAW programs, or if the law says BAS does not have to tell you where your protected health information was sent.
- **Right to Request Restrictions on Use and Disclosure:** You have the right to ask BAS to limit the use and disclosure of your protected health information.
- **Right to Request Confidential Communication:** You may ask BAS to give information to you in a certain way or at a certain place to protect your privacy. For example, you may ask BAS to contact you only by mail.
- **Right to Receive Notification of a Breach:** You have the right to know if someone that should not have seen it sees your protected health information.

## Chapter 9: Additional Information

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### A. Commonly used acronyms

These are or acronyms you will sometimes see when reading about services.

AAW	Adult Autism Waiver
ADLs	Activities of Daily Living
ASD	Autism Spectrum Disorder
BAS	Bureau of Autism Services
BHA	Bureau of Hearings and Appeals
BSP	Behavioral Support Plan
BSS	Behavioral Specialist Services
CAO	County Assistance Office
CIP	Crisis Intervention Plan
DHS	Department of Human Services
FBA	Functional Behavior Assessment
ISP	Individual Support Plan
LEP	Limited English Proficiency
MA	Medical Assistance (also called Medicaid)
ODP	Office of Developmental Programs
PSS	Parental Stress Scale
QOL.Q	Quality of Life Questionnaire
SC	Supports Coordinator
SIB-R	Scales of Independent Behavior-Revised
SSB	Systematic Skill Building
SSD	Specialized Skill Development
SSI	Supplemental Security Income
SBP	Skill Building Plan

### B. Access to services

Free translation services are available for participants with Limited English Proficiency (LEP) or for participants who are deaf or hearing impaired. These services can be used to help you apply for the AAW or get services through the AAW.

All written materials for waiver participants and the public are available in both English and Spanish. Written waiver materials can also be translated at no cost into another language as needed. Forms also include a statement in five languages - Spanish, Chinese, Cambodian, Vietnamese and Russian – that tells participants who do not understand English that they may have the document translated free of charge.

If an interpreter is needed, DHS can use a telephone interpreter service that has translators for many languages spoken in Pennsylvania, including languages which are less common. DHS also has over thirty contractors who can provide translation and interpretation services by phone, writing or in person.

BAS's toll-free number, 866-539-7689, provides instructions for Spanish-speaking callers. Messages can also be left in any voice mailbox in any language and BAS will have the message translated. BAS will return the call with the help of a telephone translator. BAS will set up in-person translation services to translate in-person interviews by BAS staff, including initial eligibility assessments and interviews for quality monitoring.

Supports Coordination agencies and other AAW providers must make sure participants have access to translation services. It is the responsibility of the service provider to notify participants that there are oral and written language translation services available free to participants. Providers may contact BAS if they need help getting an interpreter.

# Appendix A: Adult Autism Waiver Forms

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You may have already seen some of these forms. Blank samples are included as Appendix A:

- Application for the Adult Autism Waiver
- Release of Information Form
- Medical Evaluation form (MA 51)
- Service Preference Form
- Supports Coordinator Choice Form
- Service Provider Choice Form
- Notice of Privacy Practices



## Application for the Adult Autism Waiver

Please print clearly

### Applicant Information

Name: \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code \_\_\_\_\_

County: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Are you currently receiving Medical Assistance? \_\_\_\_\_

Medical Assistance ACCESS number: \_\_\_\_\_

Do you understand English? \_\_\_\_\_

If no, what is your main language? \_\_\_\_\_

*(Please circle)*

Do you live in Pennsylvania? YES NO

If no, do you plan on moving to Pennsylvania? YES NO

When? \_\_\_\_\_

Are you 21 years old or older? YES NO

Do you have an Autism Spectrum Disorder (ASD) diagnosed by a medical doctor or psychologist?

YES NO

Are you currently getting services in any of the following:

- \* Home and community based services (HCBS) waiver program, such as the OBRA waiver, the Consolidated waiver, the Person/Family Directed Services (P/FDS) waiver, or any other waiver
- \* Intermediate Care Facility (ICF), either for Mental Retardation (ICF/MR) or for Other Related Conditions (ICF/ORC)
- \* State Mental Retardation Center
- \* Nursing Home
- \* State Mental Health Hospital

YES

NO

If yes, which service \_\_\_\_\_

**Optional Information:**      *(Please circle)*

Gender:                      Male                      Female

Race/Ethnicity:                      *(You may circle more than one)*  
American Indian or Alaskan Native  
Asian  
Black or African American  
Hawaiian or Pacific Islander  
White  
Hispanic or Latino  
Non-Hispanic

**WHEN I SIGN THIS FORM I AGREE THAT:**

I have read this application in full or someone has read it to me and I understand the questions asked.

I am responsible for any untrue statements made on this application even if someone else submits the application for me.

I will give you or will cooperate in getting any information needed to prove my statements.

I will report any changes on this application.

If I am determined to be eligible for Medical Assistance benefits, I give the Department of Human Services the right to pursue and collect medical support for me.

The Department of Human Services may release, only to the appropriate agency, information about my Medical Assistance benefits that is needed for my employer to qualify for federal and/or state Tax Credits.

I will cooperate with the Department of Human Services and any other state or federal agency that is investigating any information on this application.



WHEN I SIGN THIS FORM I UNDERSTAND THAT:

The Commonwealth of Pennsylvania has a fraud control program under which local, state and federal officials may verify the information I have given.

This can include confirmation through the Pennsylvania State Police Criminal Record Files, the Administrative Office of Pennsylvania Court files and other records that are available.

My benefits may be reduced or stopped or I can be penalized (including being charged with fraud) if I give false or misleading information or if I do not report changes that could affect my benefits.

I am giving the Department of Human Services the right to seek payment from private or public health insurance or other responsible third party, up to the amount paid by Medical Assistance.

The Department of Human Service's Domestic Relations Section has the right to review all records of medical services that Medical Assistance paid for.

Payment for from Medical Assistance will be made to the provider, not to me.

I certify, subject to penalties provided by law, the information I gave is true, correct and complete to the best of my knowledge.

---

Signature of Applicant

Date

---

Signature of individual completing this application,  
if different from the Applicant

Date

To be completed if person other than Applicant completes this form:

Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_



**Bureau of Autism Services**  
**Request to Release Personal Information**

**1. I authorize** \_\_\_\_\_  
(Name of doctor, agency, organization, school, hospital, or other)

**Address:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**to use or disclose individual information as described below from the records of:**

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**2. Reason for disclosure:** to help the Bureau of Autism Services determine if I am eligible for the Adult Autism Waiver and the services I need if I am eligible.

If there are other reasons for the disclosure, describe: \_\_\_\_\_

**3. I understand that:**

a. I can decide at any time that I no longer want to have my records disclosed by writing to the person or organization identified in section 1. If anyone has already released any information because they relied on this authorization, they will not disclose any more information after I tell them that I no longer want to have my records disclosed.

b. The Department of Human Services (Department) and its health and human services programs cannot require me to release any information in order for me to be eligible for or enroll in a program, or get treatment, or have my services be paid for.

c. Except for drug and alcohol and HIV/AIDs information, information disclosed because of this authorization may be disclosed again by the person or organization identified in section A.2 below and is no longer protected by federal privacy regulations.

d. I hereby release the Department, its programs, services, employees, officers, and contractors from any legal responsibility or liability for disclosing the above information as authorized by this document.

e. I may refuse to sign this authorization.

### **PART A - General Information**

**A.1 Information to be disclosed - (Describe the information to be used or disclosed.)  
If information to be used or disclosed includes mental health, drug and alcohol, or HIV-related information, please complete Part B of this form):**

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**A.2 This information is to be disclosed to:**  
**Bureau of Autism Services**

**Address:**

---

(Insert the address of the regional office where the requested information should be sent.)

**A.3 This authorization expires:**

\_\_\_\_\_ Once the information is disclosed

\_\_\_\_\_ Other (specify date or event) \_\_\_\_\_

### **PART B - Special Categories of Medical Information**

#### **B.1 Drug and Alcohol Information**

If my medical record includes drug and alcohol information, I want to have that information sent to the person or organization identified in Section A.2 of this form.

\_\_\_\_\_ Yes \_\_\_\_\_ No or Not Applicable

This information will be disclosed from records protected by Federal Confidentiality rules (42 CFR Part 2). The Federal rules prohibit the person or organization identified in Section A.2 of this form from disclosing this information to anyone else unless I expressly permit them in writing to disclose the information or unless otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

**B.2 Mental Health Information**

If my medical record includes mental health information, I want to have that information sent to the person or organization identified in Section A.2 of this form.

\_\_\_\_\_ Yes \_\_\_\_\_ No or Not Applicable

**B.3 HIV/AIDS Information**

If my medical record includes HIV/Aids information, I want to have that information sent to the person or organization identified in Section A.2 of this form.

\_\_\_\_\_ Yes \_\_\_\_\_ No or Not Applicable

This information will be disclosed from records protected by Pennsylvania law. Pennsylvania law prohibits the person or organization identified in Section A.2 from disclosing this information to anyone else unless I expressly permit them in writing to disclose the information or unless authorized by the Confidentiality of HIV-Related Information Act. A general authorization for the release of medical or other information is not sufficient for this purpose.

.....

\_\_\_\_\_  
Signature of Individual or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
If personal representative, state relationship to individual

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness  
(Necessary for release of Mental Health and Drug and Alcohol information)

\_\_\_\_\_  
Date

\_\_\_\_\_  
If individual is physically unable to sign, signature of second witness

\_\_\_\_\_  
Date



# INSTRUCTIONS FOR COMPLETING MA-51 MEDICAL EVALUATION



**NOTE: THE MA-51 IS VALID AS LONG AS IT REFLECTS THE CURRENT CONDITIONS FOR THE APPLICANT**

At the top of the page, mark if this is a new or updated MA-51.

Questions 1-7 are self-explanatory.

8. **Physician License Number.** Enter the physician license number, not the Medical Assistance number.
9. **Evaluation At.** Enter 1-5 to describe where evaluation took place. If 5 is used, specify where evaluation was completed.
10. **Signature.** Applicant should sign if able. If unable, legal guardian or responsible party may sign.
11. **Essential Vital Signs.** Self-explanatory.
12. **Medical Summary.** Include any medical information you feel is important for determination of level of care. **Please list patient's known allergies in this section.**
13. **Vacating of building.** How much assistance does the patient require to vacate the building?
14. **Medication Administration.** Is the patient capable of being trained to self-administer medications?
15. **Diagnostic Codes and Diagnoses.** ICD diagnostic codes should be put in the blocks, then written by name in the space next to the block. List diagnoses starting with primary, then secondary, and finally tertiary. There is room for any other pertinent diagnoses.
16. **Professional and Technical Care Needs.** Indicate care needed. Examples of "other" include mental health and case management.
17. **Physician Orders.** Orders should meet needs indicated in box 16. Medications should have diagnoses to support their use.
18. **Prognosis.** Indicate patient's prognosis based on current medical condition.
19. **Rehabilitation Potential.** Indicate based on current condition. Should be consistent with box 18.
- 20A. **Physician's Recommendation.** Physician must recommend patient's level of care. If the box for "other" is checked, write in level of care. In order to provide assistance to a physician in the level of care recommendation, the following definitional guidelines should be considered:

Nursing Facility Clinically Eligible (NFCE)	Personal Care Home	ICF/ID Care	ICF/ORC Care	Inpatient Psychiatric Care
Requires health-related care and services because the physical condition necessitates care and services that can be provided in the community with Home and Community Based Services or in a Nursing Facility.	Provides Personal Care services such as meals, housekeeping, & ADL assistance as needed to residents who live on their own in a residential facility.	Provides health-related care to ID individuals. More care than custodial care but less than in a NF.	Provides health-related care to ORC individuals. More care than custodial care but less than in a NF.	Provides inpatient psychiatric services for the diagnoses and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician.

- 20B. **Complete only if Consumer is NFCE and will be served in a Nursing Facility.** Check whether the patient will be eventually be discharged from facility based on current prognosis. If yes, check expected length of stay.

**20C. The physician must sign and date the MA-51. A licensed physician must sign the MA-51.** It may not be signed by a "physician in training" (a Medical Doctor in Training [MT] or an Osteopathic Doctor in Training [OT]).

**Questions 21 and 22 completed by the OPTIONS Unit in the Area Agency on Aging.**



**MEDICAL EVALUATION**☐

NEW

☐

UPDATED

1. MA RECIPIENT NUMBER		2. NAME OF APPLICANT (Last, first, middle initial)		3. SOCIAL SECURITY NO.	4. BIRTHDATE
5. AGE	6. SEX	7. ATTENDING PHYSICIAN			8. PHYSICIAN LICENSE NUMBER
9. EVALUATION AT (Description and code) 01 Hospital 02 NF 03 Personal Care/Dom Care 04 Own House/Apartment 05 Other (Specify) _____				10. For the purpose of determining my need for TITLE XIX INPATIENT CARE, Home and Community Based Services, and if applicable, my need for a shelter deduction, I authorize the release of any medical information by the physician to the county assistance office, Pennsylvania Department of Human Services or its agents.  SIGNATURE - APPLICANT OR PERSON ACTING FOR APPLICANT _____ DATE _____	



11. HEIGHT	WEIGHT	BLOOD PRESSURE	TEMPERATURE	PULSE RATE	CARDIAC RHYTHM
------------	--------	----------------	-------------	------------	----------------

12. MEDICAL SUMMARY

13. IN EVENT OF AN EMERGENCY THE PATIENT CAN VACATE THE BUILDING <input type="checkbox"/> 1. Independently <input type="checkbox"/> 2. With Minimal Assistance <input type="checkbox"/> 3. With Total Assistance	14. PATIENT IS CAPABLE OF ADMINISTERING HIS/HER OWN MEDICATIONS <input type="checkbox"/> 1. Self <input type="checkbox"/> 2. Under Supervision <input type="checkbox"/> 3. No
---	--

15. ICD DIAGNOSTIC CODES	
	PRIMARY (Principal)
	SECONDARY
	TERTIARY

16. PROFESSIONAL AND TECHNICAL CARE NEEDED - CHECK ✓ EACH CATEGORY THAT IS APPLICABLE					
<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Inhalation Therapy	<input type="checkbox"/> Special Dressings	<input type="checkbox"/> Irrigations
<input type="checkbox"/> Special Skin Care	<input type="checkbox"/> Parenteral Fluids	<input type="checkbox"/> Suctioning	<input type="checkbox"/> Other (Specify) _____		

17. PHYSICIAN ORDERS
Medications _____
Treatment _____
Rehabilitative and Restorative Services _____
Therapies _____
Diet _____
Activities _____
Social Services _____
Special Procedures for Health and Safety or to Meet Objectives _____

18. PROGNOSIS - CHECK ✓ ONLY ONE <input type="checkbox"/> 1. Stable <input type="checkbox"/> 2. Improving <input type="checkbox"/> 3. Deteriorating	19. REHABILITATION POTENTIAL - CHECK ✓ ONLY ONE <input type="checkbox"/> 1. Good <input type="checkbox"/> 2. Limited <input type="checkbox"/> 3. Poor
--	--

20A. <b>PHYSICIAN'S RECOMMENDATION</b>	To the best of my knowledge, the patient's medical condition and related needs are essentially as indicated above. I recommend that the services and care to meet these needs can be provided at the level of care indicated - check ✓ only one
<input type="checkbox"/> Nursing Facility Clinically Eligible Services to be provided at home or in a nursing facility	<input type="checkbox"/> Personal Care Home Services provided in a Personal Care Home
<input type="checkbox"/> ICF/ID Care Services to be provided at home or in an Intermediate care facility for the intellectually disabled	<input type="checkbox"/> ICF/ORC Care Services to be provided at home or in an Intermediate care facility for consumers with ORCs
<input type="checkbox"/> Inpatient Psychiatric Care	<input type="checkbox"/> Other (Please Specify) _____
20B. <b>COMPLETE ONLY IF CONSUMER IS NURSING FACILITY CLINICALLY ELIGIBLE AND WILL BE SERVED IN A NURSING FACILITY.</b> ON THE BASIS OF PRESENT MEDICAL FINDINGS THE PATIENT MAY EVENTUALLY RETURN HOME OR BE DISCHARGED. <input type="checkbox"/> YES <input type="checkbox"/> NO   If Yes, Check ✓ Only One <input type="checkbox"/> 1. Within 180 days <input type="checkbox"/> 2. Over 180 days	
20C. <b>PHYSICIAN'S SIGNATURE</b> _____ PHYSICIAN (PRINTED NAME)   _____   TELEPHONE   _____   PHYSICIAN SIGNATURE   _____   DATE	



<b>FOR DEPARTMENT USE</b> Medical and other professional personnel of the Medicaid agency or its designee MUST evaluate each applicant's or recipient's need for admission by reviewing and assessing the evaluations required by regulations.	
21A. <b>MEDICALLY ELIGIBLE</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Medically Appropriate for Waiver Services	21B. <b>Length of Stay</b> <input type="checkbox"/> Within 180 days <input type="checkbox"/> Over 180 days
22 <b>Comments. Attach a separate sheet if additional comments are necessary.</b> _____ REVIEWER'S SIGNATURE AND TITLE   _____   DATE	

ORIGINAL TO CAO - RETAIN PHOTOCOPY FOR YOUR FILE



**PA DEPARTMENT OF HUMAN SERVICES  
OFFICE OF DEVELOPMENTAL PROGRAMS  
Bureau of Autism Services  
Adult Autism Waiver**

**SERVICE PREFERENCE FORM**

NAME OF APPLICANT (LAST, FIRST, MIDDLE)		DATE
ADDRESS	D.O.B	GENDER
TELEPHONE NUMBER	SOCIAL SECURITY NUMBER	

I (or the person acting for me, who is my representative) have been told that, if I am eligible for the Adult Autism Waiver, I (or my representative) may choose to receive services through the Adult Autism Waiver, or to receive services in an institution, or to receive no services.

**To be completed by the APPLICANT (OR THE APPLICANT'S REPRESENTATIVE):**

**I have freely chosen the following (Check ONE option):**

- ☐ To receive services in an institution.
- ☐ To receive Adult Autism Waiver services.
- ☐ To receive no services.

APPLICANT OR REPRESENTATIVE SIGNATURE	PRINT NAME	DATE
WITNESS SIGNATURE	PRINT NAME	DATE

**Note: SC should send a copy of signed Service Provider Choice Form to BAS**

If you need help reading this information, please call the Bureau of Autism Services at 1-866-539-7689.  
Si necesita ayuda para leer esta información, llame a la Oficina de Servicios para Autismo al 1-866-539-7689.  
បើលោកអ្នកត្រូវការជំនួយក្នុងការអានព័ត៌មាននេះ សូមទូរស័ព្ទមកក្រសួងជំនួយផ្នែកជម្រើសរក្សាលទ្ធផលនាំគ្នាមិនរាប់រកឆ្លង 1-866-539-7689។  
如果您阅读此信息需要协助, 请拨打 1-866-539-7689 联系自闭症服务局(Bureau of Autism Services).  
Если вам нужна помощь при прочтении данной информации, звоните в Bureau of Autism Services по телефону 1-866-539-7689.  
Nếu các bạn cần giúp đỡ để đọc thông tin này, xin gọi Phòng Dịch Vụ về Sự Tự Kỳ của Trẻ Em số 1-866-539-7689.





## SUPPORTS COORDINATOR CHOICE FORM

NAME OF PARTICIPANT (LAST, FIRST, MIDDLE)	DATE OF BIRTH
ADDRESS	TELEPHONE NUMBER

### To be completed by the **APPLICANT (OR THE APPLICANT'S REPRESENTATIVE)**:

Check each item(s) that applies to you:

- ☐ I have been given a list of the agencies, with their contact information that provide Supports Coordination services for people in the Adult Autism Waiver.
- ☐ I have been told that I may pick any Supports Coordination agency that provides Supports Coordination services for people in the Adult Autism Waiver and that I can change Supports Coordinators at any time.

First choice (optional): \_\_\_\_\_

Second choice (optional): \_\_\_\_\_

_____ APPLICANT OR REPRESENTATIVE SIGNATURE	_____ PRINT NAME	_____ DATE
_____ WITNESS SIGNATURE	_____ PRINT NAME	_____ DATE

If you need help reading this information, please call the Bureau of Autism Services at 1-866-539-7689.

Si necesita ayuda para leer esta información, llame a la Oficina de Servicios para Autismo al 1-866-539-7689.

បើលោកអ្នកត្រូវការជំនួយក្នុងការអានព័ត៌មាននេះ សូមទូរស័ព្ទមកក្រសួងជំនួយផ្នែកជម្ងឺខួរក្បាលដែលនាំឲ្យមានមិនអាចរៀនសូត្របាន 1-866-539-7689។

如果您阅读此信息需要协助, 请拨打 1-866-539-7689 联系自闭症服务局(Bureau of Autism Services).

Если вам нужна помощь при прочтении данной информации, звоните в Bureau of Autism Services по телефону 1-866-539-7689.

Nếu các bạn cần giúp đỡ để đọc thông tin này, xin gọi Phòng Dịch Vụ về Sự Tự Kỷ của Trẻ Em số 1-866-539-7689.



## SERVICE PROVIDER CHOICE FORM

NAME OF PARTICIPANT (LAST, FIRST, MIDDLE)	DATE OF BIRTH
ADDRESS	TELEPHONE NUMBER

I have been told that I (or the person acting for me, who is my representative) may pick a provider for each service listed on my Individual Support Plan (ISP) from the providers who deliver that service to people in the Adult Autism Waiver; that I (or my representative) may pick a different provider for each service listed on my ISP; and that I (or my representative) may at any time change any provider for a service that I am getting.

### To be completed by the PARTICIPANT (OR THE PARTICIPANT'S REPRESENTATIVE):

Check each item that applies to you:

- ☐ I have been given a provider directory for the Adult Autism Waiver that lists all agencies, with their contact information, that provide the services included on my ISP.
- ☐ I have been told that I may pick any of the providers listed in the provider directory for my services and that I can change providers at any time.

_____ PARTICIPANT OR REPRESENTATIVE SIGNATURE	_____ PRINT NAME	_____ DATE
_____ WITNESS SIGNATURE	_____ PRINT NAME	_____ DATE

**Note: SC should send a copy of signed Service Provider Choice Form to BAS.**

If you need help reading this information, please call the Bureau of Autism Services at 1-866-539-7689.  
Si necesita ayuda para leer esta información, llame a la Oficina de Servicios para Autismo al 1-866-539-7689.  
បើលោកអ្នកត្រូវការជំនួយក្នុងការអានព័ត៌មាននេះ សូមទូរស័ព្ទមកក្រសួងជំនួយផ្នែកជំងឺខួរក្បាលដែលនាំឲ្យគេឆ្ងល់ច្រឡំមិនអាចបំភ្លេចបាន 1-866-539-7689។  
如果您阅读此信息需要协助, 请拨打 1-866-539-7689 联系自闭症服务局(Bureau of Autism Services).  
Если вам нужна помощь при прочтении данной информации, звоните в Bureau of Autism Services по телефону 1-866-539-7689.  
Nếu các bạn cần giúp đỡ để đọc thông tin này, xin gọi Phòng Dịch Vụ về Sự Tự Kỷ của Trẻ Em số 1-866-539-7689.



# NOTICE OF PRIVACY PRACTICES

## THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice contains important information about the privacy of your medical information. If you need this notice in another language or someone to interpret, please contact your local county assistance office. Language assistance will be provided free of charge.

Este aviso contiene información importante acerca de la privacidad de su información médica. Si necesita este aviso en otro idioma o alguien para que interprete, comuníquese con la Oficina de Asistencia de su Condado. La asistencia bilingüe será gratuita.

Данное уведомление содержит важные сведения относительно конфиденциальности вашей медицинской информации. Если вам нужно данное уведомление на другом языке или вам нужны услуги устного переводчика, обращайтесь в Бюро помощи вашего округа (County Assistance Office). Переводческие услуги предоставляются бесплатно.

此通知包括关于您的医疗信息的个人隐私方面的重要资料。  
如果您需要此通知译成其它语言或需要有人替您翻译，  
请联系您所在地区的郡县协助办事处。  
可提供免费语言协助。

Thông báo này gồm những thông tin quan trọng về việc bảo mật các chi tiết y tế cá nhân của quý vị. Nếu cần có thông báo này bằng một ngôn ngữ khác hay người để thông dịch, xin quý vị liên lạc với Văn Phòng Trợ Cấp Địa Phương. Trợ giúp ngôn ngữ sẽ được cung cấp miễn phí.

សំបុត្រនេះមានព័ត៌មានសំខាន់អំពីការរក្សាទុកជាសម្ងាត់ព័ត៌មានពេទ្យ  
របស់លោកអ្នក។ បើលោកអ្នកត្រូវការសំបុត្រនេះ ជាភាសាផ្សេងទៀត  
ឬត្រូវការអ្នកបកប្រែសំបុត្រនេះ  
សូមទាក់ទងការិយាល័យដើម្បីរបស់លោកអ្នក។ ឥតគិតថ្លៃ  
ភាសាទាំងនេះផ្តល់ឱ្យអោយឥតគិតថ្លៃ។

The Department of Human Services (DHS) provides and pays for many types of benefits and social services. We also determine an individual's eligibility to receive benefits and services. To do these things, we have to collect personal and health information about you and/or your family. The information we collect about you and/or your family is private. We call this information "protected health information."

DHS does not use or disclose DHS health information unless it is permitted or required by law. DHS is required by law to maintain the privacy of protected health information, to provide individuals with notice of its legal duties and privacy practices concerning protected health information and to notify affected individuals in the case of a breach of unsecured protected health information. As a "covered entity," DHS must follow applicable laws protecting the privacy of your protected health information which include the Health Insurance Portability and Accountability Act (HIPAA) privacy rules. Under HIPAA, Medicaid agencies, certain health plans and health care providers are examples of covered entities that must comply with HIPAA. Other laws that may apply include rules concerning confidential information about Medical Assistance, other benefits, behavioral health, substance abuse/treatment and HIV/AIDS. When we use or disclose protected health information, we make every reasonable effort to limit its use or disclosure to the minimum necessary to accomplish the intended purpose. This notice explains your right to privacy of your protected health information and how we may use and disclose that information. For more information on DHS privacy practices, or to receive another copy of this notice, please contact us. For information on how to contact us, see the "Questions or Complaints" section on the last page of this notice.

We are required by law to follow the terms of this notice. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all protected health information we maintain. If we make an important change in our privacy policies or procedures, we will post a revised copy of the notice on our website and/or provide you with a new privacy notice by mail or in person. You may request and receive a paper copy of this notice at any time.

### What is protected health information?

Protected health information is information about you that relates to a past, present or future physical or mental health condition, treatment or payment for treatment, and that can be used to identify you. This information includes any information, whether verbal or recorded in any form, that is created or received by DHS or persons or organizations that contract with DHS. This includes electronic information and information in any other form or medium that could identify you, for example:

Your name (or names of your children)  
Address  
Date of birth  
Admission/discharge date  
Diagnostic code

Telephone number  
DPW case number  
Social Security number  
Medical procedure code

## Who sees and shares my health information?

DHS professionals (such as caseworkers and other county assistance office and program staff) and people outside of DHS (such as our contractors, health maintenance organization (HMO) staff, nurses, doctors, therapists, social workers and administrators) may see and use your health information to determine your eligibility for benefits, treatment, payment or for other required or permitted reasons. Sharing your health information may relate to services and benefits you had before, receive now, or may receive later. DHS will not use or share genetic information about you when deciding if you are eligible for Medicaid.

## Why is my protected health information used and disclosed by DHS?

There are different reasons why we may use or disclose your protected health information. The law says that we may use or disclose information without your consent or authorization for the reasons described below.

**For Treatment:** We may use or disclose information so that you can receive medical treatment or services. For example, we may disclose information your doctor, hospital or therapist needs to know to give you quality care and to coordinate your treatment with others helping with your care.

**For Payment:** We may use or disclose information to pay for your treatment and other services. For example, we may exchange information about you with your doctor, hospital, nursing home, or another government agency to pay the bills for your treatment and services.

**For Operating Our Programs:** We may use or disclose information in the course of our ordinary business as we manage our various programs. For example, we may use your health information to contact you to provide information about appointments, health-related information and benefits and services. We may also review information we receive from your doctor, hospital, nursing home and other health care providers to review how our programs are working or to review the need for and quality of health care services provided to you and/or your family.

**For Public Health Activities:** We report public health information to other government agencies concerning such things as contagious diseases, immunization information, and the tracking of some diseases such as cancer.

**For Law Enforcement Purposes and As Required by Legal Proceedings:** We will disclose information to the police or other law enforcement authorities as required by court order.

**For Government Programs:** We may disclose information to a provider, government agency or other organization that needs to know if you are enrolled in one of our programs or receiving benefits under other programs such as the Workers' Compensation Program.

**For National Security:** We may disclose information requested by the federal government when they are investigating something important to protect our country.

**For Public Health and Safety:** We may disclose information to prevent serious threats to health or safety of a person or the public.

**For Research:** We may disclose information for permitted research purposes and to develop reports. These reports do not identify specific people.

**For Coroners, Funeral Directors and Organ Donation:** We may disclose information to a coroner or medical examiner for identification purposes, cause of death determinations, organ donation and related reasons. We may also disclose information to funeral directors to carry out funeral-related duties.

**For Reasons Otherwise Required By Law:** DHS may use or disclose your protected health information to the extent that the use or disclosure is otherwise required by law. The use or disclosure is made in compliance with the law and is limited to the requirements of the law.

## Do other laws also protect certain health information about me?

DHS also follows other federal and state laws that provide additional privacy protections for the use and disclosure of information about you. For example, if we have HIV or substance abuse information, with a few exceptions, we may not release it without special, signed written permission that complies with the law. In some situations, the law also requires us to obtain written permission before we use or release information concerning mental health or intellectual disabilities and certain other information.



## Can I ask DHS to use or disclose my health information?

Sometimes, you may need or want to have your protected health information sent or otherwise disclosed to someone or somewhere for reasons other than treatment, payment, operating our programs, or other permitted or required purpose not needing your written authorization. If so, you may be asked to sign an authorization form, allowing us to send or otherwise disclose your protected health care information as you request.

The authorization form tells us what, where and to whom the information will be sent or otherwise disclosed. You may revoke your authorization or limit the amount of information to be disclosed at any time by letting us know in writing, except to the extent that DHS has already taken action in reliance upon the authorization.

If you are younger than 18 years old and, by law, you are able to consent for your own health care, then you will have control of that health information. You may ask to have your health information sent to any person who is helping you with your health care.

Except as described in this Notice, we will not use or disclose your health information without your written authorization. For example, HIPAA generally requires written authorization before a covered entity may use or disclose an individual's psychotherapy notes. In most cases, HIPAA also requires written authorization before a covered entity may use or disclose protected health information for marketing purposes or before it sells it.

## What are my rights regarding my health information?

As a DHS client, you have the following rights regarding your protected health information that we use and disclose:

**Right to See and Copy Your Health Information:** You have the right to see most of your protected health information and to receive a copy of it. If you want copies of information you have a right to see, you may be charged a small fee. However, generally, you may not see or receive a copy of: (1) psychotherapy notes; or (2) information that may not be released to you under federal law.

If we deny your request for protected health information, we will provide you a written explanation for the denial and your rights regarding the denial.

DHS does not receive or keep a file of all of your protected health information. Doctors, hospitals, nursing homes and other health care providers (including an HMO, if you are enrolled in one) may also have your protected health information. You also have a right to your health information through your doctor or other provider who has these records.

**Right to Correct or Add Information:** If you think some of the protected health information we have is wrong, you may ask us in writing to correct or add new information. You may ask us to send the corrected or new information to others who have received your health information from us. In certain cases, we may deny your request to correct or add information. If we deny your request, we will provide you a written explanation of why we denied your request. We will also explain what you can do if you disagree with our decision.

**Right to Receive a List of Disclosures:** You have the right to receive a list of where your protected health information has been sent, unless it was sent for purposes relating to treatment, payment, operating our programs, or if the law says we are not required to add the disclosure to the list. For example, the law does not require us to add to the list any disclosures we may have made to you, to family or persons involved in your care, to others you have authorized us to disclose to, or for information disclosed before April 14, 2003.

**Right to Request Restrictions on Use and Disclosure:** You have the right to ask us to restrict the use and disclosure of your protected health information. We may not be able to agree to your request. In fact, in some situations, we are not permitted to restrict the use or disclosure of the information. If we cannot comply with your request, we will tell you why. Except as otherwise required by law, we must grant your request to restrict disclosure to a health plan if the purpose of disclosure is not for treatment and the medical services to which the request applies have been paid out-of-pocket in full.

**Right to Request Confidential Communication:** You may ask us to communicate with you in a certain way or at a certain location. For example, you may ask us to contact you only by mail.

**Right to Receive Notification of a Breach:** You have the right to receive notification if there is a breach of your unsecured protected health information

### Whom do I contact about my rights or to ask questions about this notice?

You can contact the DHS HIPAA helpline, toll-free at 800-692-7462 to discuss your rights or to ask questions about this notice. You can also contact your caseworker or health care provider or write to DHS's Privacy Office, 3rd Floor West, Health and Welfare Building, 7th and Forster Streets, Harrisburg, PA 17120.

You can receive important information or updates to this notice by visiting DHS's Web site at [www.dhs.state.pa.us](http://www.dhs.state.pa.us).

### How do I file a complaint?

You may contact either office listed below if you want to file a complaint about how DHS has used or disclosed information about you. There is no penalty for filing a complaint. Your benefits will not be affected or changed if you file a complaint. DHS and its employees and contractors cannot and will not retaliate against you for filing a complaint.

PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES PRIVACY OFFICE  
3RD FLOOR WEST, HEALTH AND WELFARE BUILDING  
7TH AND FORSTER STREETS  
HARRISBURG, PA 17120

REGION III  
U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
OFFICE FOR CIVIL RIGHTS  
150 S. INDEPENDENCE MALL WEST - SUITE 372  
PHILADELPHIA, PA 19106-9111

**Effective: April, 2003 – Revised July 28, 2015**



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES