

AAW Progress Reporting Requirements (Updated)

A training for all AAW Providers, including Supports Coordinators

October 2020



- *Our goal is to remind you existing processes that went into effect March 2018 and provide you with additional resources to help you excel in your work and align with 6100 regulations.*
- This is specific for AAW only.
- Remember to:
 - ◆ Pay attention and use this powerpoint as a resource
 - ◆ Use your strengths/skill sets to help others on your team/within agency
 - ◆ Use resources to answer questions first (on MyODP)
 - ◆ Be patient with the technology!

Agenda

- Timeline to date
- Reminder of Progress Reporting Process that went into effect March 2018
- New Quarterly Progress Note (QPN) template
- New QPN link and walk-through in QuestionPro (QPro)
- Service Specific Guidance and Helpful Hints
- Next Steps and Timelines

Timeline

- 2014
 - ◆ Comprehensive Analysis on goals, objectives, and QPNs (Fall)
- 2015
 - ◆ Goal Attainment Scaling (GAS) Pilot
 - ◆ Development of GAS model
- 2016
 - ◆ Renewed waiver approved, new service added (SSB) which includes GAS; SC began revised data entry into HCSIS for SSB (July)
 - ◆ Development of statewide training for GAS model (Fall)

Timeline, cont...

- 2017
 - ◆ GAS training sessions for all providers (web-based and in-person) (Winter/Spring)
 - ◆ GAS Resources revised, Implementation plan developed; Deep dive into revisions to progress reporting process across all service types (Summer/Fall)
 - ◆ Statewide GAS Implementation began (October)
- 2018
 - ◆ GAS Manual completed and shared with providers (January)
 - ◆ Finalization of QuestionPro tool and development of resources (January)
 - ◆ Trainings held for providers (February)
 - ◆ Launch of new process and templates (March)

Timeline, cont...

- 2019
 - ◆ 6100 regulations promulgated (October)
- 2020
 - ◆ Revisions made to template, new QPN link developed in QuestionPro (Jan/Feb)
 - ◆ COVID-19... (March/ongoing)
 - ◆ ODP decision made to launch new template and QuestionPro (Sept)
 - ◆ Finalization of template and QPro link (Sept)
 - ◆ Announcement to providers of changes (Sept 28)
 - ◆ Updated training for providers (October 13)
 - ◆ Official launch of new template and QPro Link (November 1)

Why are we updating the template and QPro link? Why now?

- Originally...
 - ◆ HCSIS alone did not allow for individual and programmatic analyses
 - ◆ GAS implementation
 - ◆ Quality varied across the state in terms of how data is reported
 - ◆ Availability of new technologies
- Now...
 - ◆ 6100 Regulations
 - ◆ Wanted to streamline two templates to one
 - ◆ Lessons learned with survey design and data analysis.

What does this mean?

- **The Process**
 - ◆ Remains largely unchanged
 - ◆ Providers will continue to enter QPN data directly into Question Pro
 - ◆ SCs will continue to write service notes upon receipt of QPNs
 - ◆ MPNs no longer required for any service
- **The Tools**
 - ◆ New QPN template for all providers
 - ◆ New QPro link to enter QPN data
 - ◆ Resources updated (and more under development)

REVIEW OF PROGRESS REPORTING PROCESS

The QPN Process: Overview

Step 1: **Determine Responsibility** *(Provider only)*

Step 2: **Create Goals, Objectives, and GAS Charts** *(Provider and SC)*

Step 3: **Complete QPN Templates** *(Provider Only)*

Step 4: **Enter QPNs into QuestionPro** *(Provider only)*

Step 5: **Send QPN Report to SC via QPro** *(Provider only)*

Step 6: **Enter Service Notes into HCSIS** *(SC only)*

Step 1 (Providers Only)- Determine Responsibility

SERVICE CATEGORY A

Requirements:

- Develop Goal(s): goal phrases, goal categories, and goal statements
- Develop one Objective for each Goal: condition, behavior, criteria
- Develop one Goal Attainment Scaling (GAS) chart for each Goal and Objective
- Enter Quarterly Progress Notes (QPNs) into QuestionPro

Related Services:

- Day Habilitation
- Residential Habilitation- Community Home
- Residential Habilitation- Life Sharing
- Small Group Employment
- SSD/ Behavioral Specialist Services
- SSD/ Systematic Skill Building
- SSD/ Community Supports (without SSB)
- Supported Employment- Extended
- Supported Employment- Intensive

SERVICE CATEGORY B

Requirements:

- Develop Goal(s): goal phrases, goal categories, and goal statements
- Develop one Objective for each Goal: condition, behavior, criteria
- Enter Quarterly Progress Notes (QPNs) into QuestionPro

Related Services:

- Nutritional Consultation
- Therapy- Counseling
- Therapy- Speech/ Language
- SSD/ Community Supports (with SSB)*

**Note: SSB develops SSB/CS Goals, Objectives and GAS charts. CS implements SBP and completes separate QSR*

Service Category C

- *Develop Goal(s): goal phrases, goal categories, and goal statements*
- *Complete and Enter QPNs into QuestionPro*

- Career Planning: Job Finding
- Career Planning: Voc Assessment
- Family Support
- Respite: In-home
- Respite: Out-of-home
- Temporary Supplemental Services

Service Category D- **NEW!**

- *Link to an already established goal*
- *No QPNs required under 6100.805(b). Claims documentation is sufficient*

- Assistive Technology
- Community Transition Services
- Home Modifications
- Transportation- Trip
- Transportation- Public
- Vehicle Modifications

Step 2 (Providers and SC)- Create Goals, Objectives, and/or GAS Charts

- Providers
 - ◆ Develop the goal phrases, goal categories, and goal statements
 - ◆ Develop objectives and GAS charts as indicated by service category
 - ◆ Send all information to SCs
 - ◆ Implement Services
- SCs
 - ◆ Enter goals/objectives into HCSIS on behalf of providers

MASTER CHEAT SHEET FOR ALL THINGS GOALS & OBJECTIVES

Regardless of the program or service, the expectation is that there will always be 1 Goal, 1 Objective per skill.

Goal Specific Information: Guidelines for ACAP and AAW

GOAL PHRASE Category (Service)

Goal Phrase:
 • Identify a word or short phrase that aligns with the skill
 • Differentiate from any other Goal Phrase

Category:
 • Choose one category that best fits the intent of the skill
 • Enter after the Goal Phrase

Service:
 • Enter the service (linked to the goal) after the category

Is it unique enough from the other Goal Phrases? e.g., "Attend Scheduled Events" and "Social Skills" (acceptable) vs. "Socialization 1" and "Socialization 2" (not acceptable)

Goal Phrase Example
 Initiating Conversation, Social/Communication (SSB, CS)

Goal Categories:

Social / Communication

Expressive and receptive language and any type of interaction or correspondence
 May include: organizing, attending and participating in activities, specific interaction skills, utilizing personal space, effective and appropriate communication needs, etc.

Please submit questions regarding this Info Sheet to BAS
 This resource was developed for the Department of Human Services

GOAL STATEMENT

• Match the behavior component of the objective
 • Write in clear, observable, and measurable terms

Does it match the behavior listed? e.g., Goal Statement and Behavior: "he will leave for and attend the scheduled event" (acceptable) vs. Goal Statement: "he will not cancel a social activity" and Behavior: "he will leave for and attend the scheduled event" (acceptable)

Goal Statement Example
 John will start with the store-rehearsed conversation

CONCERNS RELATED TO GOAL

Include the quantitative data reporting on the baseline, as it relates to the objective criteria (i.e., if the objective criteria says % completed with # of prompts, this section needs to include the current % and # of prompts it takes to complete a task)

NOTE: Did you develop and use a data tool with the intention to determine the baseline and

SC TIPS Guidelines for AAW SCs

What is the SC Role for Goal and Objective? **BAS does not expect SCs to review an objective submitted by the provider. It can be used by the SC and/or provider needed to meet BAS expectations.**

- Are they submitted within the corresponding time-frame (i.e., within 3 start date or within the 60-day plan development for BSS or SSB service)?
- Are they being ended too soon or staying active too long?
- Do they fall within the scope of the service and service definition?
- Do they follow the Goals and Objectives layout and expectations set forth in the plan?
- Do the BSS objectives match the Desired Behavioral Outcomes in the plan?
- If SSB and CS are both on the plan, are they linked to the same goal?

Services Requiring Goals and Objectives
 Day Habilitation
 Residential Habilitation- Community & Family Living
 Nutritional Counseling
 Behavioral Specialist Services
 Systematic Skill Building
 Community Support (without SSB)
 Supported Employment- Extended & Intensive Job Coaching
 Therapies- Counseling & Speech/Language
 Transitional Work Services

Services Requiring Goals Only
 Assistive Technology
 Career Planning- Job Finding & Vocational Assessment
 Community Transition Services
 Community Support (with SSB)
 Family Support
 Home Modifications
 Respite- In Home & Out of Home
 Temporary Supplemental Services
 Vehicle Modifications

Revisiting Goals & Objectives
 They can be revised when needed throughout the plan year. But, when first created, the intention should be to work on them until the end of the current plan year. Then they should be reviewed and updated to plan for the next full plan year. This will ensure progress is measured accurately.

Please submit questions regarding this Info Sheet to BAS at RA-basprovidersupp@pa.gov
 This resource was developed for the Department of Human Services, Bureau of Autism Services by the ASERT Collaborative.

MASTER CHEAT SHEET FOR ALL THINGS GOALS & OBJECTIVES

Regardless of the program or service, the expectation is that there will always be 1 Goal, 1 Objective per skill.

Objective Specific Information: Guidelines for ACAP and AAW

OBJECTIVE

• Include the full condition, behavior and criteria written as one fluid statement/sentence
 • Every goal must only have one objective linked to it

Objective Example

When John walks into the bookstore and sees a store employee, John will start one conversation with the store employee (using rehearsed conversation starters) with less than 3 prompts, in 80% of opportunities for 12 consecutive weeks.

CONDITION

• Describe the natural environment or situation where the participant is expected to perform the behavior/skill
 • Include the cue that triggers the skill/ behavior to occur, when applicable

Condition Example

When John walks into the bookstore and sees a store employee,

BEHAVIOR

• Write in clear, observable terms, describing what the participant will do

Does the behavior leave room for interpretation? e.g., "...he will leave for and attend the scheduled event..." (acceptable) vs. "...he will participate..." (not acceptable)

Behavior Example

John will start one conversation with the store employee (using rehearsed conversation starters)

CRITERIA

• Include the level of independence or prompts needed, how much/ how often, and for how long
 • Clearly define the expectations for mastery

Does it make sense for the skill being taught? e.g., "in 80% of opportunities, with 3 prompts or less for 12 consecutive weeks"

Did You Remember To...

- Individualize and prioritize the goal?
- Confirm it is meaningful to the participant?
- Consider the Stages of Learning Resource?

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HCSIS ENTRY

Guidelines for AAW SC (and ACAP as applicable):
www.hcsis.state.pa.us

The Home and Community Services Information System

Home | M4Q | Individual | Plan | SC | Provider | Financial | Admin. | Tools

Manage Plan

View

Goal Information

Goal Phrase: * Complete Daily Chores- ADLs (SSB, CS)

Goal Statement: Sarah will follow her daily checklist (complete personal hygiene, pack lunch, etc.) as well as complete additional chore(s) for the assigned day.

Goal Start Date(MM/DD/YYYY): * 02/23/2018

Goal Completion Date(MM/DD/YYYY):

Concern(s) Related To Goal:

Objectives: After Sarah awakens for the day Sarah will follow her daily checklist (complete personal hygiene, pack lunch, etc.) as well as complete additional chore(s) for the assigned day with 1 prompt or less 60% of the time for 1 quarter

BEFORE SUBMITTING:

- Does each goal have a Goal Category assigned?
- Does each active goal have a blank completion date?
- Is each active goal linked to the active service reporting progress on the goal?
- Does each inactive goal have a completion date listed; is it unlinked from active services?
- Do the goal start and end dates in HCSIS reflect the actual start and end dates (not the adjusted plan year dates)?
- Do Service Exceptions to continue Intensive Job Coaching have at least one goal/objective to decrease the need?

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pennsylvania
DEPARTMENT OF HUMAN SERVICES

OFFICE OF DEVELOPMENTAL PROGRAMS
BUREAU OF AUTISM SERVICES

Goal Attainment Scaling
(GAS)
Manual

Issue Date: December 2017

Step 3 (Providers Only)- Complete QPN Template

- Write QPNs at the end of each quarter and maintain in files
- NOTE: Review “Due Date” Resource on MyODP
- NOTE: Template is encouraged, but not required, to help with organizing information
- NOTE: Templates do not need to be sent to SC
- NOTE: All providers required to complete QPNs will use the same template

Quarterly Progress Note (QPN)

All information must be entered into QuestionPro (<https://qpn.questionpro.com>). After entering and emailing information to the SC, maintain copy in participant files. If an error occurs, please contact the Provider Support Mailbox ([re-basprovidersupp@pa.gov](mailto:basprovidersupp@pa.gov)). Progress should be shared and discussed with participant and team.

For All Adult Autism Waiver (AAW) Providers

Participant Demographics	
Participant's MCI # (9 digits, no spaces)	Click here to enter 9 digit MCI #
Participant's Initials (First and Last)	Click here to enter participant initials
Participant's Residential County	Click here to enter participant residential county
Participant's Region (BSASP Regional Office)	Click here to select the participant's region
Quarter Details	
Plan Effective Date (PED) (MM/DD/YYYY)	Click here to enter the participant's plan effective date
Quarter Being Review for Current Plan Year	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th
Quarter: Start Date / End Date (MM/DD/YYYY)	Start: Click here to enter a start date End: Click here to enter an end date
Number of goals reported on in this QPN	Click here to select # goals
Service Details	
Service for this QPN	Click here to select the service
Is Goal Attainment Scaling required for the service? <small>(BSS, CS w/out SSB, Day Hab, Res Hab, Life Sharing, SSB, Supported Employment, Small Group Employment)</small>	<input type="checkbox"/> yes <input type="checkbox"/> no
Was the service delivered in accordance with the ISP during this quarter?	<input type="checkbox"/> yes <input type="checkbox"/> no (If no, explain why):
Did the service meet the needs and preferences of the participant during this quarter?	<input type="checkbox"/> yes <input type="checkbox"/> no (If no, explain why):
Were any restrictive interventions used during this quarter?	<input type="checkbox"/> yes <input type="checkbox"/> no (If yes, explain briefly):
Describe the impact the service had on the individual's health, safety, well-being, preferences, and routines during this quarter.	Click here to describe the impact
Provider/Staff Details	
Provider Agency for identified service	Click here to enter provider agency
Staff name completing QPN	Click here to enter staff name
Staff title completing QPN	Click here to enter staff title
Staff email address completing QPN	Click here to enter staff email address
Supports Coordination (SC) Details	
SC Agency	Click here to enter SC agency
SC Name	Click here to enter SC name
SC Email Address	Click here to enter SC email address

Goal # ____		
<i>Copy and Paste this chart on additional pages to add as many goals/objectives you have to report</i>		
Goal Phrase	Click here to enter goal phrase..	
Goal Category (Select 1)	<input type="checkbox"/> ADL <input type="checkbox"/> Behavior <input type="checkbox"/> Social/Communication <input type="checkbox"/> Employment/Education	
Goal Statement	Click here to enter goal statement..	
REQUIRED FOR GAS SERVICES (BSS, CS w/out SSB, Day Hab, Res Hab, Life Sharing, SSB, Supported Employment, Small Group Employment)	Expected Outcome for this Quarter	Click here to enter expected outcome for this quarter.
	Level of Attainment (Select 1)	<input type="checkbox"/> -2 <input type="checkbox"/> -1 <input type="checkbox"/> 0 <input type="checkbox"/> +1 <input type="checkbox"/> +2
Progress Indicator (Required for all other services except those listed above)	<input type="checkbox"/> Lack of progress (regression) <input type="checkbox"/> Progress <input type="checkbox"/> No change in progress	
Progress Summary (Required for ALL services)	Click here to enter brief summary of progress, lack of progress, or no progress on the goal for this quarter	
Instructional Decision (Select all that apply) (Required for ALL services)	<input type="checkbox"/> No changes/continue instruction and goal <input type="checkbox"/> Improve motivation <input type="checkbox"/> Improve/change antecedents <input type="checkbox"/> Change environment <input type="checkbox"/> Change materials <input checked="" type="checkbox"/> Modify/Simplify Instruction and/or goal <input type="checkbox"/> Change staff delivery of service <input type="checkbox"/> Discontinue goal <input type="checkbox"/> Other (describe): _____	
If you selected -2, -1, lack of progress, no change in progress, AND no change/continue instruction and goal, provide an explanation. (Required for ALL services)	Click here to explain why you selected no change/continue instruction	
General Comments/Concerns (Optional)	Click here to provide general comments related to the goal and/or service.	

Step 4 (Providers Only)- Enter QPNs into QuestionPro

- Using the information on the completed QPN template as a guidance, enter the information into QuestionPro at <https://qpn.questionpro.com>
- Enter participant MCI # to gain access to the tool
 - ◆ When entered, the participant's initials, county, and region will automatically pre-populate. Fields may be overwritten in information is not current/accurate
 - ◆ NOTE: If after 3 unsuccessful attempts to gain access using MCI#, please enter 123456789 and change demographics as needed. Then email ra-basprovidersupprt@pa.gov to inform us of the issue.
- All fields are mandatory, except where noted!

Step 5 (Providers and SC)- Send QPN Report to SC via QuestionPro

- Providers-
 - ◆ When prompted, enter the SC name and email addresses into Question Pro. An automatic report will be generated.
 - ◆ You will also be prompted to enter in your own name and email address
- **Note:** If the SC did not receive a copy of the QPN report via QuestionPro, it is the provider's responsibility to forward the email you received
- **Note:** All QPNs are due to the SC by the 10th of the month following the end of the participant's quarter.

PLEASE DOUBLE CHECK SPELLING!

Step 6 (SC only)- Enter service note into HCSIS

- Only a service note is needed upon receipt of a QPN from a provider (from QuestionPro with timestamp)

Template and QuestionPro Walkthrough



Service Specific Guidance and Helpful Hints

SSB and CS (w/ SSB Comparison)



Goal # ____	
<i>Copy and Paste this chart on additional pages to add as many goals/objectives you have to report</i>	
Goal Phrase	Click here to enter goal phrase..
Goal Category <i>(Select 1)</i>	<input type="checkbox"/> ADL <input type="checkbox"/> Behavior <input type="checkbox"/> Social/Communication <input type="checkbox"/> Employment/Education
Goal Statement	Click here to enter goal statement..

Systematic Skill Building (SSB)

- Complete all sections
- Same as CS w/ SSB

Community Supports with SSB

- Complete all sections
- Same as SSB

REQUIRED FOR GAS SERVICES (BSS, CS w/out SSB, Day Hab, Res Hab, Life Sharing, SSB, Supported Employment, Small Group Employment)	Expected Outcome for this Quarter	Click here to enter expected outcome for this quarter.
	Level of Attainment (Select1)	<input type="checkbox"/> -2 <input type="checkbox"/> -1 <input type="checkbox"/> 0 <input type="checkbox"/> +1 <input type="checkbox"/> +2
Progress Indicator (Required for all other services except those listed above)		<input type="checkbox"/> Lack of progress (regression) <input type="checkbox"/> Progress <input type="checkbox"/> No change in progress

Systematic Skill Building (SSB)

- Complete Expected Outcome and Level of Attainment based upon GAS chart only

Community Supports with SSB

- Complete Progress Indicator based upon anecdotal summary of progress only



<p>Progress Summary <i>(Required for ALL services)</i></p>	<p>Click here to enter brief summary of progress, lack of progress, or no progress on the goal for this quarter</p>
<p>Instructional Decision <i>(Select all that apply)</i> <i>(Required for ALL services)</i></p>	<p> <input type="checkbox"/> No changes/continue instruction and goal <input type="checkbox"/> Improve/change antecedents <input type="checkbox"/> Change materials <input type="checkbox"/> Change staff delivery of service <input type="checkbox"/> Improve motivation <input type="checkbox"/> Change environment <input type="checkbox"/> Modify/Simplify Instruction and/or goal <input type="checkbox"/> Discontinue goal <input type="checkbox"/> Other (describe): _____ </p>

Systematic Skill Building (SSB)

- Write summary using Quantitative data-based information based upon progress indicated on the GAS chart
- Complete Instructional Decision (may be the same as CS w/ SSB)

Community Supports with SSB

- Write summary using qualitative/anecdotal information based off of experiences and observations
- Complete Instructional Decision (may be the same as SSB)

<p>If you selected -2, -1, lack of progress, no change in progress, <u>AND</u> no change/continue instruction and goal, provide an explanation. <i>(Required for ALL services)</i></p>	<p>Click here to explain why you selected no change/continue instruction</p>
<p>General Comments/Concerns <i>(Optional)</i></p>	<p>Click here to provide general comments related to the goal and/or service.</p>

Systematic Skill Building (SSB)

- Complete as needed/described above
- Comments may be similar to CS (with SSB) but may also speak to different concerns

Community Supports with SSB

- Complete as needed/described above
- Comments may be similar to SSB but may also speak to different concerns

Goal # 1

Copy and Paste this chart on additional pages to add as many goals/objectives you have to report

		Systematic Skill Building	Community Support w/ SSB
Goal Phrase		Morning Routine	
Goal Category (Select 1)		<input checked="" type="checkbox"/> ADL <input type="checkbox"/> Behavior <input type="checkbox"/> Social/Communication <input type="checkbox"/> Employment/Education	
Goal Statement		Sam will complete the steps of his morning routine	
REQUIRED FOR GAS SERVICES (BSS, CS w/out SSB, Day Hab, Res Hab, Life Sharing, SSB, Supported Employment, Small Group Employment)	Expected Outcome for this Quarter	10/15 steps within 30 minutes	Not applicable
	Level of Attainment (Select1)	<input checked="" type="checkbox"/> -2 <input type="checkbox"/> -1 <input type="checkbox"/> 0 <input type="checkbox"/> +1 <input type="checkbox"/> +2	Not applicable
Progress Indicator (Required for all other services except those listed above)		Not applicable	<input checked="" type="checkbox"/> Lack of progress (regression) <input type="checkbox"/> Progress <input type="checkbox"/> No change in progress

	Systematic Skill Building	Community Support w/ SSB
Progress Summary (Required for ALL services)	Sam is struggling with his morning routine and can only complete 6/15 steps independently within 30 minutes. The remaining steps require multiple prompts to complete. Staff will continue to work on decreasing prompts and increasing steps in the task analysis.	Sam will get out of bed but prefers to stay in his pajamas for most of the day. He spends most of his morning watching television despite encouragement from staff to complete the rest of his morning tasks.
Instructional Decision (Select all that apply) (Required for ALL services)	<input checked="" type="checkbox"/> No changes/continue instruction and goal	<input checked="" type="checkbox"/> No changes/continue instruction and goal
If you selected -2, -1, lack of progress, no change in progress, <u>AND</u> no change/continue instruction and goal, provide an explanation. (Required for ALL services)	Sam has been sick quite often throughout the quarter and has missed work a number of times. Due to this, he has gotten out of his normal morning routine. Staff will continue to support him to resume his morning routine now that he is healthy and back to work.	Sam has been sick frequently this quarter and has been sleeping odd hours since he has been out of work. Staff will continue to support him until he gets back to work and gets back to his normal schedule.
General Comments/Concerns (Optional)	Sam expressed that he enjoys working with Community Support staff and is grateful that they have been patient and flexible with him during his sickness.	Sam states that he knows he should complete tasks on his morning routine list but has been too tired to complete them due to his illness.

Other Services

- GAS Services: GAS charts are maintained outside of QPro
- Non-GAS Services: Pay attention to what you need to complete (slight differences)

Stay tuned for additional guidance from ODP

Helpful Hints

- An agency can identify a point person (or two) to enter all quarterlies or have each staff complete
- Remember- one service for one provider (up to 10 goals) can be entered at one time in QPro
- Use the template early and often
- Copy the chart as many times as needed and enter all pertinent goal information ahead of time
 - ◆ That way, every month, you only need to enter in the progress before entering into QPro

More Helpful Hints

- If after 3 attempts to enter individual MCI# into QPro, then enter 123456789 and change demographics
- Except for radio button fields, info may be copied and pasted into QPro
 - ◆ Especially useful for email addresses
- QPro will time-out after 15minutes of inactivity
- Check spam for email; Save the email address to contacts
- If we don't hear concerns, feedback, or questions, we assume everything is fine and working as intended.



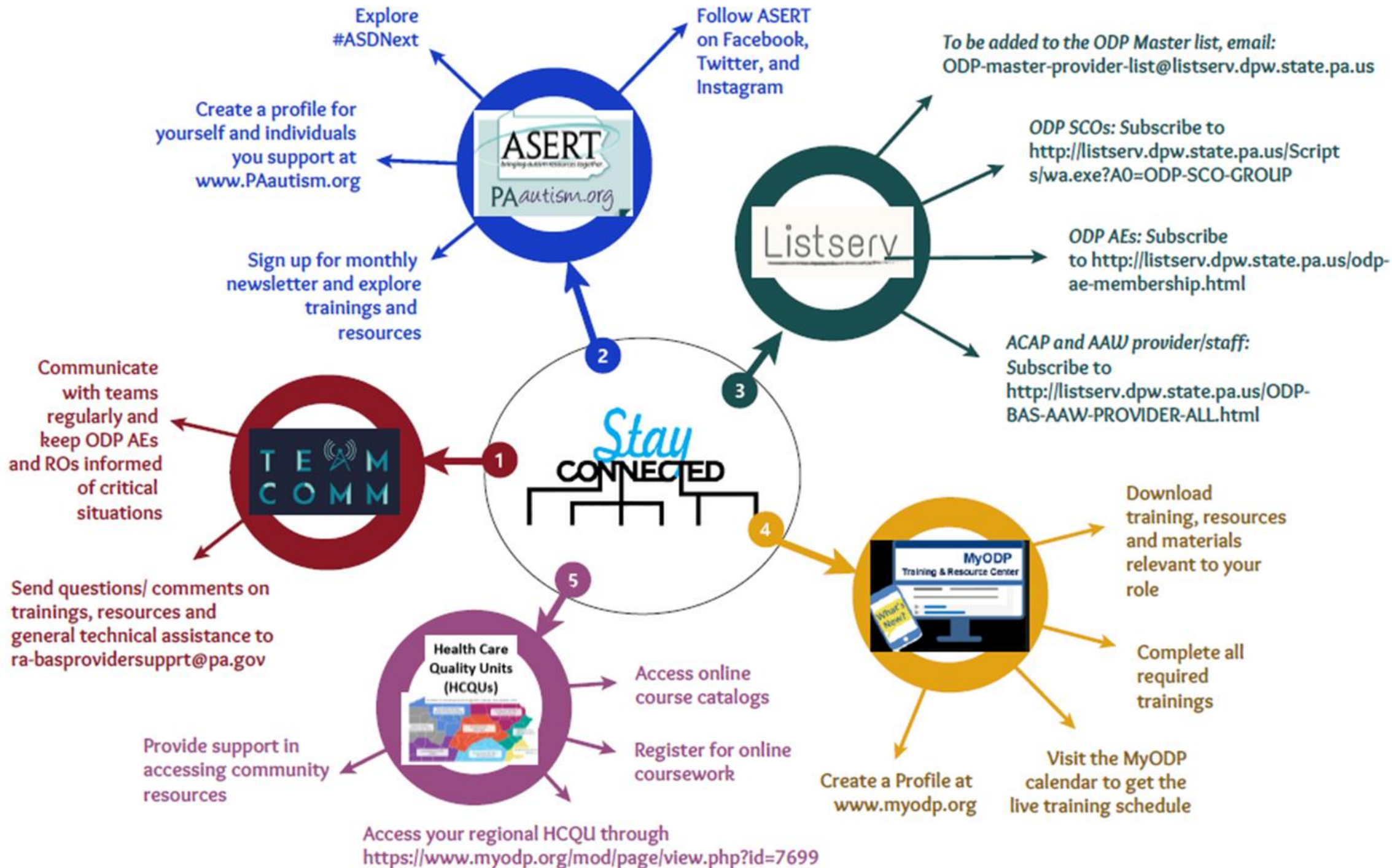
Next Steps

Next Steps- Timelines

- Admin Notice issued September 28, 2020
 - ◆ Specific implementation details
 - ◆ Template and Service Guidance Documents
- All templates, SGDs, and a recording of this training are posted to MyODP
 - ◆ Resources > Autism Resources > AAW/ACAP Provider Resources > Guidance on Reporting Requirements
- First QPNs will be due in QuestionPro in the NEW LINK by November 10th, 2020 (October Quarterlies)
- *Remember- if you, another colleague, or another provider you communicate with are NOT receiving ODP communications, please encourage them to sign up for the list-servs.*

Any questions?







Thank you for attending!

Please email any questions or comments about the training to
ra-basprovidersuppirt@pa.gov

We strive to keep our trainings and resources up to date. If you notice any inaccurate or outdated information, please report it to ra-basprovidersuppirt@pa.gov



Your opinion **MATTERS**

stay tuned after the training for a short survey



Did the training effectively deliver content?



Will you be able to apply what you learned?



Is the content important for others to hear?



Was the speaker knowledgeable in the subject?