

**POLICY REQUIREMENTS BASED ON SUPPORT LEVELS  
AUTISM SPECIFIC SERVICES**

POLICY SECTION	POLICY/TOPIC	INDIVIDUALIZED HOME SUPPORTS, DAY SUPPORTS, RESIDENTIAL SUPPORTS, SPECIALIZED SERVICES		CONSULTANT (AGENCY)
		INITIAL	AFTER 2 YRS. OF SERVICE	CLINICAL BEHAVIORAL SUPPORTS
ADMINISTRATIVE/ OVERARCHING POLICY STATEMENTS	HIPAA	X	X	X
	Anti-Discrimination	X	X	X
	Drug Free Workplace	X	X	X
	Smoking	X	X	X
PERSONNEL PRACTICES	Criminal Background Check	X	X	X
	Sexual Offender Registry Check	X	X	X
	Motor Vehicle License Check	X	X	X
	DDS Abuse/Neglect Registry	X	X	X
AGENCY OPERATIONS	Supervision of Staff	X	X	X
	Back Up Staffing	X	X	X
	Transporting Individuals	X	X	
	Emergency Response to Individuals	X	X	
	Capacity to respond to emergency situations	X*	X	
	Continuity of Operations Planning (COOP)	X*	X	
	Quality Improvement Planning	X	X	X
STAFF TRAINING	Knowledge of approved and prohibited physical management techniques	X	X	X
	Training of direct service staff	X	X	X
	Training of professional staff in clinical disciplines			X
	Training of professional staff in procedures critical to their clinical role			X
INDIVIDUAL PROTECTIONS	Prevention of Abuse/Neglect	X	X	X
	Incident Reporting	X	X	X
	Program Review/Committee		X	
	Human Rights/Committee		X	
	Medication Administration			
PROVISION OF SUPPORTS & SERVICES TO INDIVIDUALS	Person Centered Planning (Individual Plan)	X	X	X
	Observing, Reporting and Responding to Changes that affect individual	X	X	X
	Client Funds Management	X*	X	
	Hot Water Temperature Safety			
	Safety Alert for Bathing and Personal Care	X	X	
	Water Safety	X	X	
	Behavior Support Planning		X	
Behavior Modifying Medications		X		

\* A modified policy can be submitted when providing Initial Individual Home Supports