

MARYLAND'S AUTISM WAIVER: A PRACTICAL GUIDE FOR FAMILIES

In July 2001, the Maryland State Department of Education (MSDE) started enrolling children into its ambitious new Autism Waiver. A limited number of children with autism spectrum disorder who need intensive care can participate in the Autism Waiver regardless of family income. A child who is accepted into the program is entitled to receive both Waiver services and Medicaid services according to the child's medical needs. **The basic principle governing a child's rights under the Autism Waiver is that if a service is medically necessary and it is a covered Waiver or Medicaid service, it must be provided with reasonable promptness.** Widespread misunderstanding of the program by school administrators, providers and families has prompted the Maryland Disability Law Center to offer this Practical Guide.

By reading this Guide, you will learn that children who are admitted to the Waiver have a legal entitlement to a broad array of health care services through both Maryland's Medicaid program for children and the Waiver; and how to proceed to obtain services for your children.

Background

Maryland's state Medicaid program receives approximately half of its funding from the federal government's Medicaid program as long as it agrees to follow federal Medicaid law. Medicaid usually provides free medical care only to people with very low incomes, but under certain circumstances people with higher incomes and special needs qualify for very broad medical assistance as well. Waivers can expand the Medicaid benefit to additional people by "waiving" income eligibility rules. Medicaid waivers also give states flexibility in creating services to help people return to or remain in their homes and communities instead of living in institutions. To help children with autism spectrum disorder and their families, in 1998 the Maryland General Assembly passed House Bill 99 directing the Department of Health and Mental Hygiene (DHMH) to apply for a Medicaid waiver for children with autism aged 1 to 21 who would otherwise require institutional care. In the first year of the Autism Waiver the Maryland State Department of Education (MSDE), which administers the program, admitted over 421 children into the Waiver. Beginning July 2002, MSDE may continue to enroll up to a total of 750 children. By the end of the third year, the Waiver can serve 900 children.

What is the Autism Waiver?

The Autism Waiver is a Home and Community-Based Services (HCBS) waiver. HCBS waivers offer services to people whose needs are great enough that they could be admitted to institutions, but instead provide flexible services that allow participants to live at home or in home-like settings. A participant's medical needs determine the HCBS waiver services that they should receive, so an Autism Waiver enrollee should receive any Waiver services that the child's health care provider says are medically necessary. In Maryland the Medicaid program is run by the Department of Health and Mental Hygiene, but the Autism Waiver is administered by the MSDE. Do not be confused by the fact that the child's Individualized Family Service Plan (IFSP) participants or Individualized Education

Plan (IEP) team plans the child's Waiver services. **Waiver services are not school services or special education services: they are medical and rehabilitative services to be provided based on your child's needs, whether they are received at school or at home.**

Applying for the Waiver

You may obtain a Waiver application from your child's local school system or early education program. Autism Waiver applications include an assessment of the child's eligibility for institutional care because the child must meet the level of need for services in an institution to be accepted into the Waiver. This does not mean that your child is at any risk of being placed in an institution; however, if your child is eligible for the Waiver, you will receive a choice of services. You may either accept home and community-based Autism Waiver services; place your child at the National Children's Center, an Intermediate Care Facility for the Mentally Retarded (ICF-MR) in the District of Columbia; or decline all services.

If you choose to have your child participate in the Autism Waiver, you will participate in creating a Plan of Care listing all Autism Waiver services (see Appendix A) that will help your child live successfully at home whenever possible, and in a community residential placement if necessary. As you apply or as soon as possible thereafter, we recommend that you include your child's health care professional in the Autism Waiver process so you can obtain medical recommendations for services.

When your child's IEP team or IFSP participants consider eligibility and service needs under the Autism Waiver, they change hats and become an Autism Waiver Multidisciplinary Team. **For your child to qualify for the Waiver, the school psychologist and the Multidisciplinary Team leader must certify that your child has autism spectrum disorder and meets the eligibility criteria for institutional level of care.** The Team (always including the family) creates a Plan of Care for your child. MSDE must also be satisfied that your child meets the technical eligibility requirements and must review the Waiver Plan of Care before it makes the final decision about eligibility. Some of the technical eligibility requirements are that a child:

- Is receiving more than 15 hours of special education or early intervention services through an IEP or IFSP;
- Does not have more than \$2500 in his own name and that any trust funds comply with Maryland Medicaid eligibility rules; and
- Can be safely maintained in the community.

Waiver eligibility determinations should be made within 90 days from the date the application is completed. When children are found ineligible for the Waiver, the state is required to notify their families in writing and provide information about how to request a fair hearing to appeal the decision of ineligibility.

Waiver Services and EPSDT

Children who are admitted into the Autism Waiver become entitled to receive Autism Waiver services (Appendix A) as well as any service covered by Medicaid's broad Early and Periodic Screening Diagnosis and Treatment (EPSDT) program (See page 5 and Appendix B). Because these services are legal entitlements when medically necessary for your child's care, it is important that you obtain documentation from your child's health care provider that your child needs a particular service. Many professionals are unfamiliar with the innovative and comprehensive services that your child could receive under the Waiver and EPSDT, so educating these professionals about the services and how to request them may require some persistent advocacy on your part.

Autism Waiver Services

A full description of the following special Autism Waiver services from the Code of Maryland Regulations is in Appendix A:

- Service Coordination assists a Waiver participant in gaining access to Waiver services and coordinating access with other services to assure that the child's full range of needs is adequately met. The service coordinator should help a child access not only Waiver services, but also EPSDT and any other non-medical services that would help meet a child's needs.
- Day and intensive day habilitation services provide supervision, training, and assistance in developmental activities and daily living skills up to 12 hours per day.
- Intensive Individual Support services provide intensive, one-on-one interventions with the child up to 16 hours per day.
- Therapeutic integration services are a structured after-school program focusing heavily on expressive therapies and therapeutic recreational activities.
- Supported Employment services provide intensive ongoing support of paid employment.
- Respite Care is available in a child's home for up to 168 hours in a 12-month period.
- Environmental Accessibility Adaptations provide up to \$1500 of home safety and accessibility improvements over 36 months.
- Family training and counseling services are available regarding treatment regimens and use of equipment.
- Residential Habilitation is a community-based, intensive residential placement in an alternative living unit (ALU), group home or residential school providing a highly supervised and supportive environment.

Some Waiver services (and all EPSDT services) should be provided to the full extent of your child's need as recommended by your child's health care provider. Other Waiver services are limited. For example:

- Regular and intensive day habilitation combined are capped at 12 hours per day.
- Intensive Individual Support Services are limited to 16 hours per day.
- Therapeutic integration is only available for four hours after school on school days.
- Respite care is limited to 168 hours per year.

- Family training is limited to 6 hours per day and 60 hours per year.
- Environmental accessibility adaptations are capped at \$1500 per person over 36 months.

Autism Waiver Plan of Care

After the Multidisciplinary Team creates a Plan of Care upon your child's admission to the Waiver, this initial Plan of Care can be revised at any time. The Plan of Care is a list of Waiver services that your child will be entitled to receive. You may invite health care providers and service providers (or anyone else) to participate as members of your child's Autism Waiver Multidisciplinary Team.

Although the members of the Multidisciplinary Team are the same people who comprise your child's IEP team or IFSP participants, the rules for making decisions about Autism Waiver Plans of Care are very different from the rules governing IEP teams. An IEP team must take a child's medical needs into consideration only insofar as they relate to the child's education. A Waiver Multidisciplinary Team, similar to the IFSP participants, considers the child's broader need for services both in and out of school. Some Waiver services are provided in school and others are provided in the home or community or in both places. Any services listed in an Autism Waiver Plan of Care are Medicaid services and must be delivered to a child **in addition to** any services written into a child's IEP or IFSP.

At any time in the process, but ideally before you even apply for the Waiver, ask your child's health care provider to request Waiver services in writing. The written service request should document the child's needs and specify the required services, including when the services should start, how long the services are estimated to be necessary, and the frequency and number of hours that are needed. Appendix C of this Guide (available in electronic version under "Publications" at www.mdlcbalto.org) is a sample service request letter for health care providers. Take the health care provider's service request to the meeting where your child's Plan of Care is developed. Direct participation by your child's health care provider in Multidisciplinary Team meetings, even by telephone, would be optimal, but written requests will also establish a child's need for services. If your child already has an Autism Waiver Plan of Care and you want to change the Plan, you may obtain a service request from your child's health care provider and then ask your child's service coordinator for a Multidisciplinary Team meeting to revise your child's Plan of Care. You can request a meeting to amend the care plan at any time.

With the exception of the school psychologist, Waiver Multidisciplinary Team members probably do not have the professional qualifications to make medical judgments about your child's needs and will have to rely on the opinions of the child's health care professionals. Even the school psychologist may not have performed an evaluation of your child's global behavioral health care needs outside of the school context. If the Multidisciplinary Team fails to follow the child's health care provider's recommendations, and the family disagrees with the Multidisciplinary Team's Plan of Care, the family may request a hearing. See Fair Hearings on page 6.

The Plan of Care must list a description of each Waiver service, the service start date, the estimated duration of the service, the frequency and hours of services, the provider and estimated cost. You are not required to identify providers: the Autism Waiver service coordinator should have a list of providers and permit the family to choose from among the available providers. Unfortunately, many parents are reporting a serious shortage of providers and long waiting lists. This situation may lead to a violation of your child's rights under the Waiver.

MSDE must approve a Waiver Plan of Care, and any substantive revisions or additions. To receive residential habilitation services in a non-public residential school, current regulations also require approval by the local coordinating council (LCC). Emergency regulations that will be in effect until December 27, 2002, may also require LCC approval of residential habilitation services in alternative living units or group homes.

If the Multidisciplinary Team refuses to approve the Waiver services your child needs or if the service coordinator cannot locate a provider for services listed in your child's Plan of Care, you may ask for a Medicaid fair hearing. See Fair Hearings on page 6.

Service Providers

The Department of Health and Mental Hygiene is required to ensure that service providers are available to deliver both Waiver services and EPSDT services, and is responsible for recruiting, locating and identifying providers. In fact, however, families are reporting that they are unable to access services for their children because of a shortage of approved providers. If your child cannot access either EPSDT or Waiver services because a provider is not available, you can ask for a fair hearing because of a failure to provide services with reasonable promptness.

Reasonable Promptness

Medicaid services, including both Waiver and EPSDT services, must be provided with “reasonable promptness”, or within a reasonable amount of time in light of all of the circumstances. Some courts have defined “reasonable promptness” to mean within 90 days, but that time can be shorter if your child’s need for a particular service is urgent. If the services are not provided with reasonable promptness, you may file a request for a hearing on behalf of your child. See Fair Hearings on page 6.

Transitioning Youth

Adults over 21 are no longer eligible to receive services under the Autism Waiver or EPSDT. As developmentally disabled children transition to adulthood, the school system is obligated to create a transition plan. The Developmental Disabilities Administration (DDA) is also required to provide outreach and information and facilitate eligibility procedures for DDA services to Autism Waiver participants who are transitioning to adulthood. One DDA service that could be useful to young adults with autism is the Developmentally Disabled Individuals Home and Community Based Services Medicaid Waiver, commonly called the “DD Waiver.” If your child is not already on DDA’s waiting list for services, contact your DDA regional office as soon as possible to apply so there is no gap in services when your child turns 21.

Early and Periodic Screening Diagnosis and Treatment (EPSDT)

You may not realize that in addition to the Autism Waiver services, Autism Waiver enrollees are also entitled to receive the full range of therapeutic services offered by Medicaid’s EPSDT program to address developmental and mental disabilities as well as provide standard health care services. Federal law requires states to provide Medicaid recipients up to age 21 with EPSDT services, which provide much broader coverage than private health insurance typically does. In addition to providing screening and diagnosis for children, EPSDT requires states to provide all medically necessary treatment to correct or ameliorate (improve) physical and mental health conditions. Autism Waiver enrollees are entitled to receive any EPSDT service as long as the child is not fully covered for the service through a private health insurance plan. EPSDT services are listed in Appendix B.

Some of the EPSDT services that could benefit Autism Waiver enrollees at home or in the community are physical therapy, occupational therapy, speech therapy, mental and behavioral health services, prescription coverage and personal care aides (to help with such tasks as feeding, toileting and bathing your child). Another EPSDT service, one-to-one therapeutic behavioral support in the home, school or community, may be somewhat similar to the Waiver’s intensive individual support services. Unfortunately, there is no one place to go to receive services for special needs children enrolled in Medicaid. You usually enroll your child in a managed care organization (MCO) to access most physical health services. For more information about Medicaid MCOs call 410-767-5800 or 1-800-492-5231. You can call Maryland Health Partners at 1-800-888-1965 for approval of mental health care and one-to-one behavioral aide services. Children can go directly to providers for physical therapy, occupational therapy, and speech therapy, but you should be able to ask your local health department for help in identifying providers that accept Medicaid reimbursement. Contact your local health

department for personal care services. For any other questions about EPSDT services, call the Medicaid program's Division of Children's Services 410-767-1485 or 1-877-463-3464, ext. 1485. This office will probably not be able to answer questions about Autism Waiver services, however.

Waiver recipients who have private health insurance may access EPSDT services if their private insurance companies do not cover all the services they need, or if their private insurance benefits have been exhausted. Families with private insurance who do not wish to fully participate in the Medicaid program may still wish to learn how to benefit from Medicaid coverage for otherwise uncovered services, medications and co-pays.

Both EPSDT services and Waiver services are entitlements that have due process protections. If a health care professional has recommended specific services and these services are denied, delayed or improperly terminated, you may request a hearing. See Fair Hearings, below.

If this sounds complicated, you are right. For more information on accessing specialized health care for children with disabilities, consult these sources:

- Your child's service coordinator. Maryland regulations require your child's service coordinator to be responsible for assuring your child's access to all health care services under the Waiver and EPSDT.
- Your local Ombudsman for Medicaid at your local health department.
- Handbook: Gateways to Health Care for Children With Special Needs, Baltimore Healthcare Access, Inc., 2001. To obtain a copy, call 410-649-0515 and ask for Chris Furner.
- Baltimore Health Care Access web site at www.bhca.org.
- The Maryland Disability Law Center web site at www.mdldbaltimore.org has additional information and a publication about obtaining behavioral aides through EPSDT.

Fair Hearings

Although MSDE and the local school systems administer the Autism Waiver, the Department of Health and Mental Hygiene (DHMH) is responsible for ensuring that the Waiver meets all legal requirements. Upon request, DHMH must provide a child's family with a fair hearing on behalf of the child if:

- A child is not permitted to apply for the Autism Waiver;
- A child is found ineligible for the Waiver;
- The application is not approved or denied within 90 days;
- The family disagrees with a Plan of Care;
- Services are delayed, changed or otherwise not provided with reasonable promptness; or
- Service or enrollment in the Waiver is terminated.

You should receive written notice when your child is no longer deemed eligible for the Waiver and **before** any services are terminated. To keep services in place while you are waiting for a hearing, you must request a hearing promptly **within ten days** of the date of the notice and ask that the services be preserved until the issues are resolved at a hearing. If the services are terminated without prior notice, you should point this out in your hearing request and ask that services or Waiver enrollment be restored pending the hearing.

Hearing requests should be addressed to:

Department of Health and Mental Hygiene
Office of Health Services
Attention: Appeals
201 W. Preston St., 1st Floor
Baltimore, MD 21201

For assistance with hearings:

- We advise you to hire counsel to represent your child if at all possible. You may call MDLC (410-727-6352 or 1-800-233-7201) for a referral to a private attorney.
- Subject to income eligibility guidelines, you may be able to obtain free legal representation at the Legal Aid Bureau (410-539-5340 or 1-800-999-8904).
- Also subject to income eligibility guidelines, you may call MDLC (410-727-6352 or 1-800-233-7201) for more information about a new project to recruit volunteer attorneys for Medicaid (including Autism Waiver) hearings.
- Sometimes university law clinics will represent children.
- If you cannot afford to hire an attorney, you can represent your child at a hearing.
- See the rules for procedures at hearings in Title 10 of COMAR at 10.01.04 (https://constmail.gov.state.md.us/comar/dsd_web/comar_web/comar.htm.)

A fair hearing for a denial of Waiver services or EPSDT services, though similar to a special education due process hearing, is not about a child's right to education services where the school system can rely on the professional opinion of school system personnel. Instead, the evidence regarding the opinions of health care professionals should carry great weight. Therefore, obtaining detailed written recommendations from your child's treating health professionals prior to the Multidisciplinary Team's Plan of Care meeting is essential for you to demonstrate your child's needs and to be successful at a fair hearing. See the Sample Service Request Letter in Appendix C.

Waiver Problems and Responses

Many problems with the Autism Waiver that have been reported to MDLC suggest that the Waiver is poorly understood by state and local agencies, service coordinators and families, and that children are being denied their legal rights as Waiver enrollees. **The guiding principle of the Autism Waiver is that your child has a legal entitlement to receive all medically-necessary covered Waiver or EPSDT services with reasonable promptness.**

Here are some problems that have been reported to MDLC and our responses:

1. Families are unable to access Waiver services on their child's care plan with reasonable promptness because of a lack of enrolled providers.
Response: You may file a request for a fair hearing based on a failure of the state to provide Waiver services to your child with reasonable promptness. In urgent cases, be sure to request an expedited appeal. If possible, get documentation of a lack of providers in writing.
2. Long waiting lists are creating delays in providing Intensive Individual Support Services (IISS).
Response: Children who need IISS may also be eligible to receive a one-to-one therapeutic aide in the home, school or community through EPSDT. For more information about obtaining a one-to-one therapeutic aide, click on "Publications" at www.mdcbalto.org.

You may also file a request for a hearing when the service is not provided with reasonable promptness.

3. Some families report that children have not been permitted to apply for the Waiver or that deadlines for applications have been imposed.
Response: This is illegal. All children should be permitted to apply and should go on a waiting list if the Waiver is filled. But the Waiver is far from full. Only 421 out of 500 children had been admitted by June 2002 and as of July 2002, an additional 250 children may be enrolled. If a child is denied permission to apply, file a hearing request.
4. Some families report that they have not received a timely response to their child's application.
Response: MSDE should take no longer than 90 days to process a completed Waiver application. Make sure you have submitted all necessary application materials. If you do not receive a written response after 90 days, you may request a hearing.
5. Families are reporting that MSDE is returning applications with requests for documentation of medical necessity for Waiver services.
Response: To establish the medical necessity of Waiver services and avoid approval delays, be sure to get written requests for services from your child's health care provider before you meet to discuss a Waiver Plan of Care. If MSDE disagrees with your child's health care provider about the medical necessity of services, you may request a hearing.
6. Families are not informed that residential habilitation is a covered Waiver service.
Response: Children whose therapeutic needs are too great to remain at home even with Intensive Individual Support Services may be entitled to receive residential habilitation services in an out-of-home therapeutic residential placement in the community such as an alternative living unit, group home or residential school. You may also choose to take a child out of the Waiver altogether for placement in an institution for the care of the developmentally disabled that specializes in the care of developmentally disabled children. However, the purpose of the Autism Waiver is to provide community services so that children will not be forced to receive care in institutions. Residential habilitation services are included in Maryland's Autism Waiver and legally cannot be denied to a child who meets the medical necessity criteria for the service. If your child needs residential habilitation and your child's service coordinator tells you that residential habilitation is not a covered Waiver service or that you must place your child at the National Children's Center (an institution for the care of the developmentally disabled), that information is incorrect. A child in the Waiver whose health care provider has requested residential habilitation services should receive a choice of available Waiver providers that meet the needs of the child. You may request a hearing if services are denied.
7. Some families are told that residential habilitation can only be placed on a Waiver Plan of Care if the IEP team has also approved a 24-hour program for a child's education.
Response: This is not correct. A child's entitlement to Waiver services is based on different legal standards from a child's entitlement to IEP services. A child who has no educational need for residential services can still have residential habilitation on a Waiver Plan of Care. If a Waiver Multidisciplinary Team or MSDE disagrees with a treating professional's written recommendation for residential habilitation, you may request a hearing.
8. So far, MSDE's list of residential habilitation providers only includes nonpublic school programs with residential components. The Autism Waiver has no providers for group homes

and the only alternative living units available are with Community Services for Autistic Adults and Children (CSAAC), which has a long waiting list for residential placements.

Response: If your child's Plan of Care includes residential habilitation services, and your child has not been placed in an appropriate community residential placement consistent with medical recommendations, you may request a hearing. When a placement delay occurs after your child's health care provider demonstrated to the Multidisciplinary Team that your child urgently needs residential habilitation, you should not wait 90 days before requesting a hearing.

9. Families say they believe there is a monetary cap on services up to a specific monetary allotment for each child.

Response: This is not true. To comply with the federal requirement of "cost neutrality", the combined cost of care for all of the Autism Waiver participants must be less than the combined cost of institutional care for all of its participants, but the Waiver has set no limit on spending for any one child.

10. Some jurisdictions are creating limits on day habilitation services that disregard medical necessity requirements. For example, some children cannot receive day habilitation services during weekends and school holidays.

Response: Except for therapeutic integration, which is an after-school program delivered only on weekdays, day habilitation is a Medicaid service that cannot be limited to school calendars. A child can receive day habilitation services during the summer months even when the child will not otherwise receive extended school year services through an IEP. If a health care professional recommends medically-necessary day habilitation services and the services are denied, you may file a request for a hearing.

11. Children are receiving notices that they are no longer eligible for the Waiver after spending 30 or more days in a hospital.

Response: Federal law permits Maryland to terminate Waiver eligibility in these circumstances but children should qualify for readmission to the Waiver upon discharge. MSDE requires children to reapply for the Waiver after becoming ineligible through a prolonged hospital stay. Unfortunately, MSDE has not created a process for ensuring that reapplications will be considered swiftly so that children will again have Waiver services in place when they are discharged. Children should re-apply for the Waiver as soon as possible **before** they are discharged. A care plan can be developed and sent to MSDE with a discharge date to avoid a lapse in services when a child is ready to return home.

Conclusion

The Maryland Disability Law Center prepared this Guide to empower you with a clearer understanding of the extent of your children's rights to health care services under the Autism Waiver. MDLC can provide brief information and referral services regarding these rights as well as other legal matters impacting children and adults with disabilities. Our General Intake Office provides information and referral services on Mondays through Fridays from 10 a.m. until noon. Our Education Intake Office answers questions related to special education on Mondays, Wednesdays and Thursdays from 10 a.m. until noon. You may reach either Intake Office by calling 410-727-6352 or 1-800-233-7201. We are unable to provide individual representation on matters related to this Waiver.

Maryland Disability Law Center
September 2002

**Selections from
CODE OF MARYLAND REGULATIONS**

For the full regulations see https://constmail.gov.state.md.us/comar/dsd_web/comar_web/comar.htm

AUTISM WAIVER SERVICES

The following selections are from the Code of Maryland Regulations, Title 10, Department of Health and Mental Hygiene, Subtitle 09 Medical Care Programs, Chapter 56 Home and Community-Based Services Waiver as of September 4, 2002.

For all services, see Limitations on Page 19	Page
Residential Habilitation 10.09.56.11	10
Day Habilitation - General (see also the specific regulation for each type of Day Habilitation) 10.09.56.12	12
Day Habilitation - Regular and Intensive 10.09.56.13	12
Day Habilitation - Therapeutic Integration 10.09.56.14	14
Day Habilitation - Intensive Individual Support 10.09.56.15	15
Respite Care 10.09.56.16	16
Family Training 10.09.56.17	16
Environmental Accessibility Adaptations 10.09.56.18	17
Supported Employment 10.09.56.19	18
Limitations 10.09.56.21	19

10.09.56.11

.11 Covered Services— Residential Habilitation Services.

A. The Program under this regulation does not cover the following:

- (1) Any Medicaid State Plan services which are provided by medical professionals employed by or under contract with the residential habilitation provider;
- (2) Room and board;
- (3) Direct or indirect payments to the participant's immediate family;
- (4) Routine care and supervision which a family is expected to provide;
- (5) Activities or supervision reimbursed by a source other than Medicaid; and
- (6) The facility's maintenance, upkeep, and improvement.

B. The residential habilitation program shall:

- (1) Provide community-based, intensive residential placements for participants who cannot live at home at the present time because they require highly supervised and supportive environments;
- (2) Provide a home-like, safe, 24-hour, therapeutic living environment of treatment, intervention, training, supportive care, and oversight;
- (3) Be designed to assist Autism Waiver participants in acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings;
- (4) Work closely with the participant's service coordinator to provide transition services for each participant in placement to allow, as appropriate, for the:
 - (a) Participant's eventual return to the family (natural, adoptive, or surrogate); or
 - (b) Participant to acquire the skills and resources for group or independent living; and
- (5) Coordinate with the participant's providers of Autism Waiver, clinical treatment, educational, health, and medical services.

C. A participant's placement in residential habilitation services shall be:

- (1) Preauthorized by the multidisciplinary team;

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- (2) Approved by the jurisdiction's local coordinating council for children's multiagency services, as required by Education Article, §8-406, Annotated Code of Maryland; and
- (3) Reviewed by the multidisciplinary team at least annually.

D. Residential habilitation services shall be received in facilities located in the State which are:

- (1) Licensed group homes;
- (2) Licensed alternative living units; or
- (3) Community-based residential facilities approved by the State Department of Education for special education services.

E. Intensity Levels.

- (1) Residential habilitation services are provided and reimbursed at a regular or intensive level for a participant.
- (2) To be approved by the multidisciplinary team for the intensive level of residential habilitation services, the participant must need:
 - (a) Awake overnight staffing; or
 - (b) One-on-one staffing.

F. Services.

- (1) A residential habilitation program shall provide all of the services listed in §F(2)—(12) of this regulation, as necessary for the participant.
- (2) Habilitation. The residential rehabilitation program shall provide training to assist a participant to acquire, retain, or improve skills in a wide variety of areas that directly affect the ability to reside as independently as possible.
- (3) Behavior Shaping and Management. The residential rehabilitation program shall train, supervise, and assist the participant, which may include psychiatric or psychological interventions, in appropriate communication and expression of emotions and desires, compliance, assertiveness, acquisition of socially appropriate behaviors, and reduction of inappropriate behaviors.
- (4) Daily Living Skills. The residential rehabilitation program shall train or assist the participant in dressing, personal hygiene, self-administration of medications, proper use of appliances and adaptive or assistive devices, home safety, first aid, and emergency procedures.
- (5) Self-Direction. The residential rehabilitation program shall train the participant in identifying and responding to dangerous or threatening situations, making decisions and choices affecting the participant's life, and initiating changes in living arrangements or life activities.
- (6) Functional Living Skills Training. The residential rehabilitation program shall train the participant in self-reliance, money management, and money handling and purchases.
- (7) Socialization. The residential rehabilitation program shall train, supervise, or assist the participant to facilitate the participant's involvement in general community activities and establishment of relationships with peers, which may:
 - (a) Not include participation in activities which are solely diversional or recreational in nature; and
 - (b) Include:
 - (i) Assisting the participant with learning and practicing skills of cooperation and participation;
 - (ii) Assisting the participant to identify and participate in activities of interest; and
 - (iii) Providing specific training activities necessary to assist the participant to participate in activities of interest on an ongoing basis.
- (8) Mobility. The residential rehabilitation program shall train, supervise, and assist the participant to:
 - (a) Enhance movement within the participant's living, working, or education environment;
 - (b) Master the use of adaptive aids and equipment; and
 - (c) Access and use public transportation, independent travel, or other movement within the community.
- (9) Transportation. The residential rehabilitation program shall provide transportation for the participant to recreation, leisure activities, or skills training.
- (10) Crisis Intervention and Planning. The residential rehabilitation program shall include:

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- (a) Planning for crises in the participant's residential habilitation placement; and
 - (b) Making the necessary behavioral or environmental interventions to stabilize and preserve the participant's residential habilitation placement, or resolve an intensive behavioral episode.
- (11) Medication Management, Monitoring, and Training. The residential rehabilitation program shall provide, as needed and appropriate, medication management, monitoring, and training in accordance with the Maryland Nurse Practice Act and COMAR 10.27.11.
- (12) Transition Services. The residential rehabilitation program shall provide training and experiential learning activities for a participant in a residential habilitation placement, which:
- (a) Assist with developing discharge planning goals for the participant;
 - (b) Assist the participant in making the transition to home, the next planned placement, or independent living;
 - (c) Are responsive to the participant's individualized developmental and behavioral needs; and
 - (d) Promote self-reliance and age-appropriate behavior.

10.09.56.12

.12 Covered Services—Day Habilitation Services—General.

A. The Program under Regulations .12—.15 of this chapter does not cover:

- (1) Any Medicaid State Plan services which are provided by medical professionals employed by or under contract with the day habilitation provider; and
- (2) Transportation between a participant's residence and the site for regular day habilitation services or therapeutic integration services.

B. The following three forms of day habilitation are covered:

- (1) Regular or intensive day habilitation services;
- (2) Therapeutic integration services as an after-school or extended day program; and
- (3) Intensive individual support services.

C. Site of Service.

- (1) Regular day habilitation and therapeutic integration services shall be provided at a nonresidential setting separate from the home or facility where the participant lives.
- (2) Intensive individual support services for a participant shall be provided in the participant's home or any other setting, except for a residential or day habilitation facility.

10.09.56.13

.13 Covered Services—Day Habilitation Services—Regular and Intensive Day Habilitation Services.

A. The Program under this regulation does not cover all of the following:

- (1) Recreational activities which are not related to specific therapeutic goals or are solely diversional;
- (2) Services which are solely educational; and
- (3) Transportation and school-based, health-related services covered as State Plan services under COMAR 10.09.25 or 10.09.50, although transportation to and from the center may be provided by the local school system or day habilitation provider.

B. Day habilitation services under this regulation:

- (1) Help participants to develop and retain their capacity for independence, self-care, and social functioning;
- (2) Assist participants with acquiring, retaining, or improving their self-help, socialization, and adaptive skills;
- (3) Focus on enabling participants to attain or maintain an appropriate functional level;
- (4) Are coordinated with any physical, occupational, speech, or other therapies covered through the participant's IEP or IFSP;
- (5) May reinforce skills taught to participants in therapy or other settings;

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(6) Are coordinated through a program of objectives designed to achieve goals related to the participant's community placement; and

(7) Are designed to meet participants' treatment needs and assure their health and safety.

C. Intensity Levels.

(1) Day habilitation services are provided and reimbursed at a regular or intensive level for a participant.

(2) To be approved by the multidisciplinary team for the intensive level of day habilitation services, the participant must need one-on-one staffing in addition to the regular day habilitation staffing.

D. Schedule.

(1) Services shall be provided on a regularly scheduled basis.

(2) Services are furnished an average of 4 hours per day, 5 days per week.

(3) The program may be offered during the school year, summer, or year-round.

E. Activities.

(1) A day habilitation program shall supervise, train, and assist participants in developmental activities for acquiring daily living skills, including those listed in §E(2)—(17) of this regulation, as necessary for the participant.

(2) Habilitation. The day habilitation program shall provide training to assist the participant to acquire, retain, or improve skills in a wide variety of areas that directly affect the participant's ability to reside as independently as possible.

(3) Attending. The day habilitation program shall provide training, supervision, or assistance to introduce participants to a structured environment, including learning to attend to a task, environmental safety, simulated activities, and social expectations.

(4) Personal Care. The day habilitation program shall provide training, supervision, or assistance for a participant in dressing, eating, bathing, toileting, grooming, and other activities designed for attaining independence and maintaining good health.

(5) Behavior Shaping and Management. The day habilitation program shall provide training, supervision, and assistance, which may include psychiatric or psychological interventions, in acquisition of socially appropriate behaviors and reduction of inappropriate behaviors, appropriate communication and expression of emotions and desires, compliance, and assertiveness.

(6) Communication. The day habilitation program shall provide expressive and receptive language development, sign language, augmentative communication, and affect training designed to assist participants in:

(a) Making their wants, needs, and desires known to those around them; and

(b) Understanding other individuals' expectations of them.

(7) Sensory or Motor Development. The day habilitation program shall provide training to improve the participant's eye or hand coordination, manipulation of objects, self-regulation, or fine and gross motor control.

(8) Bowel and Bladder Control. The day habilitation program shall provide training to participants to improve or refine their bowel and bladder control.

(9) Intensive Early Intervention Services. The day habilitation program shall provide if necessary for younger children, and the services are not covered under the State Plan.

(10) Socialization. The day habilitation program shall provide training, supervision, or assistance in learning and practicing skills of cooperation and participation in order to benefit from being in the company of other individuals, which may include joining other individuals in recreation, leisure, or community activities.

(11) Recreation. The day habilitation program shall provide training, supervision, or assistance in leisure pursuits which are:

(a) Generally designed to enhance participants' physical or emotional well-being and increase their physical tolerance for full-time programming;

(b) Included in the participant's Autism Waiver plan of care;

(c) Related to specific therapeutic goals; and

(d) Not solely diversional in nature.

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- (12) Mobility. The day habilitation program shall provide training, supervision, or assistance to participants to enhance movement within their living, working, and education environments, including public transportation, independent travel, or other movement within the community.
- (13) Self-Direction. The day habilitation program shall provide training to participants to identify dangerous situations and make choices and decisions.
- (14) Survival Skills. The day habilitation program shall provide training, supervision, or assistance in home and street safety, which may include:
- (a) Proper use of appliances and equipment;
 - (b) Use of the telephone and dialing emergency numbers;
 - (c) Emergency evacuation procedures in a home or public building;
 - (d) Dealing with injuries;
 - (e) Use of a fire extinguisher;
 - (f) Knowing, stating, or communicating one's name, address, and telephone number;
 - (g) Identification of survival words and signs; and
 - (h) Telling time.
- (15) Utilization of Money. The day habilitation program shall increase or make possible participants' independence in community settings or minimally supervised settings, such as riding a bus, by providing training, supervision, or assistance to participants in:
- (a) Handling and counting money;
 - (b) Identifying coins for vending machines and pay telephones;
 - (c) Paying bills; and
 - (d) Purchasing personal care items, clothing, or recreational items.
- (16) Crisis Intervention and Planning. The day habilitation program shall include:
- (a) Planning for crises in the participant's day habilitation placement; and
 - (b) Making the necessary behavioral or environmental interventions to stabilize and preserve the participant's day habilitation placement or resolve an intensive behavioral episode.
- (17) Medication Management, Monitoring, and Training. The day habilitation program shall provide medication management, monitoring, and training as needed and appropriate, in accordance with the Maryland Nurse Practice Act and COMAR 10.27.11.
- F. The day habilitation provider shall provide or coordinate with the:
- (1) School-based, health-related services prescribed in the participant's IFSP or IEP; and
 - (2) Participant's educational program, in accordance with COMAR 13A.05.01.

10.09.56.14

.14 Covered Services—Day Habilitation Services—Therapeutic Integration Services.

Therapeutic integration services under this regulation:

- A. Are available as a structured after-school or extended day program, lasting about 4 hours, for participants identified by the multidisciplinary team as needing these extended hours in their day habilitation program;
- B. Are not available as a weekend program or summer camp;
- C. Focus on expressive therapies and therapeutic recreational activities;
- D. Include as important components the development of socialization skills, enhancement of self-esteem, and behavior management;
- E. Are especially needed for participants who have problems with socialization, isolation, hyperactivity, impulse control, and behavioral or other related disorders;

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- F. Are not solely educational or recreational in nature, but have a therapeutic, habilitative orientation;
- G. Shall be culturally competent and congruent with the participant's cultural norms;
- H. May include individual or group counseling;
- I. May provide transportation services, which are not included in the Medicaid reimbursement rate under this chapter;
- J. Shall assure coordination with the participant's other service providers, service coordinator, and multidisciplinary team;
- K. Shall be guided by the participant's Autism Waiver plan of care; and
- L. Shall provide:
 - (1) General therapeutic and therapeutic recreational services;
 - (2) Behavioral management;
 - (3) Planning for crises with the participant during a session;
 - (4) Socialization groups; and
 - (5) One or more of art, music, dance, or activity therapies, as appropriate for participants.

10.09.56.15

.15 Covered Services—Day Habilitation Services—Intensive Individual Support Services.

A. Intensive individual support services:

- (1) Provide intensive, one-on-one interventions with the participant by a technician who is an instructional technician, therapeutic aide, bus aide, or interpreter;
- (2) May be received by the participant on a long-term basis;
- (3) Are authorized in the participant's Autism Waiver plan of care if the participant's behavior without this intervention would require a more restrictive residential or treatment setting;
- (4) May be received in the home, school bus, emergency room, or any other community setting except a residential or day habilitation facility;
- (5) Shall be available 24 hours a day, 7 days a week as approved in the participant's Autism Waiver plan of care, if necessary for short-term or crisis intervention;
- (6) May be provided by more than one technician during a 24-hour period, necessitating ongoing coordination between the technicians;
- (7) Are goal-oriented and task-oriented, with interventions developed on an individualized basis based on the participant's Autism Waiver plan of care;
- (8) Use the home and community environment as a learning experience and opportunity to illustrate and model alternative ways for the participant to behave;
- (9) Assist the participant in achieving successful home and community living through structured support, reinforcement, modeling, and behavior management;
- (10) Include providing transportation and accompanying the participant to non-Medicaid services, as necessary and consistent with the Autism Waiver plan of care;
- (11) Are intended to:
 - (a) Prevent or defuse crises;
 - (b) Promote developmental and social skills growth;
 - (c) Provide the participant with behavior management skills;
 - (d) Give the participant a sense of security and safety;
 - (e) Assist the participant with maintaining self-sufficiency and impulse control;
 - (f) Improve the participant's positive self-expression and interpersonal communication;
 - (g) Improve the participant's ability to function and cooperate in the home and community;
 - (h) Reverse negative behaviors and attitudes; and
 - (i) Foster stabilization; and

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- (12) Include:
 - (a) One-on-one support, assistance, oversight, and intervention;
 - (b) Time-structuring activities;
 - (c) Immediate behavioral reinforcements;
 - (d) Time-out strategies; and
 - (e) Crisis intervention techniques.

B. Technicians and supervisors rendering intensive individual support services are expected to collaborate with the participant's family, providers of other Autism Waiver services, and other professionals working with the participant in the home or other community settings, including the schools.

C. A licensed psychologist, certified school psychologist, certified special educator, or licensed certified social worker shall be involved to:

- (1) Train and provide general supervision to the technicians rendering intensive individual support services;
- (2) Supervise the technician when crisis intervention services are rendered, to evaluate the nature of the crisis and intervene as necessary to reduce the likelihood of reoccurrence;
- (3) Plan and regularly review the participant's therapeutic activities and behavior plans; and
- (4) Meet regularly with the participant and family and observe the participant in the home setting.

10.09.56.16

.16 Covered Services—Respite Care.

A. Respite care shall:

- (1) Consist of intensive, one-on-one interventions with the participant;
- (2) Be rendered by a qualified:
 - (a) Licensed or certified professional; or
 - (b) Technician who is supervised by a qualified licensed or certified professional;
- (3) Include services provided to participants who are unable to care for themselves;
- (4) Be furnished on a short-term basis because of the absence of or need for relief of the participant's family that normally provides the care; and
- (5) Be provided in the participant's home or place of residence, not including a residential habilitation facility.

B. Respite care may not:

- (1) Be available for participants receiving residential habilitation services;
- (2) Include the direct care worker's or the participant's room and board; or
- (3) Be rendered by a member of the Autism Waiver participant's family.

10.09.56.17

.17 Covered Services—Family Training.

A. Family training shall be provided as specified in the participant's Autism Waiver plan of care.

B. An Autism Waiver participant's family:

- (1) Shall be trained by a qualified licensed or certified professional to provide intensive one-on-one interventions with the participant;
- (2) May be instructed in the treatment regimens, behavior intervention and modeling, skills training, and use of equipment specified in the participant's Autism Waiver plan of care; and
- (3) Shall be provided with training updates as necessary to maintain the participant safely at home.

C. Services.

- (1) An Autism Waiver participant's family shall receive individualized, hands-on training in providing the habilitation services listed in §C(2)—(8) of this regulation, as necessary for the participant.

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- (2) Habilitation. The Autism Waiver participant's family shall receive training to assist the participant to acquire, retain, or improve skills in a wide variety of areas that directly affect the participant's development and ability to reside as independently as possible, including communication skills.
- (3) Self-Direction. The Autism Waiver participant's family shall receive training to assist the participant in:
- (a) Identifying and responding to dangerous or threatening situations;
 - (b) Making decisions and choices affecting the participant's life; and
 - (c) Initiating changes in living arrangements or life activities, as appropriate.
- (4) Behavior Shaping and Management. The Autism Waiver participant's family shall receive training to assist the participant with appropriate expression of emotions and desires, compliance, assertiveness, acquisition of socially appropriate behaviors, and the reduction of inappropriate behaviors.
- (5) Daily Living Skills. The Autism Waiver participant's family shall receive training to assist the participant, as appropriate, in:
- (a) Dressing;
 - (b) Eating;
 - (c) Personal hygiene;
 - (d) Self-administration of medications;
 - (e) Proper use of appliances and adaptive or assistive devices;
 - (f) Home safety;
 - (g) First aid; and
 - (h) Emergency procedures.
- (6) Socialization. The Autism Waiver participant's family shall receive training which facilitates the participant's involvement in family and community activities and establishing relationships with siblings and peers, which may include:
- (a) Assisting the participant to identify activities of interest;
 - (b) Arranging for participation in those activities; and
 - (c) Identifying specific training activities necessary to assist the participant's involvement in those activities on an ongoing basis.
- (7) Mobility. The Autism Waiver participant's family shall receive training to assist the participant with:
- (a) Enhancing movement within the participant's living arrangement;
 - (b) Mastering the use of adaptive aids and equipment; and
 - (c) Accessing and using public transportation, independent travel, or other movement within the community.
- (8) Money Management. The Autism Waiver participant's family shall receive training to assist the participant with:
- (a) Handling personal finances;
 - (b) Making purchases; and
 - (c) Meeting personal financial obligations.

D. A licensed psychologist or certified school psychologist shall be involved as necessary to train the family in therapeutic activities and interventions and to instruct and monitor the family in drills.

10.09.56.18

.18 Covered Services—Environmental Accessibility Adaptations.

A. Environmental accessibility adaptations are those physical adaptations to the participant's home, which are reasonable and medically necessary to:

- (1) Prevent the participant's institutionalization;
- (2) Assure:
 - (a) The participant's health, welfare, and safety; and
 - (b) A safe, therapeutic environment;

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- (3) Prevent the participant's self-injurious behavior; and
- (4) Enable the participant to function with greater independence in the home.
- B. Environmental accessibility adaptations include:
 - (1) Alarms or locks on doors, windows, or fences;
 - (2) Protective padding on walls or floors;
 - (3) Plexiglass on windows;
 - (4) Outside gates and fences;
 - (5) Brackets for appliances;
 - (6) Raised electrical switches and sockets; and
 - (7) Safety screen doors.
- C. The environmental accessibility adaptations shall be preauthorized in the participant's Autism Waiver plan of care and by the State Department of Education.
- D. All construction shall:
 - (1) Be provided in accordance with applicable State or local building codes; and
 - (2) Pass the required inspections.
- E. Window locks may only be used if there is no other way to prevent a participant's rapid movement into a potentially dangerous situation.
- F. With the added safety precautions, it shall be assured that the house has enough exits, so there are not fire or safety concerns.
- G. Several rooms may be secured, but not the whole house.
- H. As appropriate, the adaptations shall be approved by the fire department or fire marshal as meeting the fire safety requirements.
- I. This service is not covered for facilities where residential habilitation services are delivered.
- J. Excluded are those adaptations or improvements to the home, such as carpeting, roof repair, and central air conditioning, which:
 - (1) Are of general utility;
 - (2) Are not of direct medical or remedial benefit to the participant; or
 - (3) Add to the home's total square footage.

10.09.56.19

.19 Covered Services—Supported Employment Services.

- A. The Autism Waiver case file of each participant receiving this service shall document that the supported employment services are not otherwise available through a program funded under:
 - (1) Section 110 of the Rehabilitation Act of 1973; or
 - (2) Section 602(16) and (17) of the Individuals with Disabilities Education Act, 20 U.S.C. §1401(16) and (17).
- B. Supported employment services shall:
 - (1) Consist of paid employment for individuals:
 - (a) For whom competitive employment at or above the minimum wage is unlikely; and
 - (b) Who, because of their disabilities, need intensive ongoing support to perform in a work setting;
 - (2) Be conducted in a variety of settings, particularly work sites where persons without disabilities are employed;
 - (3) Include activities needed to sustain paid work by participants, including supervision and training; and
 - (4) When provided at a work site where individuals without disabilities are employed, only include the adaptations, supervision, and training required by the participants as a result of their disabilities, not the supervisory activities rendered as a normal part of the business setting.
- C. Supported employment services do not include any Medicaid State Plan services provided by medical professionals who are employed by or under contract with the supported employment provider.
- D. Medicaid may not reimburse for incentive payments, subsidies, or unrelated vocational training expenses such as:

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- (1) Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;
- (2) Payments that are passed through to participants in supported employment programs; or
- (3) Payments for vocational training that is not directly related to a participant's supported employment program.

E. Transportation. The cost of transportation between a participant's place of residence and the supported employment site is not included in the Medicaid reimbursement rate paid to the provider under this chapter.

10.09.56.21

.21 Limitations.

A. Reimbursement may be made by the Program only when all of the requirements of this chapter are met.

B. Residential habilitation services may not be reimbursed for the same date of service as intensive individual support services or respite care.

C. The services of regular day habilitation, intensive day habilitation, therapeutic integration services, intensive individual support services, and supported employment under this chapter and school health-related services under COMAR 10.09.50 may not be reimbursed for the same period of the same day.

D. Environmental accessibility adaptations may be reimbursed only if preauthorized by the State Department of Education.

E. If an environmental accessibility adaptation is anticipated to cost over \$500, at least two bids or prices shall be obtained, based on which the State Department of Education may approve the purchase.

F. The Program may reimburse for a participant not more than:

- (1) One unit per date of service for residential habilitation services at either the regular or intensive level;
- (2) 12 units per date of service for regular and intensive day habilitation services, combined;
- (3) Two units of supported employment services for a date of service;
- (4) One unit of therapeutic integration services for a date of service;
- (5) 16 hours of intensive individual support services for a date of service;
- (6) 24 hours of respite care for a date of service;
- (7) 168 hours of respite care for a 12-month period;
- (8) Six units of family training for a date of service;
- (9) 60 units of family training for a 12-month period; and
- (10) A total of \$1,500 for environmental accessibility adaptations over a 36-month period.

MANDATORY EPSDT SERVICES

from Social Security Act, Section 1905(a), 42 U.S.C. 1396d

1. inpatient hospital services
2. outpatient hospital and clinic services
3. inpatient psychiatric hospital services
4. services in an intermediate care facility for the mentally retarded
5. psychiatric treatment in a residential treatment center
6. laboratory tests (including lead blood level assessment if appropriate) and X-ray services
7. physicians' services
8. home health care services
9. private duty nursing services
10. vision services, including eyeglasses
11. dental services, including relief of pain and infections, restoration of teeth, and maintenance of dental health, and medical and surgical services
12. hearing services, including diagnosis and treatment for defects in hearing, including hearing aids
13. physical therapy and related services
14. occupational therapy
15. speech therapy
16. mental health services including crisis residential care; respite care; individual, group and family therapy; mobile treatment; psychiatric rehabilitation
17. prescribed drugs, dentures, and prosthetic devices
18. case management services which will assist individuals eligible under the plan in gaining access to needed medical, social, educational, and other services
19. respiratory care services
20. services furnished by a certified pediatric nurse practitioner or certified family nurse practitioner
21. personal care services furnished in a home or other location
22. primary care case management services
23. comprehensive health and developmental history (including assessment of both physical and mental health development)
24. comprehensive unclothed physical exam
25. appropriate immunizations
26. health education (including anticipatory guidance)
27. family planning services
28. rehabilitation services
29. **such other necessary health care, diagnostic services, treatment, and other measures to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the State plan.**

Sample Autism Waiver Service Request

Instructions for health care providers:

1. Your request for services is essential to establish a legal entitlement to care because the Autism Waiver is a Medicaid program that must provide medically necessary services to children. Please see "MARYLAND'S NEW AUTISM WAIVER: A PRACTICAL GUIDE FOR FAMILIES" for more information about the Autism Waiver.
2. Discuss the child's needs and the service options with the child's family. A full description of Autism Waiver services is listed in the Code of Maryland Regulations at Title 10.09.56.11-21 at https://constmail.gov.state.md.us/comar/dsd_web/default.htm.
3. The following sample service request letter will soon be available in electronic version for at www.mdicbalto.org under Publications. The letter tracks the language in the regulations. We encourage you to use your clinical judgment and expertise to provide sufficient detail in your referral letter to demonstrate the need for Autism Waiver services.
4. Consider all Medical Assistance services that are available to the child under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program because any child in the Autism Waiver is also entitled to receive any medically necessary EPSDT services. More information on EPSDT services and a sample service request for wraparound behavioral health services including a one-to-one therapeutic aide are available at www.mdicbalto.org.
5. Prepare a service request for Autism Waiver services and/or EPSDT services as appropriate. Send the Autism Waiver service request to the child's Autism Waiver service coordinator and requests for EPSDT services to the child's MCO or Maryland Health Partners. For more assistance in accessing EPSDT services for children call the Medical Assistance program's Division of Children's Services at 410-767-1485 or 1-877-463-3464, ext. 1485.
6. Instruct the child's family to request an Autism Waiver Plan of Care meeting from the child's service coordinator to revise the existing Plan of Care.
7. If possible, participate in the Plan of Care meeting. If you cannot attend the meeting, you may request to participate by telephone.

MARYLAND'S NEW AUTISM WAIVER:
A PRACTICAL GUIDE FOR FAMILIES

APPENDIX C

_____, Autism Waiver Facilitator
Address _____

by facsimile to _____

Re: Child's Name _____
D.O.B. _____
Medical Assistance No: _____

Dear _____:

I am writing to request services for _____ (*child's name*) _____, a Medical Assistance beneficiary and Autism Waiver participant. _____ (*child's name*) _____ is _____ years old and has a diagnosis of _____, _____, and _____. She/he has a significant history of _____ behaviors and requires intensive supports and services designed to address her/his needs. (Provide a summary of recent treatment here, including any relevant hospitalizations).

Diagnosis:
Axis I: _____
Axis II: _____
Axis III: _____
Axis IV: _____
Axis V: Current GAF: _____

I request that the following medically necessary services be put into place (*request any of the following services as needed*):

A. **Day Habilitation** at the (*choose one*) regular/intensive level for _____ hours per day (*no more than 12 hours/day*); _____ days per week. This service should be provided for a minimum of _____ months.

These services are medically necessary because _____.

The goals of the services are to help develop and retain the capacity for independence, self-care, and social functioning; assist with acquiring, retaining, or improving self-help, socialization, and adaptive skills; focus on enabling _____ (*child's name*) _____ to attain or maintain an appropriate functional level; coordinate with any physical, occupational, speech, or other therapies covered through the (*choose one*) IEP or IFSP; reinforce skills taught in therapy or other settings; and be coordinated through a program of objectives designed to achieve goals related to _____ (*child's name*) _____ community placement by providing (*select all that are appropriate*):

- ! Supervision, training and assistance in developmental activities for acquiring daily living skills;
- ! Habilitation;
- ! Attending;
- ! Personal Care;
- ! Behavior Shaping and Management;
- ! Communication;

- ! Sensory or Motor Development;
- ! Bowel and Bladder Control;
- ! Intensive Early Intervention Services;
- ! Socialization;
- ! Recreation;
- ! Mobility;
- ! Self-Direction;
- ! Survival Skills;
- ! Utilization of Money;
- ! Crisis Intervention and Planning; and
- ! Medication Management, Monitoring

2. _____ **Therapeutic Integration** for ___ hours per day; ___ days per week (*school days only*). This service should be provided for a minimum of ___ months. (*Optional: The service should include individual or group counseling and/or transportation.*)

These services are medically necessary because _____.

The goals of the services are to improve _____ (*child's name*) _____'s problems with socialization/isolation/hyperactivity/impulse control/ behavioral or _____ (*other related disorders*) _____ by providing (*select all that are appropriate*):

- ! General therapeutic and therapeutic recreational services;
- ! Behavioral management;
- ! Planning for crises during a session;
- ! Socialization groups; and
- ! One or more of art, music, dance, or activity therapies, as appropriate.

3. _____ **Intensive Individual Support Services (IISS)** for ___ hours per day (*no more than 16 hours/day*); ___ days per week. This service should be provided for a minimum of ___ months. (*If desired: The IISS provider should be trained in the applied behavior analysis (ABA) method of behavior intervention; also known as the Lovaas method; the discrete trial method (DT), or intensive behavior intervention (IBI).*)

These services are medically necessary because without this intervention, _____ (*child's name*) _____ would require a more restrictive residential or treatment setting.

The goals of this service are to implement interventions developed on an individualized basis based on _____ (*child's name*) _____'s Autism Waiver plan of care with one-on-one support, assistance, oversight, and intervention; time-structuring activities; immediate behavioral reinforcements; time-out strategies; and crisis intervention techniques by:

- ! Using the home and community environment as a learning experience and opportunity to illustrate and model alternative ways to behave;
- ! Assisting in achieving successful home and community living through structured support, reinforcement, modeling, and behavior management;
- ! Providing accompanied transportation to non-Medicaid services, as necessary and consistent with the Autism Waiver plan of care;

- ! Prevent or defuse crises;
- ! Promote developmental and social skills growth;
- ! Provide behavior management skills;
- ! Provide a sense of security and safety;
- ! Assist with maintaining self-sufficiency and impulse control;
- ! Improving positive self-expression and interpersonal communication;
- ! Improving the ability to function and cooperate in the home and community;
- ! Reverse negative behaviors and attitudes; and
- ! Foster stabilization.

4. _____ **Respite Care** as needed or for ___ hours per day; ___ days per week. This service should be provided for a minimum of ___ months (*this service cannot be provided for more than 168 hours/year*).

These services are medically necessary to provide intensive, one-on-one interventions during the absence of or need for relief of _____ (*child's name*) _____ family that normally provides the care.

The goals of this service are to provide supervision and intervention during the family's absence.

5. _____ **Family Training** for (*no more than 6*) ___ hours per day; ___ days per week. This service should be provided for a minimum of ___ months (*no more than 60 hours/year*).

This service is medically necessary because _____.

The goals of this service are to train _____ (*child's name*) _____'s family to maintain _____ (*child's name*) _____ safely at home, using the treatment regimens, behavior intervention and modeling, skills training, and use of equipment specified in the Autism Waiver plan of care and including individualized, hands-on training in:

- ! Habilitation;
- ! Self-Direction;
- ! Behavior Shaping and Management;
- ! Daily Living Skills;
- ! Socialization;
- ! Mobility; and
- ! Money Management.

6. _____ **Environmental Accessibility Adaptations** to _____.

The following adaptations are medically necessary to prevent _____ (*child's name*) _____'s institutionalization; assure his/her health, welfare, and safety by providing a safe, therapeutic environment; prevent self-injurious behavior; and enable _____ (*child's name*) _____ to function with greater independence in the home (*select all that are appropriate, and consider that the Waiver will pay for only \$1500 in adaptations over a 36 month period*):

- ! Alarms or locks on doors, windows, or fences;
- ! Protective padding on walls or floors;
- ! Plexiglass on windows;

- ! Outside gates and fences;
- ! Brackets for appliances;
- ! Raised electrical switches and sockets; and
- ! Safety screen doors.

7. Supported Employment.

These services are medically necessary because _____ (*child's name*) _____ needs intensive ongoing support to perform in a work setting as a result of his/her disability.

The goal of this service is to provide activities needed to sustain paid work, including supervision and training.

8. Residential Habilitation is necessary to provide a home-like, safe, 24-hour, therapeutic living environment of treatment, intervention, training, supportive care, and oversight and to provide the following:

- ! Habilitation;
- ! Behavior Shaping and Management;
- ! Daily Living Skills;
- ! Self-Direction;
- ! Functional Living Skills Training;
- ! Socialization;
- ! Mobility training;
- ! Transportation to recreation, leisure activities, or skills training;
- ! Crisis Intervention and Planning;
- ! Medication Management, Monitoring, and Training; and
- ! Transition Services.

Ÿ (If needed) At the intensive level with awake overnight staffing and/or one-on-one staffing is necessary;

Ÿ A(n) (*choose one*) alternative living unit/group home/residential school is the least restrictive and the most appropriate placement because _____ .

We request written approval or denial of this request for the above services under Medicaid; and written notification if you are unable to secure a provider for any or all of these services. Also, please send a copy of any notice to _____ (*child's name*) _____'s parent, _____ (*parents' names*) _____ at _____ (*address*) _____. Please contact me if you need any further information. In the event you are unable to reach me, please contact the parent directly at _____ (*phone number*) _____.

Sincerely,

_____, M.D.; Ph.D.; L.C.S.W.-C or other licensed health care provider

MARYLAND'S NEW AUTISM WAIVER:
A PRACTICAL GUIDE FOR FAMILIES

APPENDIX D

SAMPLE AUTISM WAIVER HEARING REQUEST LETTER

Request an expedited hearing when services are needed right away. Call the Office of Administrative Hearings at 410-229-4262 or 410-229-4100 to inquire about a hearing date.

[DATE]

Department of Health and Mental Hygiene
Office of Health Services
Attention: Appeals
201 West Preston Street, 1st Floor
Baltimore, MD 21201
VIA FACSIMILE to 410-333-5185 AND REGULAR MAIL
(NOTE REQUEST FOR EXPEDITED HEARING)

Cc: DHMH Docketing - Unit A
Office of Administrative Hearings
11101 Gilroy Road
Hunt Valley, MD 21031

RE: _____(child's name) _____
Date of Birth:
Medical Assistance No.:

Dear Sir/Madam:

I am writing on behalf of my child, ___(child's name)___, a Medicaid recipient, who resides at ___(address)___ in ___(city)___, Maryland ___(zip code)___ . Pursuant to COMAR 10.01.04.02 (B) and (C), and 10.09.56.26, I request a(n expedited) fair hearing to appeal the
(Choose as appropriate: *Termination/denial/delay of ___(service)_____.
*Delay in a decision on ___(child's name)___'s eligibility for the waiver.
*Refusal of the waiver team to include a health care professional's
recommendations on ___(child's name)___'s a plan of care.
*Wrongful termination from the waiver.)

and to aggrieve policies and inaction by the Department of Health and Mental Hygiene (DHMH) that have adversely affected ___(child's name)___'s right to receive Medicaid services. This request should be forwarded immediately to the Office of Hearings and Appeals as required by COMAR 10.01.04(A).

___(name of treating health care professional)_____, ___(child's name)___'s treating health care professional, made the enclosed request for care from the Autism Waiver/Maryland Medical Assistance Program on ___(month and day)___, 200_. Enclosed is a copy of ___(child's name)___'s Autism Waiver plan of care dated ___(month and day)___, 200_, that includes the following services: _____.

(I am requesting a[n expedited] hearing and decision because _____(explain urgent need)_____.)

(If you file this request within 10 days of receiving notice, you may add the following when services or Medical Assistance have been terminated: Pursuant to COMAR 10.01.04.10(B)(3)(a) I also request that services to ___(child's name)___ be reinstated and continued until a decision is rendered after a hearing.)

Please notify me as soon as possible of the proposed hearing date, time and location.

Sincerely