



## Keystone Autism Services

### ***Policy Level: Guideline & Procedure***

Title: Provider Autism Training

Applicability: ACAP

Effective Date: October 2019

#### **Purpose:**

The following programs are included:

- ACAP- Adult Community Autism Program

#### **Guideline & Procedure:**

In order to meet program requirements for providers, Keystone Autism Services (KAS), Adult Community Autism Program (ACAP) has implemented a participant-centered approach to provider training. A Participant Review *What you should know about me to provide good care*, also referred to as Know and Do (see template below) is completed by the participant independently or with assistance from other parties including but not limited to family and KAS staff. This document is used to identify how much support the participant wants and needs before, during and after each provider service appointment. In combination with the ISP and Participant Face Sheet when appropriate, providers receive participant specific information that will assist them when delivering services. This information is presented during the first appointment with a new provider and as needed thereafter depending on changes to the information and participant preferences. Participants can indicate their preference for presenting information on the *What you should know about me to provide good care* form independently or with KAS staff assistance.

KAS providers are also offered two additional autism training options:

1. On-site: The training is approximately 2 hours long and customized to meet the needs of the provider.
2. Web-based training: SPEcTRUM is an online multi-module training developed by the Pennsylvania Office of Developmental Programs, Bureau of Autism Services (ODP/BAS) in conjunction with the Autism Services, Education, Resources & Training (ASERT) Collaborative. Accessible on the ODP website, it takes approximately five hours to complete and allows the user to learn at their own pace. Upon completion, the user receives a certificate of completion.

To supplement SPEcTRUM and on-site training, KAS has provided additional autism training resources on the KAS website. Providers are given instructions on accessing these resources during the provider agreement process.

Keystone Human Services link to resources on website (scroll down page and open the Autism Training Resources document):

<http://www.keystonehumanservices.org/autism-services/provider-resources.php>

For Community Support (habilitation) and Respite services, refer to the separate procedure and requirements.

<L:\Master Schedules\Autism Training Procedures>

**Keystone Autism Services (KAS): Adult Community Autism Program (ACAP)  
Autism Training – What you should know about me to provide good care**

This document is intended to help guide KAS and our network providers to deliver services based on your individual needs and perspective. The goal is to develop positive outcomes by increasing awareness about you as an individual. The information will help determine what type of support is needed before, during and after service appointments with your providers as well as KAS delivered services.

Please coordinate with your KAS clinical team or complete the following on your own by responding to each item below. The right column outlines the type of information to provide for each category in the left column:

<p>Participant Name: _____</p> <p style="margin-left: 100px;">Date: _____</p>
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<b>1. Physical Health and Wellbeing.</b>	(Anything related to medical conditions, injuries, surgeries, illnesses, allergies, medications, doctors,...If you think it fits, then it does)
<b>2. School</b>	(Anything about learning, whether it be in a classroom or not. Learning successes, bad or good teachers, fears about, graduations, certifications, licenses of any kind, including driving.)
<b>3. Work</b>	(Anything related to working for incentives or reimbursement of any kind (this includes volunteer). Employment by a neighbor for shoveling snow or mowing the lawn. Favorite jobs and type of work done. What roles are held)
<b>4. Family and Home</b>	(Anything about home and Family, who and how many, how are the relationships, have relationships gotten stronger or more tense, or disengaged entirely; what roles are held)

<b>5. Community and Neighborhood</b>	(Anything about the types of neighbors and communities lived in, near or around; what roles are held)
<b>6. The Hard Stuff and How It Was Dealt With</b>	(Any struggle, challenge, difficulty, problem, worry, fear, trauma or otherwise worded thing that had to be improved or dealt with. And how it was dealt with. What might have made it easier or more manageable?)
<b>7. My Best Day</b>	(What would your best day look like? What you be doing or not doing?)
<b>8. My Worst Day</b>	(What would your best day look like? What you be doing or not doing?)
<b>9. Communication: The Way You Talk, Listen and Hear.</b>	(What are your preferences for communication? Phone? Email? What are your concerns about communication?)

<p><b>10. How You Best Connect With Others</b></p>	<p>(Do you use social media? Prefer phone calls? What social activities do you use or want to use for connecting with others?)</p>
<p><b>11. The Way You Learn</b></p>	<p>(Information about how you learn. What approaches work or do not work best?)</p>
<p><b>12. How You Solve Problems</b></p>	<p>(Information about how you deal with solving problems. What approaches work or do not work best?)</p>
<p><b>13. List of Favorite Things</b></p>	<p>(Anything in the category of playing, having fun, vacations, favorite things to do...roles)</p>
<p><b>14. Other Information You Want to Share</b></p>	<p>(The door is open to share any information that is important for KAS and / or your service providers to know).</p>

**Provider Communication Preferences:**

- I prefer to present this information to the following providers myself
  - 1.
  - 2.
  - 3.
  - 4.
  - 5.
  
- I prefer to have this information presented to the following providers by a KAS team representative
  - 1.
  - 2.
  - 3.
  - 4.
  - 5.
  
- I prefer to have this information presented to the following providers by (list name):  

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  - 1.
  - 2.
  - 3.
  - 4.
  - 5.

**Applicable Forms: Provider Autism Training Procedure Signature Template**

**Additional Resources:**

**Relevant Policies:** Community Support and Respite Provider Training Procedure

**Procedure Development/Revision History:**

CREATED: February 2016

REV.1: October 2019

REV.2:

**Keystone Autism Services  
Provider Training Confirmation**

\_\_\_\_\_

Participant Name

My signature below is confirmation that I have received background information regarding the Keystone Autism Services ACAP participant listed above who will be receiving services.

\_\_\_\_\_

Provider Name

Staff Name	Date	Staff Signature

\_\_\_\_\_

Presenter Signature