

Supporting Children with Autism:

Information about the Maryland Autism Medicaid Waiver and DDA-funded Family and Behavioral Support Services

Developed by the
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CHAPTER OF THE
AUTISM SOCIETY OF AMERICA**

in partnership with the
Baltimore-Chesapeake,
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What is the Autism Waiver?

As of July 1, 2001, the Autism Medicaid Waiver is in place in Maryland to provide services for eligible children with autism spectrum disorders ages one to 21 to support them in their homes and communities.

The Autism Medicaid Waiver was developed to help those children with autism who require the greatest vigilance, care, and management.

Waiver services will be provided at no cost to families. The financial criteria for the Autism Medicaid Waiver considers only your child's income and assets and not your family income.

Waiver participants will be eligible for such services as respite care, environmental modifications to the home, and family training that is not provided through local school systems, early intervention programs, or the State Medicaid Plan. Waiver participants will also be eligible for school-based individual support services, as well as structured after-school or extended-day programs. In addition, waiver participants will receive Medical Assistance, with all of the benefits that this entails.

Medicaid or Medical Assistance is a health insurance program designed for individuals who are eligible as low-income and/or disabled. It is federally regulated, state administered, and state and federally funded. Medicaid and the Autism Medicaid Waiver are not entitlements. All service providers under the Autism Medicaid Waiver must be licensed Medicaid providers.

The waiver will be administered by the Maryland State Department of Education, although the Department of Health and Mental Hygiene has ultimate responsibility for the waiver. Approximately 250 children will be served in the first year, to expand to 350 by the third year.

Who is eligible?

There are three areas under which your child must qualify to be eligible for the waiver.

1. Your child must be **"technically eligible"**, which means that she/he must be a Maryland resident, be between the ages of 1 and 21, have an IFSP or an IEP with more than 15 hours per week of services, have a diagnosis of autism spectrum disorder, and not be covered by another Medicaid waiver or receiving Rare and Expensive case Management (REM). If your child is on another waiver or REM, you should discuss your waiver choices and service needs with your case manager.
2. Your child must be **"financially eligible"**, which means that she/he meets the income criteria established by the Department of Human Resources, and has less than \$2,000 in assets (savings, trust, stock, etc.) in her/his own name.
3. Your child must be **"medically eligible"**, which means that she/he meets the minimum level-of-care requirements in two of the following three areas:
 - a. Basic activities of daily living (such as eating, toileting, and hygiene);
 - b. Functional activities of daily living (such as ability to learn, ability to initiate social interactions, awareness of needs, attention span, community participation, fine motor skills, hand/eye coordination, playing appropriately, and understanding danger); and
 - c. Maladaptive behaviors (such as sensory hypersensitivity, tantrums, anxiety, self-stimulation, self-harm, ritualistic behaviors, withdrawal, and wandering).

Each of the three eligibility areas involves completing various forms. Importantly, the determination of eligibility for level of care (medical eligibility) is

completed by a multi-disciplinary team (which includes the child's parents) and is signed by a licensed psychologist or certified school psychologist who is part of this multi-disciplinary team. The eligibility determination process is not the same as the IEP process; therefore, appeal procedures are different.

Where do I get more information?

A contact person has been assigned in each early intervention and local school system. You can find a list of those contacts, along with other information on the waiver, on the Howard County Autism Society's web site at:

<http://members.home.net/ben.dorman/hccasa/>

You can also obtain further information about the waiver by calling Boyd Pusey, Waiver Coordinator, at the Maryland State Department of Education at (410) 767-7497.

What other services are available to support families of children with autism?

In addition to the Autism Medicaid Waiver, families of children with developmental disabilities (as defined by law) may be eligible for Family Support Services through the Developmental Disabilities Administration (DDA). Family Support Services are not an entitlement.

Family Support Services are meant to assist families in caring for children with developmental disabilities at home, to prevent family crises and out-of-home placements.

If eligible, you can get Family Support Services in the form of respite care, safety features for your home, diapers, therapies not covered by insurance, summer camps, recreational activities, family counseling, etc. You will determine what services are needed to assist you in raising your child.

There are two levels of Family Support Services: high intensity and low intensity. There is a waiting list for high intensity services (services valued at over \$2,000 per year). You can phone your regional DDA office and request an application for services. Once the application is submitted, a resource coordinator or DDA staff person will visit you within 60 days to determine if your child is eligible for services, and if so, place you on the DDA waiting list based on your level of need (future need, crisis prevention, crisis resolution, emergency). It is worthwhile getting on the list now, even if you feel you will not need services until well into the future.

Low intensity services (services valued at under \$2,000 per year) are relatively easy to get, and depending on the availability of funding, can be started almost immediately. You can request a list of family support service providers from your regional DDA office. Once you have the list, you can phone service providers in your region to inquire about the availability of family support services or "rolling access funds." Typically, someone from the provider organization will come to your home, determine your eligibility for services, and then talk to you about your family's needs. They can then provide you with services, refer you to other resources, or pay for the services.

What about behavioral supports?

The DDA also contracts with organizations that offer behavioral support services at no cost to families. Through these services, a behavioral specialist will visit your home, collect information on your child's behaviors, develop a behavioral plan, assist you in implementing that plan, and then evaluate its effectiveness in reducing challenging behaviors.

To get more information about family and behavioral support services, call the DDA Regional Office in your area; the phone numbers are as follows:

Central Maryland Regional Office
(410) 902-4509; TDD (410) 363-9430

Eastern Shore Regional Office
(410) 334-6922; TDD (800) 735-2258

Western Maryland Regional Office
(301) 791-4647; TDD (301) 791-4015

Southern Maryland Regional Office
(301) 362-5120; TDD (301) 362-5131

Maryland State Law [Health General 7-101(e)] defines developmental disability as:

A severe chronic disability that:

- 1) is attributable to a physical or mental impairment, other than the sole diagnosis of mental illness, or to a combination of mental and physical impairments;
- 2) is manifested before the individual attains the age of 22;
- 3) is likely to continue indefinitely;
- 4) results in the inability to live independently without external support or continuing and regular assistance; and
- 5) reflects the need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are planned and coordinated for that individual.