ADULT AUTISM WAIVER: TOOLS FOR SUPPORTS COORDINATORS

Assessments, forms, templates and informational documents commonly used by the Supports Coordinator (SC). Tools outside of HCSIS can be found on MyODP Training and Resource Center or requested from the AAW Regional Office (RO).

DOCUMENT	DESCRIPTION	NEXT STEPS
INTAKE & ANNUALLY *(Required unless noted otherwise.)*		
Baseline Outcomes	Nine questions asked of the family/informal care networks in an effort to obtain baseline information. Be sure to download the questions before meeting with the participant and conduct in an interview format. *NOTE: At intake only.*	Enter in HCSIS
Quality of Life Questionnaire	An assessment tool to document the participant's overall quality of life. Administer as an interview assessment. Ideally, participant should respond; however, if not willing or feasible, two respondents are required; the two scores should be averaged for one entry per plan year.	Enter in HCSIS; keep copy(s) in participant file
Parental Stress Scale	An assessment that identifies the level of stress a family/informal care network (does not include spouse or significant other) may be experiencing as a result of supporting the participant (with and w/o waiver service). It will be sent to and completed by the family/ informal care networks prior to the in-home visit for initial plans. For Annual Review Plans, SCs administer this assessment.	Enter in HCSIS; keep copy(s) in participant file
SIB-R Response Booklet	An assessment of 14 areas of adaptive behavior and 8 areas of problem behavior, the "Scales of Independent Behavior-Revised" Response Booklet. NOTE: *A hard copy will be sent to the SC; not on the MyODP Training and Resource Center.*	Conduct SIB-R; Keep copy(s) in participant file
SC Guide to SIB-R	A guide to the SIB-R explaining basics of administering, scoring and reporting/using scores for ISP planning purposes.	Conduct SIB-R
SIB-R Assessor & Respondent Worksheets	The assessor "cheat sheet" includes a score interpretation script for the SC to use during administration of the SIB-R. The respondent "cheat sheet" is made available during the SIB-R assessment for the participant to reference when answering questions.	Conduct SIB-R
SIB-R Raw Score Template	A form to document demographic and raw score information from the SIB-R for each participant. This form must be thoroughly completed and submitted to BAS for computer scoring.	Submit to PS mailbox *
SIB-R Summary Report	A document to guide an item analysis of the SIB-R. For adaptive behavior scales, those critical items scoring a 0 or 1 should be listed. Scores and descriptions of major problem behaviors in the problem behavior subscale should be listed, as well. NOTE: *This document is optional.*	*Optional Document*
Targeting Areas for Support	An *optional document* to consolidate all assessment information targeting those areas and skills that delineate a need for support. A final record of recommendations for services and hours can be made on this document and presented to the ISP team.	Use as a guide to the ISP development process
MA 51 Medical Evaluation/ Level-of–Care Documentation	This form is used by a variety of Medicaid-funded programs to provide medical information regarding the need for services. It is used to determine Level-of-Care for the AAW. Regional Office Representatives send the MA 51, along with instructions for the physician, directly to the participant/representative. After the initial ISP, it must be completed annually within 365 days of the date of the previously submitted MA 51. SCs are encouraged to follow up with participants to ensure the form is completed and submitted within this timeframe	Submit to AAW mailbox **; keep copy(s) in participant file
ISP Signature Sheet	This form is to be completed at the conclusion of an initial or annual ISP review meeting.	Keep copy(s) in participant file for each year
HIPAA Release	Authorization for use or disclosure of Protected Health Information (required by the Health Insurance Portability and Accountability Act). Form must be completed during initial ISP meeting and reviewed annually. NOTE: *At intake (required) and included in ISP Signature Page.*	Submit to AAW mailbox **; keep copy in participant file
Service Provider Choice Form	This form (DP1017/1017-S) is provided to the participant/representative to explain the freedom to choose among qualified AAW providers. NOTE: *At intake (required) and included in ISP Signature Page.*	Submit to AAW mailbox **; keep copy in participant file

Participant Handbook, Chapter 6: Participant Rights & Responsibilities	"Chapter 6: Participant Rights and Responsibilities" must be reviewed with the participant/representative during initial and annual ISP meetings. NOTE: *At intake (required) and included in ISP Signature Page.*	Participant keeps this handbook
MISCELLANEOUS & AS NEEDED		
Crisis Event Team Debriefing Form	To be used in the event that a BS is not available or applicable to this participant's planning. When the team convenes after a crisis event (required 10 day period), this form will be completed in an effort for BAS to determine next steps in the participant's behavioral planning.	Submit to PS mailbox * immediately following meeting
Social, Emotional & Environmental Supports Plan	The SEES Plan will be used after a crisis occurs for a participant who does not have BSS and the team (including BAS) believes that an abridged behavior plan is needed. This plan will delineate what needs to be in place to ensure that another crisis event does not occur. If the team and BAS determines, after a crisis event, that this participant does not need BSS, this plan will be used.	Submit to PS mailbox *; communicate to all providers and stakeholders in ISP planning
SC Script Description	This template is to be used by SCs during the ISP development when responding to refusal of Behavior Specialist Services (BSS). That is, if it is determined that BSS is warranted according to SIB-R results and family members and/or participants refuse to accept BSS, this script delineates the components of, the importance of, and the ramifications if BSS is not chosen. All SCs are expected to use this script as a guide to ensure consistency across persons and entities.	Inform BAS of final decision
Objectives Cheat Sheet	A guide for reviewing objectives submitted to the SC from the service providers. Contact service provider if objectives do not meet the intention of the goal or if the objectives are not written in the appropriate format.	Enter in HCSIS in goal component of ISP
ISP Tool Template	To be used during the ISP planning period, this document can be shared with team members to gather information for the ISP.	Develop ISP in HCSIS
Sample Initial ISP	This template is to be used by the SC during the ISP planning period as a reference tool on the information to be gathered from the team members.	Develop ISP in HCSIS
Monitoring Tool Template	This template is to be used by SCs when performing quarterly monitoring visits. In a plan year, one visit must be conducted in the participant's home and one must be conducted in a service setting. There are two versions of this template: one with Behavioral Specialist Services (BSS) and one without BSS.	Enter in Monitoring in HCSIS
Service Provider Quarterly Summary Report (QSR) Template	A template that can be used to consolidate the Monthly Progress Notes (MPN) submitted to the SC by the participant's service providers. This template "mirrors" the required fields in HCSIS. The SC can take the information submitted by the service providers and consolidate onto the template, if desired.	Enter in HCSIS and email RO rep that monitoring is complete
Behavioral Specialist QSR Form	BS providers are responsible for summarizing their own MPNs into QSRs. The QSRs should be submitted on the 10th of the quarterly month to the SC for entry into HCSIS. BS providers are not required to submit MPNs to the SCs.	Enter in HCSIS and keep copy in participant file

* Provider Support (PS) mailbox: ra-basprovidersupprt@pa.gov   ** AAW mailbox: ra-odpautismwaiver@pa.gov