

AAW Annual Review Plan (ARP) Checklist

Participant Name: Click here to enter text.	SC Organization: Click here to enter text.	Supports Coordinator: Click here to enter text.
MCI#: Click here to enter text.	Regional Office Representative: Click here to enter text.	Clinical Representative (if assigned): Click here to enter text.
Plan Effective Date: Click or tap to enter a date.	Date ISP Submitted: Click or tap to enter a date.	Review Date: Click or tap to enter a date.
Region: Choose an item.	Date(s) ISP Resubmitted:	Additional Review Date(s):
<u>Complete only if participant receives Residential Habilitation</u> Date of the most recent room and board contract on file at BSASP: Click or tap to enter a date.		

A. <u>SIB-R RAW SCORES and PERIODIC RISK EVALUATION (PRE)</u>				
Support Plan Document	YES	NO	N/A	Action/BSASP Comments for the SC
1. Have the annual SIB-R raw scores been submitted to BSASP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Note: The ARP cannot be reviewed by BSASP and must be rejected if the SIB-R raw scores and/or PRE have not been submitted at the time of the annual plan review. Comments:
2. Has the Periodic Risk Evaluation been completed and submitted to BSASP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. <u>PARTICIPANT DEMOGRAPHICS, EMPLOYMENT, AND CONTACT INFORMATION</u>				
Support Plan Document	YES	NO	N/A	Action/BSASP Comments for the SC
1. Are the following participant demographics up to date in HCSIS?				Note: The SC must review this information for accuracy and update it, as needed, before submitting the ARP.
<u>Consumer Demographics:</u> <i>Individual- Demographics- Demo.</i>				
a. Living Situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. County of Residence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Educational and Vocational Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Telephone Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Consumer Addresses:</u> <i>Individual- Demographics- Address</i>				

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e. Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments:
f. Email Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C. <u>SERVICE UTILIZATION REVIEW</u>				
Support Plan Document	YES	NO	N/A	Action/BSASP Comments for the SC
1. Is the requested service amount for any existing service equal to or less than the amount auto-populated in row 6 of the Service Utilization Calculator? If yes, mark questions C1(a) and C1(b) as “N/A” and proceed to Section D. If no, complete questions C1(a) and C1(b).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Note: The ISP must be rejected if any requested service is found to exceed 25% of the current year’s utilization and a justification has not been provided in the service note. Comments:
a. Has the SC entered a service note into HCSIS which provides justification to support the excess units?	<input type="checkbox"/>	<input type="checkbox"/>		Note: When justification for excess units is not accepted, the SC must notify the participant and/or representative and document in a service note if the participant agrees or disagrees with BSASP’s decision.
b. Is the justification provided an acceptable reason for the excess units?	<input type="checkbox"/>	<input type="checkbox"/>		
D. <u>ISP CONTENT REVIEW</u>				
Support Plan Document	YES	NO	N/A	Action/BSASP Comments for the SC
1. Annual Assessments <i>Individual- Evaluation- Assessment Switchboard</i>				If the PSS and/or QOL.Q causes stress on the participant or close family member, the SC is permitted to not administer the assessment and clearly document the reason for the exception in a service note and in the Know and Do section of the ISP. Comments:
a. Is the annual Parental Stress Scale finalized in HCSIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Is the annual Quality of Life Questionnaire finalized in HCSIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Individual Preferences				

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<p><u>Medical Contacts</u> <i>Plan- Manage Plan- View/Modify Plan Details-Medical Information- Medical Contacts</i></p> <p>f. Does this section reflect all applicable medical contacts?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Note: The medical contacts should match the Health Evaluations section.</p>
<p><u>Current Health Status</u> <i>Plan- Manage Plan- View/Modify Plan Details-Medical Information-Current Health Status</i></p> <p>g. Has the appropriate risk domain information been added from the <u>current</u> PRE results?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><u>Psychosocial Information</u> <i>Plan- Manage Plan- View/Modify Plan Details- Medical Information- Psychosocial Information</i></p> <p>h. Have the appropriate problematic behaviors from the <u>current</u> SIB-R been added?</p> <p>i. Has the appropriate risk domain information been added from the <u>current</u> PRE results?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Have all sections been reviewed and updated by SC?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>4. Health and Safety</p> <p><u>General Health and Safety Risks</u> <i>Plan- Manage Plan- View/Modify Plan Details- Health and Safety- General Health and Safety Risks</i></p> <p>a. If there were any accidents or incidents in the past 12 months, is that information included in this section?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Note: If there were no accidents or incidents in the past 12 months, that should be explicitly stated in the General Health and Safety Risks section of the ISP.</p> <p>Comments:</p>

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b. Has ALL the risk domain information been added from the <u>current</u> PRE results? c. Is mitigation included in this section? <u>Supervision Care Needs</u> <i>Plan- Manage Plan- View/Modify Plan Details- Health and Safety- Supervision Care Needs</i> d. Are supervision needs for all three areas (Day, Home, and Community) completed? Have all sections been reviewed and updated by SC?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Note: The Reasons for Intensive Staffing screen is not required unless the participant requires intensive staffing as indicated on the Supervision Care Needs screen. The Staffing Ratio – Day, Staffing Ratio – Home, and Staffing Ratio screens are not required unless the participant is part of litigation, a specific Class Action, or if they are receiving services not paid for through the Adult Autism Waiver.
5. Functional Information <u>Social/Emotional</u> <i>Plan- Manage Plan- View/Modify Plan Details- Functional Information- Social/Emotional Information</i> a. Have the appropriate problem behaviors from the <u>current</u> SIB-R been added? <u>Educational/Vocational</u> <i>Plan- Manage Plan- View/Modify Plan Details- Functional Information- Educational Information</i> b. Is this section accurate and complete? <u>Employment/Volunteer</u> <i>Plan- Manage Plan- View/Modify Plan Details- Functional Information- Employment/Volunteer</i> c. Is this section accurate and complete? d. If employment is not included in this plan and there is no goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Note: If historical information is included and still relevant, it must be clear that it is historical and not current information. Comments: Note: A “goal related to employment” does not refer exclusively to whether the participant has a goal related to employment on their ISP. Employment goals could include a goal on the ISP, a goal the participant is working on through OVR, or a goal that is not being explored through formal services, but rather a

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<p>related to employment, is the reason why employment is not being explored added to the comments box on this screen?</p> <p><u>Understanding Communication</u> <i>Plan- Manage Plan- View/Modify Plan Details-Functional Information- Understanding Communication</i></p> <p>e. Have the appropriate problem behaviors from the <u>current</u> SIB-R been added?</p> <p>Have all sections been reviewed and updated by SC?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>broader personal goal that the participant has. If a participant is already competitively employed or volunteering, he/she may still have employment or volunteer goals.</p>
<u>E. SERVICE DETAILS SCREEN - DATES</u>				
Support Plan Document	YES	NO	N/A	Action/BSASP Comments for the SC
<p>1. Is the Plan Effective Date (PED) on the Service Detail Screen the same month and day as the Eligibility Date/Plan Effective Date listed on the Plan Components Screen?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Note: The only component of the PED that should be updated is the year. Please be sure the PED is correct before moving the ISP out of draft status.</p> <p>Comments:</p>
<p>2. Is the Contingency Plan Contacts section completed for each service on the plan?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Note: This information needs to be added to the View/Update Contingency Plan Contacts section of the Service Details Screen.</p> <p>Each Contingency plan must include at least one supervisory contact.</p> <p>Comments:</p>
<p>3. Services Line Dates:</p> <p>a. Do the start dates for the upcoming plan year match the Plan Effective Date? If yes, mark question E3(b) as "N/A" and proceed to question E3(c). If no, complete question E3(b).</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Note: Services for the Annual Review Plan should be added to the Service Detail screen and not extended from the previous plan year.</p> <p>Comments:</p>

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<p>b. Is there a service note indicating why the start dates are not aligned with the PED?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>c. For each service other than Career Planning and Intensive Job Coaching, are the end dates the day before the Projected Annual Review Date? If yes, mark question E3(d) as “N/A” and proceed to Section F. If no, complete question E3(d).</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>d. Is there a service note indicating why the end dates are not aligned with the Projected Annual Review Date?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<u>F. SERVICE DETAILS SCREEN – OTHER</u>				
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Support Plan Document	YES	NO	N/A	Action/BSASP Comments for the SC
<p>1. Does the frequency, duration, and number of units listed for each service reflect what is reasonable for that service?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Note: This section ensures that service frequency and duration follow the guidelines found in the service definitions and are reasonable. For example, it is not reasonable for an SC ongoing service to need 60 units per week.</p> <p>Service frequency and duration must also be appropriate for the specific participant. A participant who is employed full-time will probably not have 40 hours per week in CS services.</p> <p>Some services should not exceed one unit. Those are:</p> <ul style="list-style-type: none"> • SSD-BSP Development • SSD-Skill Building Plan Development • Home Modifications • Vehicle Modifications • Assistive Technology <p>Comments:</p>

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<p>2. Are the total combined units of services per week within the 50 hours limit for the following services:</p> <ul style="list-style-type: none"> • Day Habilitation • Community Support • Small Group Employment • Supported Employment Services (Intensive Job Coaching, Direct and Extended Employment Supports, Direct) <p>If yes, mark questions F2(a) and F2(b) as “N/A” and proceed to Section F3. If no, proceed to question F2(a).</p> <p>a. Has a Request for an Exception to Established Service Limits Form been submitted and approved?</p> <p>b. Are the services in the ISP consistent with what has been approved in the exception request?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Note: The plan will be rejected if the total combined hours of these services exceed the 50-hour limit and there is no current BSASP-approved exception. The SC must work with the team to develop a plan to stay within the limitation when an exception is not warranted.</p> <p>Comments:</p>
<p>3. Services on the Service Detail Screen</p> <p>a. Are the services chosen on the Service Detail Screen reasonable and appropriate?</p> <p>b. Are all services from the current plan year included on the plan for the upcoming plan year? If yes, mark question F3(c) as “N/A” and proceed to Section F4. If no, complete question F3(c).</p> <p>c. Is there a service note indicating why the current</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Note: This section is used to determine if the services chosen are appropriate for a participant. For example, if supported employment is added to the plan and the participant is not employed, it would not be an appropriate service for that participant and would be noted here.</p>

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services are not being continued in the next plan year?				
4. Are the total units of Family Support equal to or less than 160 units per year, with the year starting on the service start date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Note: The service start date will not always coincide with the Plan Effective Date. If Family Support was previously added to the plan, the SC must calculate the remainder of the 12-month period based upon what was already authorized in the previous plan year and end date the new service line accordingly.</p> <p>Comments:</p>
If Respite is not on the ARP, check here, then proceed to Section 6: <input type="checkbox"/>				
<p>5. Respite:</p> <p>a. If a Request for an Exception to Established Service Limits Form has been submitted and approved, are the Respite services in the ISP consistent with what has been approved in the exception request? If yes, complete question F5(b) only, then proceed to Section 6. If no, proceed to Section 6. If N/A, skip to next questions (F5(b)-(h)).</p> <p><u>Out-of-Home Respite (Licensed and Unlicensed)</u></p> <p>b. 15-minute unit: Are the units per day less than 40 units?</p> <p>c. 15-minute unit (licensed): Is the total number of units equal to or less than 1200 units per ISP year, with the year starting on the ISP plan effective date?</p> <p>d. 15-minute unit (unlicensed): Is the total number of units equal</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments:

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<p>to or less than 1563 units per ISP year, with the year starting on the ISP plan effective date?</p> <p>e. Day unit (licensed): Is the total number of units equal to or less than 30 units per ISP year, with the year starting on the ISP plan effective date?</p> <p>f. Day unit (unlicensed): Is the total number of units equal to or less than 39 units per ISP year, with the year starting on the ISP plan effective date?</p> <p><u>In-Home Respite</u></p> <p>g. 15-minute unit: Is the total number of units equal to or less than 1062 units per ISP year, with the year starting on the ISP plan effective date?</p> <p><u>In-Home and Out-of-Home Respite Both on Plan</u></p> <p>h. Is the total expenditure equal to or less than \$6504.00 per ISP year, with the year starting on the ISP plan effective date?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>6. Has the SC selected the correct fiscal year from the drop-down screen for the one-time service in the plan year?</p> <p>One-time services include:</p> <ul style="list-style-type: none"> • Home Modifications • Vehicle Modifications • Assistive Technology • SSD – BS Plan Development • SSD – SSB Plan Development 	<input type="checkbox"/>	<input type="checkbox"/>		<p>Note: If a one-time service spans fiscal years, the SC must open the “view” on the Service Detail Screen to assure that the service unit was added to the correct fiscal year. At times, the SC will need to complete a manual calculation to assure the correct fiscal year is chosen.</p> <p>Comments:</p>
<p>7. SSD - Behavioral Specialist Services:</p>				<p>Note: The BS is expected to complete the Behavioral Support Plan (BSP) and Crisis</p>

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<p>a. If this is the first time SSD-BSS was added to the ISP, does the plan include BS Plan Development ONLY?</p> <p>b. If the SSD-BSS is a continuation from the previous plan year, does the plan include direct and consultative services?</p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<p>Intervention Plan (CIP) within 60 days of the service start date. A BSASP clinical representative will provide feedback pertaining to the plans directly to the BS and SC after review. BS Direct and Consultation services can only be added to the plan after BSASP approves the BSP/CIP.</p> <p>Comments:</p>
<p>8. SSD - Systematic Skill Building:</p> <p>a. If this is the first time SSD-SSB was added to the ISP, does the plan include SSB Plan Development ONLY?</p> <p>b. If the SSD-SSB is a continuation from the previous plan year, does the plan include direct and consultative services?</p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<p>Note: The Skill Building Specialist is expected to complete the Systematic Skill Building Plan (SBP) within 60 days of the service start date. SSB Direct and Consultation services can only be added to the plan after BSASP clinical approves the objectives.</p>
<p>9. Career Planning (Vocational Assessment and Job Finding):</p> <p>a. Is only <u>ONE</u> of the following on the plan:</p> <ul style="list-style-type: none"> • Job Finding • Vocational Assessment <p>b. If this is the first time Career Planning services are on the ISP, was ineligibility or case closure with OVR confirmed or does the participant meet one of the exception criteria as outlined in the OVR bulletin?</p> <p>c. Are career planning services end dated for 90 days from the service start date?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Note: Job Finding and Vocational Assessment cannot be on the plan concurrently.</p> <p>Note: A referral to the Office of Vocational Rehabilitation (OVR) should be completed immediately once a participant indicates that he or she is interested in pursuing employment. The referral process is explained in detail in the joint OVR/ODP bulletin “OVR Referral Process for Employment-Related Services.”</p> <p>Note: The service start date will not always coincide with the Plan Effective Date. If Career Planning was previously added to the plan, the SC must calculate the remainder of the 90-day period based upon what was already authorized in the previous plan year and end date the new service line accordingly.</p>

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If Supported Employment is not on the ARP, check here, then proceed to Section 11:

<p>10. Supported Employment (Intensive Job Coaching and Extended Employment Supports):</p> <p>a. Is the participant competitively employed? If yes, proceed to question F10(b). If no, proceed to Section 11.</p> <p>b. If this is the first time Supported Employment services are on the ISP, was ineligibility or case closure with OVR confirmed or does the participant meet one of the exception criteria as outlined in the OVR bulletin?</p> <p><u>Intensive Job Coaching, direct and indirect</u></p> <p>c. Is support needed for more than 20% of the participant's work week?</p> <p>d. Are Intensive Job Coaching services end dated for 6 months from the service start date?</p> <p>e. Is the participant within the 18 consecutive month time limit to receive Intensive Job Coaching? If yes, mark question F10(f) as "N/A" and proceed to Section F11. If no, complete question F10(f).</p> <p>f. Has a Request for an Exception to Established Service Limits form been submitted and approved?</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>Note: Intensive Job Coaching and Extended Employment Supports cannot be provided at the same time. If a participant is switching from one of these services to another, the end date and start dates of the services cannot overlap.</p> <p>Note: The Employment/Volunteer screen should be updated to include the number of hours worked (on average) each week.</p> <p>Note: The service start date will not always coincide with the Plan Effective Date. If Intensive Job Coaching was previously added to the plan, the SC must calculate the remainder of the 6-month period based upon what was already authorized in the previous plan year and end date the new service line accordingly.</p>
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<p><u>Extended Employment Supports, direct and indirect</u></p> <p>g. Is support needed for 20% or less of the participant’s work week? <input type="checkbox"/></p> <p>h. Are the hours of Extended Employment Supports equal to or less than 416 hours (1664 units) per year, with the year starting on the service start date? <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Note: The service start date will not always coincide with the Plan Effective Date. If Extended Employment Supports were previously added to the plan, the SC must calculate the remainder of the 12-month period based upon what was already authorized in the previous plan year and end date the new service line accordingly.</p>
<p>11. If this is the first time Small Group Employment is on the ISP, and the participant is under the age of 24 and paid subminimum wage, was ineligibility or case closure with OVR confirmed?</p>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>12. Therapies:</p> <p>a. Has the Medical Assistance (Health Choices) payment for therapy been accessed and exhausted prior to requesting Speech/Language Therapy through the AAW? <input type="checkbox"/></p> <p>b. If this is the first time therapies (counseling or speech/language) were added to the plan, was it added for 12 units to have an assessment completed? <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>		<p>Note: The SC should document in the “Comments” section of the Service Details Screen and label the item “Exhausted State Plan (MA Services)”, that State Plan (MA Services) services for Speech/Language Therapy have been exhausted.</p> <p>Comments:</p>
<p>If Residential Habilitation is not on the ARP, check here, then proceed to Section 14: <input type="checkbox"/></p>				
<p>13. Residential Habilitation</p> <p>a. If the participant is currently receiving respite until the Res Hab home is ready for the participant to move in, has Respite been end-dated prior to</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Comments:</p>

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<p>the Residential Habilitation start date?</p>				
<p>b. If the participant resides in a one-person Community Home, has SSD-Community Support been end-dated prior to the Residential Habilitation start date? If yes, mark question F13(c) as “N/A” and proceed to F13(d) If no, complete question F13(c).</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>c. Has the SC documented in service notes an acceptable reason for the participant to receive CS while in a one-person Community Home?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>d. Is the level of Residential Habilitation requested appropriate and consistent with what was discussed in conjunction with the approval for Residential Habilitation? If yes, mark question F13(e) as “N/A” and proceed to question F13(f). If no, complete question F13(e).</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>e. If this is an increase from the prior year, has the increase in level of Residential Habilitation been approved by BSASP?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>f. Have both the Residential Habilitation and Residential Habilitation Ineligible service lines been added to the plan?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>g. Does the total number of units listed on both the Residential Habilitation and Residential Habilitation Ineligible service lines equal the number of days</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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<p>the participant needs the services?</p> <p>h. Does the service location ID on both Residential Habilitation service lines match the address where the participant will be residing?</p> <p>i. If the Transportation service is on the plan, is the service required to transport the participant to and/or from competitive integrated employment?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Participants authorized to receive Residential Habilitation or Life Sharing services may only be authorized for Transportation services as a discrete service when the participant requires transportation to or from a job that meets the definition of competitive integrated employment.</p>
<p>14. If this is the first time Nutritional Consult was added to the plan, was it added for 12 units to have an assessment completed?</p>	<input type="checkbox"/>	<input type="checkbox"/>		<p>Comments:</p>
<p>If Transportation is not on the ARP, check here, then proceed to Section 16: <input type="checkbox"/></p>				
<p>15. Transportation:</p> <p>a. Is the total funding for all Transportation services less than \$4,500 for the plan year?</p> <p>b. Is the activity for which the participant will use the transportation service identified in the ISP?</p> <p>c. Is the transportation service and plan reasonable given the participant's needs, desired activities, and other services already on the plan?</p> <p><u>Transportation-Public</u></p> <p>d. Are the number of units consistent with the anticipated</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Note: Pennsylvania is mandated by federal regulation to provide transportation to and from medical providers. This service is provided through the Medical Assistance Transportation Program (MATP). AAW Transportation services cannot be substituted for MATP services.</p> <p>The activity should be identified in the Desired Activities section of the ISP. The service should be linked to a related goal.</p>

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<p>number of bus passes, trips, etc.?</p> <p>e. Is the rate per unit reasonable given the mode of transportation being requested?</p> <p>f. If the ISP contains more than one mode of public transportation are all modes of public transportation included in the same service line? (NOTE: if there is only one mode of transportation on the ISP choose N/A and proceed to next section.)</p> <p><u>Transportation-Trip</u></p> <p>g. Is the zone consistent with the number of miles for each trip?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<p>The breakdown of the costs of each mode of transportation will be found in the comments section of the service information on the service details screen.</p> <p>Zones are defined as follows: Zone 1 - greater than 0 and up to 10 miles; Zone 2 - greater than 10 and up to 30 miles; and Zone 3 – greater than 30 miles.</p>
<p>16. Goals:</p> <p>a. Is each active goal on the Goal screen linked to a service line in the Service Details screen?</p> <p>b. Is each goal that is linked to a service line in the Service Details screen an active goal?</p> <p>c. Is each goal categorized per the GAS format?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Note: An “active” goal is a goal that has not been end-dated on the Goal screen.</p> <p>Comments:</p>
<p>17. Is an objective listed for each active goal on the Goal screen? If yes, mark question F16(a) as “N/A” and proceed to the Approval Section. If no, complete question F16(a).</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Note: If new services or new providers are added to the plan, the provider must submit objectives to the SC within three weeks of service start date. The SC enters the objectives into HCSIS. Existing services must have objectives within each goal in order to implement/measure participant progress. If a goal does not</p>

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<p>a. Did the service linked to the goal(s) that does not include objectives begin less than three weeks before the ARP was submitted by the SC?</p> <p>Services that do not require objectives:</p> <ul style="list-style-type: none"> • Assistive Technology • Community Transition Services • Family Support • Home Modifications • Job Finding • Respite • SC Ongoing • SC Plan Development • SSD-BSS-Plan Development • SSD-SSB-Plan Development • Temporary Supplemental Services • Transportation • Vocational Assessment • Vehicle Modifications 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>have objectives and the service was started more than three weeks prior to the submission of the ARP by the SC, the plan will be rejected. The SC should contact the provider, explain the plan has been rejected, and notify the provider that the plan will not be approved until the objectives have been submitted. If the SC has not received the objectives by the deadline of when the plan needs to be resubmitted, the SC should document the contact with the provider in a service note and contact BSASP for assistance.</p> <p>Comments:</p>
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Approval Section		
Approved	<input type="checkbox"/>	<p>For internal BSASP use only: Complete LOC Reevaluation in conjunction with the PED and Projected Annual Review Date in HCSIS.</p> <p>Comments:</p>
Rejected	<input type="checkbox"/>	