Pennsylvania

Department of Human Services

Office of Developmental Programs

Bureau of Supports for Autism and Special Populations

Adult Autism Waiver Provider Resource Guide

March 2025

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Introduction

This guide was developed to support providers of the Adult Autism Waiver (AAW) to be aware of the expectations and available resources. The AAW is administered by Pennsylvania's Office of Developmental Programs' (ODP) Bureau of Supports for Autism and Special Populations (BSASP). BSASP directly administers the AAW and is responsible for the development of policies and procedures to ensure the proper implementation of the waiver.

Providers are responsible for compliance with all applicable regulations and requirements of ODP services, as well as local, state, and federal regulations and laws applicable to the services provided.

ODP distributes updates via communications such as ODP Announcements and Bulletins, available through listserv and on the MyODP Training Resource Center (MyODP). Communications and resources can most easily be found on MyODP.

All enrolled AAW providers are responsible for complying with, and will be monitored against, the information and requirements referenced within this guide and subsequent ODP Announcements and Bulletins. Any ODP Announcements or Bulletins published after the date of this guide will supersede the information contained within this guide.

This guide includes multiple resources and websites. To limit duplication or expiration of information t, this guide refers users to the sources of information rather than detailing regulations again herein. **Please report any non-working or outdated link to the Provider Support Mailbox at ra-basprovidersupprt@pa.gov.**

Each section has an "easy access box" of links at the beginning of the section to provide quick access to relevant information. The links identified in the text of the section are the same as those listed in the "easy access box." Some links and email addresses are provided multiple times throughout this guide whenever they relate to multiple subject areas.
If additional information is needed, providers should email BSASP through the Provider Support Mailbox at ra-basprovidersupprt@pa.gov.

Section 1. Where to Find General Information

Easy Access Box	
Adult Autism Waiver	"For Providers" page
AAW Provider Information Table	MyODP Training and Resource Center
55 Pa. Code Chapter 6100 Regulations	Listservs
55 Pa. Code Chapter 6400 Regulations	ASERT
6400 Regulatory Compliance Guide (RCG)	Medical Assistance Programs Dictionary
55 Pa. Code Chapter 6500 Regulations	HCSIS
55 Pa. Code Chapter 2380 Regulations	HCSIS Frequently Asked Questions resource
55 Pa. Code Chapter 1101 Regulations	HCSIS Learning Management System

DHS website	PA Navigate

Essential Resources

Adult Autism Waiver: The current version of the AAW describes goals, services, and all requirements of the waiver that providers are expected to meet, when applicable.

AAW Provider Information Table: The AAW Provider Information Table (PIT) summarizes each AAW service, including service definitions, limitations, rates, procedure codes and provider qualifications.

55 Pa. Code Chapter 6100 Regulations: (Relating to Services for Individuals with an Intellectual Disability or Autism): Providers of ODP programs, including the AAW, are subject to the regulations of 55 Pa. Code Chapter 6100. Information about program expectations and requirements are outlined in these regulations.

55 Pa. Code Chapter 6400 Regulations: (Relating to Community Homes for Individuals with Intellectual Disabilities or Autism): These regulations establish the minimum requirements to operate a community home for individuals with intellectual disabilities or autism in the Commonwealth of Pennsylvania. Users should also consult the 6400 Regulatory Compliance Guide (RCG).

55 Pa. Code Chapter 6500 Regulations: (Relating to Life Sharing Homes): These regulations establish the minimum requirements to operate a life sharing home for individuals with intellectual disabilities or autism in the Commonwealth of Pennsylvania.

55 Pa. Code Chapter 2380 Regulations: (Relating to Adult Training Facilities): The purpose of this chapter is to protect the health, safety, and well-being of individuals with disabilities, through the formulation, implementation, and enforcement of minimum requirements of the operation of adult training facilities.

55 Pa. Code Chapter 1101 Regulations: (Relating to General Provisions): This chapter sets for the Medical Assistance regulations and policies which apply to providers. AAW providers are subject to these general provisions, where applicable, because some of the funding for the AAW is through Medical Assistance.

Informational Resources

Department of Human Services (DHS) website: The DHS website contains links to resources and contact information essential to understanding ODP services. The "For Providers" page (found in the upper right-hand corner of the webpage) is particularly useful.

MyODP: The MyODP Training and Resource Center, or MyODP, contains communications, resources and training (for training, please see the "learning" link near the top of the page). Note

that MyODP serves all of ODP and contains information relevant to other programs that may not be applicable to the AAW.

AAW Listservs: ODP distributes critical program updates and requirements (including ODP Announcements, policies and procedures) through multiple listservs. Providers must comply with all current AAW requirements. Providers should ensure that supervisors and other appropriate organizational staff subscribe to the applicable listservs.

ASERT: The Autism Services, Education, Resources, & Training Collaborative, or ASERT, is funded by ODP and is described to meet the needs of Pennsylvanians with autism and their family members, community members, and the providers who support them. The ASERT Collaborative is a partnership of medical centers, centers of autism research and services, universities and other providers of services involved in the treatment and care of individuals of all ages with autism and their families.

Medical Assistance Programs Dictionary: The Medical Assistance Programs Dictionary provides a table of definitions and descriptions of acronyms, words, and terms that are frequently used within the Office of Medical Assistance Programs (OMAP). While this is not specific to the AAW and does not include some AAW-specific terms, it is a useful resource for many terms providers will encounter when working with ODP.

HCSIS and HCSIS Supports: The Home and Community Based Information System (HCSIS) holds information about participants and providers. The HCSIS Frequently Asked Questions resource addresses many provider questions. Education and resources about HCSIS can be accessed through the HCSIS Learning Management System.

PA Navigate: PA Navigate is a statewide network that connect people in Pennsylvania with the health and social care services they need. It is designed to help Pennsylvanians access community resources more easily.

Section 2. Waiver Programs and Participant Eligibility

Easy Access Box	
ODP Bulletin #00-19-04 Directory of CAO contacts	COMPASS

In Pennsylvania, the Department of Human Services (DHS) administers multiple Medical Assistance/Medicaid waivers. Each waiver has its own unique set of eligibility requirements and services. A can be found on the DHS website.

Participant eligibility for the AAW is detailed in the ODP Bulletin #00-19-04, Individual Eligibility for the Consolidated PFDS and Community Living Waivers. **This bulletin does apply to the AAW even though the AAW is not listed in the bulletin name.**

Once enrolled in a waiver, participants must maintain their Medical Assistance (MA) eligibility. This is usually done in collaboration with the local County Assistance Office (CAO). A directory of CAO contacts can be found on the Department of Human Services (DHS) website.

Some MA documentation and multiple other applications and resources are accessible through the COMPASS website and the myCOMPASS PA mobile application.

Section 3. Program Enrollment

Easy Access Box	
AAW Prospective Provider Information and Resources	Chapter 6100 regulations Provider Information Table Resources for AAW Providers
Provider qualification requirements	

Prospective providers wishing to know more about enrollment as an AAW provider should review resources on MyODP, including the available information on the AAW Prospective Provider Information and Resources. MyODP and the Provider Information Table (PIT) also have information about provider qualification requirements and expectations.

Requirements for enrollment for Home and Community Based Services (HCBS) providers are located within the chapter 6100 regulations.

Qualification information regarding staff for HCBS providers can be found in the Provider Information Table. Additionally, infographics about staff qualifications can be found under the Service Specific AAW Provider Qualifications Infographics section of the Resources for AAW Providers section of myODP.

Questions about provider enrollment for the AAW may be sent to ra-pwbasprovenroll@pa.gov.

Section 4. Provider Qualification

Easy Access Box	
Provider Information Table (PIT) AAW Qualification and Enrollment	SPeCTRUM 2.0 ODP Announcement 19-121 PROMISe™ Internet Portal

Providers for all services must ensure their organizations and staff meet the qualification requirements specified within the AAW and must comply with the service definitions in the AAW as well as the Provider Information Table (PIT).

If providers are unsure if a potential new candidate will meet the staff qualification requirements, they may send a request to have their qualifications reviewed to ra-pwbasprovenroll@pa.gov by adding "DSP Qualification Review" in the subject line. Once this email is received by ODP, ODP will request documentation needed to verify staff requirements. Note that the provider organization, not the staff seeking qualification verification, should make this request.

Provider qualifications are routinely checked by ODP based on the providers initial enrollment/ qualification date and then Master Provider Index (MPI) Number. More information about Provider Qualifications can be found on MyODP's AAW Qualification and Enrollment page.

Providers must be aware of and comply with all training requirements in Pennsylvania regulations.

Individuals providing most AAW services must complete SPeCTRUM 2.0 prior to service delivery. Note that SPeCTRUM 2.0 is not required to provide Assistive Technology, Home Modifications, or Vehicle Modifications. Providers may wish to reference ODP Announcement 19-121.

All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation date. Revalidation applications can be completed on the PROMISe Portal at PROMISe™ Internet Portal > Home (state.pa.us). Providers should log in with their 9-digit MPI Number and the 4-digit service location number of the site they want to revalidate. A provider must log in to have access to the revalidation application.

Section 5. Provider Responsibilities

Easy Access Box	
Adult Autism Waiver AAW Provider Qualifications Page Enterprise Incident Management (EIM) HCSIS Frequently Asked Questions resource	HCSIS Learning Management System (LMS) Adult Autism Programs General Information Health and Human Services site for HIPAA MA Fraud and Abuse: General Information

Regulations and Requirements
Providers must follow all applicable regulations, including the requirements of the Adult Autism Waiver.

Providers are required to ensure that staff providing services meet all qualification and training requirements. Training and service-specific staff qualifications can be found on the AAW Provider Qualifications Page. More information can also be found in Section 4 of this guide.

HCSIS and EIM
Providers are responsible for ensuring that appropriate staff have access to the Home and

Community Based Information System (HCSIS) and Enterprise Incident Management (EIM). The HCSIS Frequently Asked Questions resource addresses many provider questions. Education and resources about HCSIS can be accessed through the HCSIS Learning Management System (LMS). The HCSIS helpdesk can be contacted by phone at 866-444-1264 or by email at c-hhcsishd@pa.gov. Note that, with the exception of the Behavior Support Plan (BSP) and Crisis Intervention Plan (CIP), providers are unable to modify the plan in HCSIS and must contact the assigned Supports Coordinator (SC) for changes.

Services and Supports Directory (SSD)
Providers must regularly ensure their contact information in the AAW Supports and Services Directory (SSD) is accurate. The SSD, which can be accessed through Adult Autism Programs General Information – MyODP, is a tool that helps participant and their families to locate service providers enrolled in the AAW. The SSD resource is updated quarterly, and providers should check each new installment for accuracy. If information needs to be updated, email Provider Enrollment at ra-pwbasprovenroll@pa.gov.

HIPAA
Providers are required to comply with the Health Insurance Portability and Accountability Act (HIPAA) for the use or disclose of an individual's health information. Requirements of HIPAA can be found on the federal Health and Human Services site for HIPAA. All email that exchanges HIPAA-protected information is required by law to utilize a secure email solution.

Fraud
Providers are responsible for recognizing and reporting fraud. Information can be found on the Department of Human Services website MA Fraud and Abuse: General Information. Fraud, deceit or falsification of documents or information may lead to IDP sanctions as described in 55 Pa. Code 6100 regulation.

Section 6. Service Delivery and Documentation

Easy Access Box	
HCSIS Service utilization infographic Service Utilization PowerPoint ODP Bulletin #00-22-03 Attachment 2-Technical Guidance PROMISe DHS website for PROMISe PROMISe handbooks and billing guides	Provider Information Table FAQ: Billing and Claims Status page EVV Bulletin DHS Electronic Visit Verification ODP Bulletin 00-23-01

Services must always be delivered in accordance with all provisions of Pennsylvania regulations.

Participant Orientation

Before or at the time services are initiated, providers must give participants the following information both verbally and in writing that can be understood by the participant:

- A general orientation that includes a description of the services to be provided and the staff who will be providing the services;
- Information on the schedule for service delivery, which must be consistent with the participant's preferences specified in the ISP;
- Procedures for the participant to file a complaint, including the name and/or title and telephone number of the contact person;
- Description of the contingency plan if primary staff are unavailable; and
- Explanation of the procedure to be followed and the name and contact information for the provider staff person or office to be contacted if a participant is unable to receive services, such as due to illness or travel.

Service Authorizations and Monitoring of Utilization

Providers must verify services are authorized in the participant's ISP in HCSIS before they deliver the service. Delivering services that are not authorized exposes providers to the risk of not being reimbursed for services as provided if BSASP is unable or unwilling to authorize the services retroactively.

Authorizations may be verified directly in the participant's ISP or through Tools>Notices>service Authorization Notice in HCSIS. Providers are responsible to ensure authorized units are delivered in accordance with the ISP or to contact the Supports Coordinator (SC) if changes to the ISP are needed.

Providers should be aware that Supports Coordinators use a Service Utilization Calculator developed by BSASP to guide determination of how many units are recommended for the upcoming plan year. A service utilization infographic describing the process can be found on MyODP. There is also a Service Utilization PowerPoint available on MyODP.

ISP Planning and Service Utilization

Providers are expected to attend annual Individual Support Plan (ISP) planning meetings and all other requested meetings whenever possible. Providers should collaborate with the Supports Coordinator prior to the meeting to determine what information, such as service utilization and unbilled units, will be requested at or after the ISP meeting.

Service Documentation and Billing

Providers must comply with the requirements outlined in ODP Bulletin #00-22-03, Technical Guidance for Claim and Service Documentation. Providers in the AAW should be aware that Attachment 2-Technical Guidance for Claim and Service Documentation to this bulletin relates specifically to AAW services. The bulletin and the attachment must be used in conjunction with each other.

Payment for service delivery is processed through the Pennsylvania Processing and Management Information System, or PROMISe. Additional resources about how to use PROMISe are available on the DHS website for PROMISe. Additionally, DHS offers PROMISe handbooks and billing guides. The most common billing error codes are outlined in the Billing Error Status Codes (ESCs) appendix to this guide.

For assistance with PROMISe or billing problems, providers should first contact BSASP at ra-pwaawclmsmonitor@pa.gov. If directed to then contact the ODP Claims Resolution Hotline, they may be reached at 866-386-8880 or email claims resolution at ra-odpclaimsres@pa.gov.

All providers are assigned a Master Provider Index (MPI) number as well as at least one 4-digit code that corresponds to a service location. Providers must ensure that the correct service location is used, or claims will be denied.

Procedure codes and modifiers are listed in the Provider Information Table.

Additional information about billing and documentation can be found on the FAQ: Billing and Claims Status page.

Providers are expected to verify service authorizations in HCSIS and to monitor ongoing utilization. Verification of authorizations in HCSIS may be obtained by logging into HCSIS and going to Tools>Notices>Service Authorization Notice. Not that some changes made in HCSIS are not reflected in reports until the next business day.

Electronic Visit Verification (EVV)
EVV refers to technology that electronically verifies service delivery through use of a telephone, mobile application, and/or web portal. The goal of EVV is to electronically validate service delivery and prevent fraudulent claims. Services in the AAW that must use EVV are: 1) Specialized Skill Development – Community Support and 2) Respite in unlicensed settings. The EVV system is explained within the billing information section of the DHS site. Providers should refer to Bulletin 07-20-04, 54-20-04, 59-20-04, 00- 20-03, Electronic Visit Verification (EVV) for Personal Care Services (PCS). The DHS Electronic Visit Verification page is also a useful tool.

Services in Acute Care Settings
Some services can be delivered to a participant during hospitalization in an acute care setting. Information about the expectations and limitations of services during hospitalization is available in ODP Bulletin 00-23-01.

Section 7. General Service Responsibilities

Easy Access Box	
Goals and Objectives Cheat Sheet	Request for Exception
Bulletin #00-22-03	PRE Resources
Attachment 2	https://pre2020.questionpro.com
QuestionPro	ODP Announcement 22-116
GAS training	MyODP Announcements
GAS Manual and Appendices	https://paodp.hrstapp.com
HCSIS	HRST section
MyODP	Charting the LifeCourse tools
Best Instructional Practices Manual	Resource Guide for Supporting Deaf, DeafBlind,

Provider Information Table (PIT)	and Hard of Hearing Individuals

Most services in the AAW require goals and objectives. Details and direction can be found in the Goals and Objectives Cheat Sheet document.

Providers are responsible for documentation of services and periodic reporting, as indicated in ODP Bulletin #00-22-03, Technical Guidance for Claim and Service Documentation and the accompanying Attachment 2-Technical Guidance for Claim and Service Documentation. Documentation includes the completion of quarterly progress notes in QuestionPro. Progress toward a participant's goals and objectives is measured using Goal Attainment Scaling (GAS) for most services. Provider staff who complete GAS charts must complete GAS training. Providers should reference the GAS Manual and Appendices.

Service Authorizations and Monitoring of Utilization
Providers must verify services are authorized in the participant's ISP in HCSIS before they deliver the service. Delivering services that are not authorized exposes providers to the risk of not being reimbursed for services as provided if BSASP is unable or unwilling to authorize the services retroactively.

Authorizations may be verified directly in the participant's ISP or through Tools>Notices>service Authorization Notice in HCSIS. Providers are responsible to ensure authorized units are delivered in accordance with the ISP or to contact the Supports Coordinator (SC) if changes to the ISP are needed.

Providers may benefit from the use of additional resources on MyODP such as the Best Instructional Practices Manual.

Some services have limitations, such as lifetime or plan-year maximums. Specific service limitations can be found in the Provider Information Table (PIT). Exceptions are available for some of these services, as listed on the Request for Exception to Established Service Limits form. Completion of this form is usually coordinated by the SC. Providers should seek assistance from the SC if they believe an exception is warranted.

Assessments
Providers should be aware that multiple assessments are completed for participants in the Adult Autism Waiver.

The SC will conduct annual assessments in accordance with ODP policy to inform the initial and ongoing ISP development. Annual assessments may require provider collaboration if the participant desires it. The SC may ask a Behavior Specialist (BS) to complete a Periodic Risk Assessment (PRE) for a participant, or the SC may complete the assessment themselves; either is acceptable. Both the SC and the BS should be aware of all concerns identified in the PRE and should collaborate to ensure information is accurate and thorough. Multiple resources for the PRE are available on MyODP under PRE Resources. The PRE must be entered at

https://pre2020.questionpro.com.

Providers of Residential Habilitation are required to enter a Health Risk Screening Tool (HRST) assessment for every participant receiving their services. Note that the HRST, while updated at least annually, must be updated when certain criteria apply, as identified in the Health Risk Screening Protocol. The protocol is updated annually and released in an ODP Announcement. At the time of this publication, the protocol was available through ODP Announcement 22-116. These announcements and their attachments may be accessed in the MyODP Announcements section. The HRST website is https://paodp.hrstapp.com. Additional training and resources about the HRST are available on the HRST section of MyODP For any specific questions regarding the HRST, please email ra-pwhrst@pa.gov.

The Supports Intensity Scale (SISTM) is not completed for participants in the AAW.

Charting the LifeCourse Tools
Providers may work with SCs or participants who use the Charting the LifeCourse tools. Additionally, providers of some AAW services, such as those focused on employment, may benefit from using these tools with participants. Whenever LifeCourse tools are used, they should be addressed with the team to reduce chances of duplication of tools, which may cause confusion for participants.

Supporting Deaf, DeafBlind, and Hard of Hearing Individuals
Providers working with individuals who have hearing or vision concerns should review the ODP Resource Guide for Supporting Deaf, DeafBlind, and Hard of Hearing Individuals.

Section 8. Incident Management

Easy Access Box	
Bulletin 00-21-02, Incident Management Quick Reference Guide to IM Resources Enterprise Incident Management (EIM) DP1081 form Learning Management System (LMS) DHS website for APS Certified Investigator Resources Administrative Review Process Manual Administrative review courses Training modules on individuals' rights ODP Victim's Assistance Guide	Incident Management Guide for Families Restrictive Interventions Guiding Questions and Considerations Restrictive Interventions Restrictive Procedures: A Basic Overview for Behavioral Specialists ODP Announcement 22-103 ODP Announcement 20- 084 AAW Provider ListServ

Incident Management

All providers of AAW services are required to ensure the health, safety, and rights of participants they serve. The primary goal of incident management is to ensure that when an incident occurs, the response will be adequate to protect the health, safety, and rights of the participant. Providers must comply with the requirements outlined in Bulletin 00-21-02, Incident Management for guidance about incident management (IM) operating procedures and guidelines. Providers should also reference the Quick Reference Guide to Incident Management Resources graphic posted on MyODP.

Incidents must be reported electronically via Enterprise Incident Management (EIM). Providers can also access EIM via HCSIS by clicking on M4Q, then EIM. If EIM cannot be accessed, providers must still follow reporting procedures using the DP1081 form. EIM users should use this form only if unable to report an incident through the EIM system. The completed form should be sent to the Provider Support Mailbox with a subject line of "Interim Incident Report." The incident report must be entered into EIM when access to EIM can be established. Providers should refer to the Learning Management System (LMS) if needed for guidance how to use EIM.

Tips for Troubleshooting EIM Related Issues

The following are commonly reported issues related to EIM with suggestions for troubleshooting. Always refer to LMS for support prior to contacting the Provider Support mailbox for assistance with EIM issues:

- Unable to access EIM: All providers must ensure that they have the appropriate EIM roles assigned to their HCSIS user IDs. Each provider organization should have one person assigned as the HCSIS Business Partner (BP) Administrator. This individual has the ability to assign EIM roles via the HCSIS Identify Manager link. If the HCSIS Administrator does not have access to assign roles in EIM, the HCSIS Administrator should contact the HCSIS Help Desk to obtain the ability to assign EIM roles.
- Certified Investigator name not in the drop-down menu: If a Certified Investigator (CI) must be assigned to investigate an incident and his or her name is not available in the drop-down menu, the provider's HCSIS BP Administrator must assign that Investigator CI status in HCSIS. When this has been completed correctly, the Investigator's name will appear in the drop-down menu.
- Link to submit an incident is not available: If the "submit" button is not available on the final section, the user must go to the incident details screen to determine what is incorrect or missing. On the incident details page, a red "X" over any icon indicates an error. To specifically identify the error(s), the user must click the "+" button on that page. All errors must be resolved before EIM will permit the incident to be submitted.

Questions about incident management may be direct to the BSASP Provider Support Mailbox (ra-basprovidersupprt@pa.gov) only after the provider has consulted LMS resources.

In addition to reporting incidents, providers must ensure timely resolution of incidents. A useful tool is the Incident Reporting Overview Dashboard, available through the "Reports" option on the EIM dashboard.

Adult Protective Services

Providers must be aware of when incidents should be reported to law enforcement and/or Adult Protective Services (APS). Information can be found on the [DHS website for APS.](#)

Reports may be made by calling 800-490-8505.

Questions about APS should be directed to the Adult Protective Services Division at 717-736-7116.

Certified Investigation and Administrative Review

Each provider and SCO must have a Certified Investigator (CI). [Certified Investigator Resources](#) are available on MyODP. Upon completion of a certified investigation, the provider assigned to the incident must complete an administrative review of the investigation. Helpful resources for this include the [Administrative Review Process Manual](#) and the [administrative review courses](#) available on MyODP.

Individual Rights and Victim Resources

Providers must respect and protect the rights of participants served. ODP offers [training modules on individuals' rights](#). Additionally, providers should be familiar with the [ODP Victim's Assistance Guide](#) and the [Incident Management Guide for Families](#) and should provide affected participants and their families with these resources as needed.

Restrictive Interventions

Providers must be aware of what procedures are restrictive and must comply with all requirements set forth in Bulletin 00-21-02, Incident Management. Providers should refer to the ODP trainings on MyODP to determine if procedures are restrictive. BSASP has also developed specific resources related to restrictive procedures, including the [Restrictive Interventions Guiding Questions and Considerations](#) and the [Restrictive Interventions](#)resources.

There is also a training specifically for Behavior Specialists titled [Restrictive Procedures: A Basic Overview for Behavioral Specialists](#).

As stated in [ODP Announcement 22-103,](#)individuals receiving services in the AAW who have a restrictive procedure plan in place must have a corresponding Behavioral Support Plan (BSP) and Crisis Intervention Plan (CIP). The BSP and CIP must be documented in the ISP in HCSIS and must be overseen by a Behavioral Specialist (BS) who is qualified to provide the BS service in the AAW. This also applies for participants who are receiving residential services. Additionally, as explained in [ODP Announcement 20- 084,](#)the question "Is the BSP restrictive?" is part of the BSP section of the ISP in HCSIS. For each Desired Behavioral Outcome (DBO), the question is asked and requires the user to select "Yes" or "No" from the corresponding drop-down box. The question "Is the BSP restrictive?" is part of the BSP section of the ISP in HCSIS. For each Desired Behavioral Outcome (DBO), the question is asked and requires the user to select "Yes" or "No" from the corresponding drop-down box.

AAW Quarterly Risk Management Meetings

AAW quarterly risk management meetings will be held for all Office of Developmental Programs (ODP) providers and Support Coordinators (SC) providing AAW services. BSASP risk management leads will facilitate these meetings with the intent to provide updates on incident and risk management related activities, share AAW data, inform providers of any upcoming changes, review ODP expectations, etc. Providers will be able to network with one another and ask questions directly to BSASP. Announcements for upcoming meetings will be sent out several weeks prior to the scheduled meeting via the general AAW Provider ListServ. A link for signing up for the meeting is provided in the announcement. A few days prior to the meeting, BSASP will send out a Teams meeting invitation.

Section 9. Quality Management

Easy Access Box	
Bulletin #00-17-01 Everyday Lives: Values in Action Quality Management resource page Quality Management Certification Handbook	Quality Management Training Modules QA&I Resources IM4Q resources IM4Q social stories

Quality Management
ODP's Quality Management (QM) strategy is a comprehensive approach that includes quality planning, quality assurance, and quality improvement and enhancement. Providers should be familiar with ODP Bulletin #00-17-01, Quality Management Strategy of the Office of Developmental Programs.

ODP's QM strategy values, Everyday Lives: Values in Action, is a publication developed in collaboration with the Information Sharing and Advisory Committee (ISAC), an ongoing committee of stakeholders ODP formed in November 2014 to deliberate with and advise ODP.

ODP offers a range of QM resources within the Quality Management resource page of MyODP. These include the Quality Management Certification Handbook and the Quality Management Training Modules.

Quality Assessment and Improvement (QA&I)
The ODP Quality Assessment and Improvement (QA&I) process is designed to conduct a comprehensive quality management review of multiple programs, including supports coordination organizations (SCOs) and providers' delivery services and supports to individuals within the AAW. QA&I Resources are available on MyODP. Questions about QA&I can be sent to the ODP QA&I Process mailbox at ra-pwqaiprocess@pa.gov.

Independent Monitoring for Quality (IM4Q)

Independent Monitoring for Quality (IM4Q) teams conduct interviews with individuals who receive services through ODP. This data is used to evaluate the effectiveness of services to help people to achieve everyday living outcomes in the areas of choice and control, employment, rights, service planning, community inclusion, relationships, health and safety, and to identify opportunities to improve services. IM4Q resources are also available on MyODP. Additionally, the ASERT has developed IM4Q social stories to assist participants in feeling prepared to complete IM4Q interviews when they arise.

Conclusion

Note that information changes frequently with the releases of new ODP announcements, the development of new resources, and the approval of new waiver amendments. It is essential for providers to subscribe to the AAW listservs and to reference new announcements and other materials released in the Communications tab of MyODP. If additional information or clarification about new materials is needed, providers should email BSASP through the Provider Support Mailbox at ra-basprovidersupprt@pa.gov .

Appendix A: Billing Error Status Codes (ESCs)

These are common billing errors experienced by providers who submit claims via PROMISe. Please note that this is not an exhaustive list of errors that a provider can receive.

Providers may also wish to reference the [Promise Internet User Manual](#) for support.

Errors that Providers Can Potentially Correct Without Assistance

Code	Short Description on Remittance Advice (RA)	Explanation
545	Claim Past Filing Limit (Detail)	The service line was billed past 180 days from the end Date of Service (DOS). If the service line in question was billed previously in a timely manner, the service line must be resubmitted referencing the original timely Internal Control Number (ICN) in the "Original ICN" field to extend the filing limit to 365 days from the end DOS. Refer to ODP [Announcement 21-046](#) for the process for handling timely billing edits. Providers may need to use the [180-Day Timely Filing Exception Request Form](#).
546	Claim Past Filing Limit (Header)	The claim was billed past 180 days from the end DOS. If the claim was previously submitted within 180 days from the end DOS, the claim may be resubmitted referencing the original timely ICN in the "Original ICN" field to extend the filing limit to 365 days from the end DOS. Refer to ODP [Announcement 21-046](#) for the process for handling timely billing edits. Providers may need to use the [180-Day Timely Filing Exception Request Form](#).
636	Match not Found for Original ICN/CRN, Paid Status	If the claim being submitted has an adjustment claim type, the original, paid status ICN must be referenced on the claim. Either there was not an original ICN referenced on the claim, or the original ICN was not in a paid status. **Note:** Only a paid status claim can be adjusted. If there are multiple adjustments on file in PROMISe, only the most recent paid status claim can be adjusted.

638	Original Claim Already Adjusted	The ICN referenced in the "Original ICN" field in this adjustment claim submission has been adjusted previously. Resubmit the adjustment referencing the most recent approved ICN.
776	Claim Cannot Span Fiscal Year	A claim cannot span multiple fiscal years. A providercannot bill for service dates that belong in two separate fiscal years on the same claim.
955	Provider Service Location Invalid in HCSIS	Provider Service Location is invalid in HCSIS. The billing provider may be using the wrong provider type or may

		have entered the number incorrectly, making itinvalid. **Note:** If the provider is not enrolled for the ServiceLocation for the AAW, the provider should contactBSASP Provider Enrollment and request a change form.
962	Previous ICN Line # Not Foundin HCSIS	The service line(s) being denied on the claim adjustment were not previously approved on the claimbeing adjusted. If there are authorized units available on the ISP for the given service date(s), the provider could attempt to rebill the denied service line(s) separately using the original claim type.
1003	Billing Provider not Enrolled atService Location	The billing provider ID is not participating in the recipient's service program during the date(s) ofservice billed. Billing Provider ID used may have been the incorrect service location, or the provider may not have enrolledthe service location with the AAW. The provider may need to contact BSASP Provider Enrollment.
1008	Rendering Provider Must Havean Individual Number	The rendering provider ID supplied on the claim is associated with either an entity or group, not an individual provider. This error displays when the billingprovider ID supplied is enrolled as a group with members, which requires claims to be submitted identifying the individual rendering provider (linked asa member of the group).
1009	Rendering Provider not onProvider Database	The claim rendering provider ID is not on file. If the rendering provider ID was erroneous, the claim can beresubmitted using the correct rendering provider ID. Otherwise, the provider may need to contact BSASP Provider Enrollment.

1010	Rend Prov not Member of Group or Rend not = Billing	If the billing provider is enrolled with AAW as an entity, the rendering provider ID needs to match thebilling provider ID. If the billing provider is enrolled with AAW as a group with members, the rendering provider ID must identifythe individual practitioner who rendered the service. The rendering provider ID must be linked as a member of the billing provider ID.
5001	Invoice Claim Line is aDuplicate	This service line is a duplicate. PROMISe has recordthat this service line is currently approved. If the approved claim (line) was billed accurately, this is considered approved.

Code	Short Description	Explanation
		If the service line is being updated, the claim must be submitted as an adjustment claim referencing the lastapproved ICN.
5552	50 Hour Limitation For Autism	The AAW states that the total combined hours for Community Support, Day Habilitation, Supported Employment, Small Group Employment are limited to50 hours in a calendar week. The 50 hour per week limitation is tracked automatically. If one or more units remain available under this limitation, a service line may be partially approved. Once approved services exceed 50 hours in a week, additional submitted claims will be denied.

Errors that Providers Cannot Correct without Assistance from the DHS or the HCSIS Helpdesk

Code	Short Description	Explanation
950	No Authorized Svcs are Foundin HCSIS for MCI Nbr	The service has not yet been authorized in HCSIS. Thisclaim can be resubmitted after the ISP has been approved by BSASP. Prior to resubmission, verify that the services being billed and authorized on the ISP for the given service dates for the participant in question. Also verify thatthe RID submitted for the participant is accurate.
951	Procedure Invalid in HCSIS	The procedure code on the claim is not authorized in the ISP in HCSIS for the service being billed.
952	Begin DOS Invalid in HCSIS	The begin date of the service is not authorized in the ISP in HCSIS for the service being billed. Verify the ISP is in an approved status and the dates of service arecorrect.
953	End DOS Invalid in HCSIS	The end date of the service is not authorized in the ISPin HCSIS for the service being billed. Verify the ISP is inan approved status and the dates of service are correct.

| 954 | Provider ID Invalid in HCSIS | The provider ID on the claims billed is not on the participant's approved ISP in HCSIS. Contact the Supports Coordinator to submit a critical revision toBSASP to add the provider to the ISP. |
| | | This could also mean that the provider is not on the participant's plan of care in PROMISe (indicating an internal data transmission error). If this is the case, theHCSIS Help Desk must create an incident for resolution. |

956	Recipient not Enrolled in HCSISProgram	Recipient is not enrolled in HCSIS because enrollmentmay have changed or ended. Medical Assistance eligibility may have changed.
971	Service Indicated, but no UnitsAvailable in HCSIS	While the service being billed for is on the individual's ISP, there are inadequate authorized units available for the claim. Additional units will need to be added tothe ISP by the Supports Coordinator for review by BSASP.
2002	Recipient Elig Eff Dt > the DOSon the Claim	The DOS billed is prior to the recipient's Medical Assistance eligibility effective date. Verify the DOS is correct on the claim. If entered correctly, contact theSupports Coordinator for outreach to the County Assistance Office (CAO) and BSASP.
2003	Recipient Ineligible on Date(s)of Service	The recipient is not eligible for Medical Assistance (MA) services on the date(s) of service being billed asto the date the claim was processed. If the recipient was previously eligible for MA services, the benefits may have ended. Contact the Supports Coordinator for outreach to the County Assistance Office (CAO) and BSASP. If the CAO has reinstated the participant's MA eligibility for the DOS being billed, the claim may beresubmitted.
4021	Recipient not Eligible forService Provided	The procedure code billed is non-compensable underthe AAW or other MA service program, and/or the service billed is not authorized on the ISP. Verify the procedure code is entered correctly and matches what is authorized on the approved ISP.
5558	Same Day Services for Autism	The AAW does not permit some services (Supported Employment, Respite, Day Habilitation, Community Support, and Small Group Employment) to be billed within the same quarter-hour period as another of theservices within the same group. If one of these services has already been billed for the same DOS, the claim will suspend (i.e., pend) for manual review.