

**ADULT AUTISM WAIVER (AAW) GOAL ATTAINMENT SCALING (GAS) GUIDANCE
for All Providers**

This chart clarifies the dates to include for GAS charts. The dates are determined based on the Plan Effective Date (PED) for the participant in HCSIS.

Here is an example using a July 22 PED:

Quarter 1 covers 8/1-10/31 and is due 11/10. Quarter 2 covers 11/1-1/31 and is due 2/10. Quarter 3 covers 2/1-4/30 and is due 5/10. Quarter 4 covers 5/1-7/31

MONTH	PLAN EFFECTIVE DATE falls within these dates	Q1 PERIOD	Q2 PERIOD	Q3 PERIOD	Q4 PERIOD
JANUARY	January 1-15	1/1-3/31	4/1-6/30	7/1-9/30	10/1-12/31
	January 16-31	2/1-4/30	5/1-7/31	8/1-10/31	11/1-1/31
FEBRUARY	February 1-15	2/1-4/30	5/1-7/31	8/1-10/31	11/1-1/31
	February 16-28	3/1-5/31	6/1-8/31	9/1-11/30	12/1-2/28
MARCH	March 1-15	3/1-5/31	6/1-8/31	9/1-11/30	12/1-2/28
	March 16-31	4/1-6/30	7/1-9/30	10/1-12/31	1/1-3/31
APRIL	April 1-15	4/1-6/30	7/1-9/30	10/1-12/31	1/1-3/31
	April 16-30	5/1-7/31	8/1-10/31	11/1-1/31	2/1-4/30
MAY	May 1-15	5/1-7/31	8/1-10/31	11/1-1/31	2/1-4/30
	May 16-31	6/1-8/31	9/1-11/30	12/1-2/28	3/1-5/31
JUNE	June 1-15	6/1-8/31	9/1-11/30	12/1-2/28	3/1-5/31
	June 16-30	7/1-9/30	10/1-12/31	1/1-3/31	4/1-6/30
JULY	July 1-15	7/1-9/30	10/1-12/31	1/1-3/31	4/1-6/30
	July 16-31	8/1-10/31	11/1-1/31	2/1-4/30	5/1-7/31
AUGUST	August 1-15	8/1-10/31	11/1-1/31	2/1-4/30	5/1-7/31
	August 16-31	9/1-11/30	12/1-2/28	3/1-5/31	6/1-8/31
SEPTEMBER	September 1-15	9/1-11/30	12/1-2/28	3/1-5/31	6/1-8/31
	September 16-30	10/1-12/31	1/1-3/31	4/1-6/30	7/1-9/30
OCTOBER	October 1-15	10/1-12/31	1/1-3/31	4/1-6/30	7/1-9/30
	October 16-31	11/1-1/31	2/1-4/30	5/1-7/31	8/1-10/31
NOVEMBER	November 1-15	11/1-1/31	2/1-4/30	5/1-7/31	8/1-10/31
	November 16-30	12/1-2/28	3/1-5/31	6/1-8/31	9/1-11/30
DECEMBER	December 1-15	12/1-2/28	3/1-5/31	6/1-8/31	9/1-11/30
	December 16-31	1/1-3/31	4/1-6/30	7/1-9/30	10/1-12/31