

**BUREAU OF AUTISM SERVICES, OFFICE OF DEVELOPMENTAL PROGRAMS**  
**HOW TO APPLY FOR THE ADULT AUTISM WAIVER:**  
*An Overview*

This overview describes the Adult Autism Waiver process from the time an application is requested through enrollment, including deadlines for certain steps of the process. The *AAW Enrollment Process Flowchart* is also included as a resource.

### **ADULT AUTISM WAIVER OVERVIEW**

The Adult Autism Waiver (AAW) is one of two innovative programs in Pennsylvania specifically designed to help adults with Autism Spectrum Disorder (ASD) participate in their communities in the way that they want to, based on their identified needs.

The Adult Autism Waiver is a 1915(c) Home and Community Based Services (HCBS) Medicaid waiver designed to provide long-term services and supports for community living, tailored to the specific needs of adults age 21 or older with ASD. The Adult Autism Waiver is available statewide, and provides participants with a choice of an enrolled provider for each service. The Bureau of Autism Services (BAS) administers the Adult Autism Waiver process directly, and does not use outside entities (e.g., counties, enrollment entities).

#### **The Adult Autism Waiver process includes four primary steps:**

1. The Intake Process
2. The Application Process
  - Application Packet
  - Functional Eligibility Assessment
  - Financial Eligibility Assessment
3. Notification of Eligibility
4. Enrollment

*July 2014:* The content contained in this document is currently being developed into an online video. Announcements about the availability of the video will be shared through the Autism Services, Education, Resources & Training Collaborative (ASERT). We encourage you to visit [www.PAutism.org](http://www.PAutism.org) and sign up for the ASERT newsletter to stay informed about resources in your region.

## THE INTAKE PROCESS

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The Intake Process is defined as the timeframe from the date a call was placed to request an application to the date a Status Letter is received. This process takes approximately **two weeks or less**.

- The intake process for the Adult Autism Waiver begins with a call from the individual who wishes to apply, or someone who is calling for them.
- Place a toll-free call to request an application, at **1-866-539-7689**, and follow the instructions. Callers should not select zero on the automated menu. To request an application, it is necessary to follow the prompts to select a language, and then select the **Adult Autism Waiver option**.
- Leave the following information in the voicemail message:
  - ◆ Name of person who wishes to apply
  - ◆ Telephone number
  - ◆ Address
  - ◆ County of residence
- If you are calling on the behalf of the person who wishes to apply also leave your name and daytime phone number.

Note: You do not need to live in Pennsylvania to be placed on the interest list.

## ENROLLMENT COORDINATORS

- The Bureau of Autism Services (BAS) retrieves all messages, and refers them to the regional Enrollment Coordinators.
- The call is returned by the regional Enrollment Coordinator **within 14 calendar days**.
- This call allows the Enrollment Coordinator to confirm the individual's basic demographic information.
- The Enrollment Coordinators may ask for some additional information during the call. Some things that will be asked for:
  - ◆ The person's date of birth
  - ◆ The person's Social Security Number
  - ◆ The person's Autism Spectrum Disorder diagnosis
  - ◆ Other services the person is currently receiving (if any)
- This call also allows the coordinator to explain important details to ensure that the individual understands what to expect during the entire process. For example, the program is described to the individual, so they understand how application requests are categorized. It is different from other service delivery systems they may have experienced.

During the intake process, the Enrollment Coordinator also gathers additional information about the individual.

This includes checking:

- The CIS database (Client Information System)
- HCSIS (Home and Community Services Information System)
- Whether the individual has MA (Medical Assistance)

## INTEREST LIST/PRIORITY CATEGORIES

The individual's record is then added into the **Interest List**, which is a list of everyone who would like to apply for the Adult Autism Waiver, and has called to request an application by leaving a message.

### Application requests are placed on the Interest List in one of two categories:

- **Priority 1:** Those who are not already receiving state-funded or state and federally-funded home and community-based services.
- **Priority 2:** Those who are already receiving state-funded or state and federally-funded services (e.g., state center, another waiver, state hospital, nursing home, Intermediate Care Facility).

The individual will receive a **Status Letter** at this point. The letter is typically sent **within a week** of the initial call with the Enrollment Coordinator.

- ◆ The letter provides documentation that a request for an application has been received.
- ◆ The letter also indicates whether the individual has been placed on the interest list in the Priority 1 or Priority 2 category. If there are questions, the Enrollment Coordinator can explain which priority category the individual is in, and why.
- ◆ Included with the Status Letter is additional information, such as other Pennsylvania resources that may be available.

### A note about the Interest List:

Services are not an entitlement after the age of 21 in Pennsylvania, and, like other Pennsylvania programs, the Adult Autism Waiver is limited in its capacity. Capacity means the number of individuals that can be served at any one time. Capacity is based upon funding being available.

*Being on the interest list does not mean the individual is eligible for the program. Eligibility is determined during the application process, which is explained in the section below.*

**Please Note: You must contact BAS if your status changes or your contact information changes.**

## THE APPLICATION PROCESS

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**It is not possible to determine how long it will take from the time an individual is placed on the Interest List to the time that the person will receive an Application Packet.**

Requests for applications are processed on a first-come-first-served basis, based on the date of referral.

Applications are not sent until there is capacity in the program. If an individual receives an application, it means there is space within the program, as long as the person meets all of the eligibility requirements.

No assessments or paperwork is required prior to receiving an application.

When an individual reaches the top of the Interest List, and there is available capacity, an Application Packet is sent out and the Application Process starts.

If a person reaches the top of the Interest List, and is within 90 days of reaching the age of 21, the application packet will be mailed on the day that the person reaches the age of 21.

**The Application Process is composed of 3 Steps:**

1. The Application Packet
2. The Functional Eligibility Assessment
3. The Financial Eligibility Assessment

**The main focus of the Application Process is to determine whether all eligibility requirements are met. To be eligible for the program, an individual must meet program and financial requirements.**

- **Program Requirements**

- ◆ Be a PA resident at time of enrollment
- ◆ Be 21 or older
- ◆ Have a diagnosis of autism spectrum disorder (ASD)
- ◆ Meet functional eligibility
- ◆ Meet required Level of Care (Medical Evaluation Form MA 51)

- **Financial Requirements**

- ◆ Receive Medical Assistance (income eligibility determined by County Assistance Office)

***NOTE: IQ is NOT a factor in determining eligibility.***

### STEP 1: THE APPLICATION PACKET

The Applicant will receive an Application Packet containing the Enrollment Coordinator's contact information, to ensure the applicant knows how to contact BAS if there are any questions while he/she is working on the application. The packet will also include a checklist of the forms that need to be completed to help the applicant complete all of the steps before the packet is submitted.

**The forms in the Application Packet include:**

- The Adult Autism Waiver Application Form
- The Medical Evaluation Form (also called the MA-51 form)
- Service Preference Form
- HIPAA Release Form

If needed, you may also receive:

- Medical Assistance Application (MA, PA600) & Release of Information (PA4) forms
- PA1572 (Resource Assessment Form)

1. **The Adult Autism Waiver Application** is a short **3-page form** that confirms that you meet the basic program eligibility requirements. This requests basic information such as date of birth (documentation required), confirmation that the individual has autism spectrum disorder (ASD), contact information, Social Security Number, Medical Assistance Access Number, and primary language spoken.
2. **The Medical Evaluation (also called the MA-51 form)** is a form that must be completed before a participant enrolls, and then annually. A Pennsylvania-licensed physician (MD/DO/Psychiatrist) must sign and date the MA-51. The form **cannot** be signed by anyone who is not a PA-licensed physician, including, but not limited to, the following: “physician in training” (a Medical Doctor in Training [MT] or an Osteopathic Doctor in Training [OT]); a Nurse Practitioner; a Licensed Psychologist.
  - The applicant provides the Medical Evaluation (MA-51) form to the physician or psychiatrist, and then the applicant returns it to BAS. Instructions for completing the form are included in the application packet, but the Enrollment Coordinator can help the physician or psychiatrist understand the form if needed.
  - *This form serves two purposes:* To confirm and document that the individual has a diagnosis of autism spectrum disorder (ASD) and to confirm that the individual meets the Level of Care (LOC) guideline.

The MA-51 form includes instructions for completing the form, called “**Helpful Hints.**”

There are only certain sections of the MA-51 form that are needed by the Bureau of Autism Services (BAS). These are listed on the “Helpful Hints.” For example, we do not need information regarding an individual’s physical factors (e.g., height, weight, blood pressure, etc.).

Sometimes getting this form from your doctor can take a while. It is strongly recommended that you contact your doctor as soon as the application is received to make arrangements for completion of the form.

### ***MA-51: Explaining Level of Care (LOC)***

*At one time, the only way for individuals with disabilities to get publicly-funded support was through an institution. The thinking was that individuals could get support services while institutionalized, but if they wanted to return to the community, there were no similar services available. Eventually, it was recognized that people with disabilities could be supported as well, or better, in their community, at the same or lower cost as in an institution. Waiver programs provide the option of getting services in the home and community. However, the level of care requirement is the same. In*

*other words, a person has enough of a need that if they were not receiving services through the waiver, then the individual would be eligible for services through an institution. LOC is a federal requirement. In order to be in this waiver, it is necessary for all participants to meet this guideline.*

3. **The Service Preference Form** is used to confirm that the individual is interested in receiving services through the Adult Autism Waiver. This is the form used to allow the applicant to choose whether they want to receive services through an institution, or through the Adult Autism Waiver (Level of Care).
4. **The HIPAA Release Form** allows the applicant to select the individual(s) that BAS has permission to speak to about the applicant. This includes parents, other family members, family doctor, etc. If an individual is not listed on this form, BAS will NOT disclose any information to that person. The applicant has the right to revise this form at any time before or after enrollment in the program.  
*NOTE: A release form is not needed for BAS to communicate with an individual's guardian or service providers supporting the individual.*
5. **Medical Assistance Application (MA, PA600) & Release of Information (PA4) forms:** These forms are included in the application packet only if the applicant is not already receiving Medical Assistance.
6. **PA1572:** This form is included only if the applicant is married and is applying for Medical Assistance. It is used by the County Assistance Office (CAO) to determine combined household income and resources when they are assessing financial eligibility.

## COMPLETING THE APPLICATION PACKET: DEADLINES

The applicant must complete all of the forms received and return the entire application packet to the Bureau of Autism Services. The packet must be submitted to BAS **within 21 days**. The exact due date is included in the cover letter. It is preferred that all forms be returned at one time, using the return envelope provided with the application packet.

The applicant may request **ONE extension** to submit the application packet beyond the 21 days. This request should be made to the BAS Enrollment Coordinator by phone, email or postal mail. The request must be made **prior** to the 21 days expiring, with as much advanced notice as possible. The extension will be granted for an additional **30 calendar days**.

The application packet must be postmarked by the deadline, or the extended deadline.

**If all of the information required with the Application Packet is not submitted to BAS by the deadline (including any extensions) the applicant will receive notification that the application process has been suspended without determining eligibility.** In this case, the individual will need to start the process over by calling the toll-free number and getting on the interest list again.

## STEP 2: DETERMINING FUNCTIONAL ELIGIBILITY

Functional Eligibility is determined by BAS-appointed assessors. The assessor schedules an appointment directly with the applicant. The location of the assessment is determined jointly with the applicant; generally, the individual's home is preferred. This step is to be completed within **10 business days**,

unless the individual or family has an unavoidable scheduling conflict. In this case, the assessment may be scheduled beyond the 10-day timeframe.

What is being assessed to determine whether or not a person meets Functional Eligibility? An individual must have substantial functional limitations in three or more of the major life activities listed below:

- self-care
- understanding and use of receptive and expressive language
- learning
- mobility
- self-direction
- capacity for independent living

### STEP 3: DETERMINING FINANCIAL ELIGIBILITY

If the applicant has met all other eligibility criteria, including functional eligibility, the final step in the application process is to determine financial eligibility.

BAS notifies the County Assistance Office (CAO) that the applicant meets all program eligibility criteria. If the Medical Assistance Application (MA, PA600) & Release of Information (PA4) forms were completed and submitted to BAS as part of the Application Packet, BAS submits these forms to the CAO as soon as they are received. The CAO then takes steps to determine financial eligibility.

*NOTE: Even if an applicant is already receiving MA, the CAO must still confirm financial eligibility. Individuals who have been denied MA previously may be eligible for MA under the waiver criteria.*

### FINANCIAL ELIGIBILITY CRITERIA

To meet financial eligibility for the Adult Autism Waiver, financial eligibility is based on **300% of the Federal Benefit Rate (FBR)**. The Federal Benefit Rate (FBR) is the maximum dollar amount paid to an aged, blind, or disabled person who receives Social Security Disability benefits under SSI. It is also called the Federal Payment Standard or the SSI Standard Benefit Amount. The Federal Benefit Rate is linked to the consumer price index. If the consumer price index increases, so does the Federal Benefit Rate. If there is no increase in the consumer price index, then no cost of living adjustment is made to the Federal Benefit Rate. Cost of living adjustments take effect on **January 1st** each year and affect the Federal Benefit Rate received by individuals and by couples. The Federal Benefit Rate is also affected by living arrangements. For more information about FBR, or to view the current FBR, visit [www.ssa.gov](http://www.ssa.gov).

#### What is the applicant's role during this step of the process?

The individual/family/representative does not need to complete any forms for BAS during this step of the application process. However, the CAO may request additional information or documentation directly from the applicant during this time. The **applicant must respond to any request from the CAO** or will be found ineligible for MA, and as a result, ineligible for the Adult Autism Waiver.

### **Financial Eligibility Timeframe**

Once the CAO has reviewed the information and completed their assessment of the applicant's financial resources, Notification of Eligibility (Form PA162) is mailed by the CAO to the applicant and to BAS. This process typically takes no more than **30 days** but can range up to 45 days in individual circumstances.

### **NOTIFICATION OF ELIGIBILITY**

The individual is notified once a determination about eligibility is made. This occurs when it has been determined whether or not the applicant meets all of the eligibility criteria to be enrolled.

### **Notification Process: Individuals Determined to be Ineligible for the AAW**

If someone is determined to be ineligible for the Adult Autism Waiver because he/she does not meet one or more of the eligibility criteria, notification is sent to the applicant. This notification will either come from the Bureau of Autism Services (BAS) or from the County Assistance Office (CAO).

- If a person is determined not to meet the program eligibility criteria outlined previously in this document, the denial letter will be sent directly from the Bureau of Autism Services. The applicant has the right to appeal the decision through the Bureau of Autism Services.
- If the applicant fails to meet financial eligibility, this will be indicated on the notification of eligibility (Form PA162) sent by the CAO. The Bureau does not send a separate denial letter to the applicant. The notice provided by the CAO serves as official notification that the individual is not eligible for the program. The applicant has the right to appeal through the CAO in this case.
- Someone may be determined ineligible for the program, but still be eligible for MA. In this case, they would receive a denial letter from BAS and a notification of MA eligibility from the CAO.

**Individuals determined to be eligible for the AAW will begin the Enrollment Process.**

## THE ENROLLMENT PROCESS

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The Enrollment Process takes between **3-5 months** on average. The process begins after BAS and the CAO determine that the applicant is eligible for the program. Once the CAO notifies the applicant and the Bureau of Autism Services that the person meets financial eligibility, BAS sends the applicant a **Welcome Packet**.

The information that the applicant will receive in the *Welcome Packet* includes:

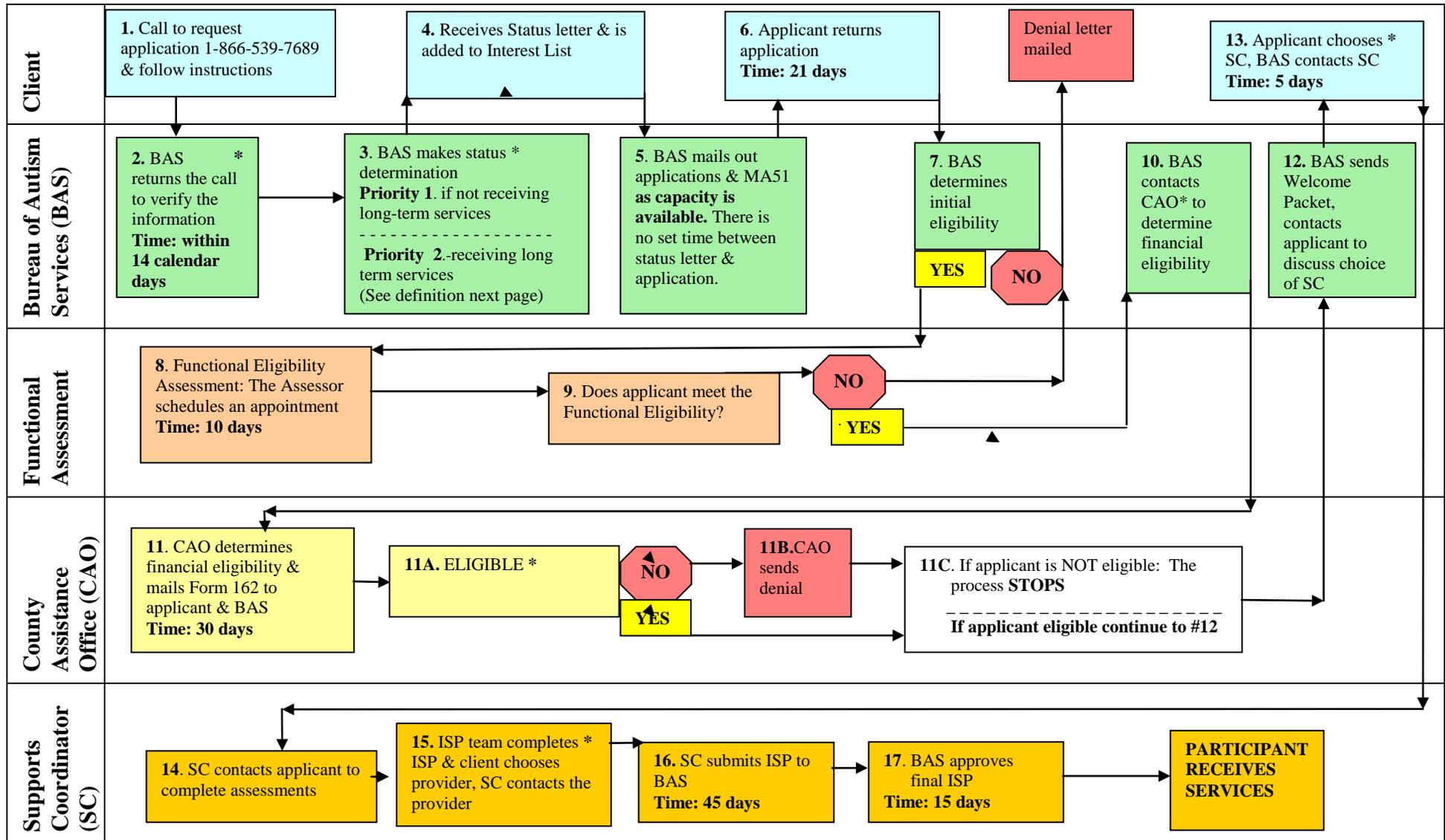
- **AAW Participant Handbook:** This handbook describes important information that participants enrolled in the Adult Autism Waiver (AAW) need to know. This includes details such as an overview of the program; descriptions of the services; the rights and responsibilities of AAW Program Participants; sample forms; explanations of commonly used terms and acronyms.
- **List of enrolled AAW Supports Coordinator Agencies**
- **SC Choice Form:** This form verifies that the individual received the list and understand that they have the right to choose an agency from the list.

During the Enrollment Process, the Bureau of Autism Services (BAS) will call the individual to confirm the information has been received, answer any questions the person may have, and help him/her make a Supports Coordinator Agency selection, if needed. The individual or representative also has the option to contact the assigned BAS staff member sooner to indicate the choice of a Supports Coordination Agency. Selection of a Supports Coordinator Agency should be made within **7-10 business days**.

Once the individual has selected a Supports Coordination Agency, BAS contacts the agency to confirm that the agency accepts the individual. If the individual has not indicated a preference for a specific Supports Coordinator within that agency, the SC Agency assigns a coordinator to the individual. From this point forward, this Supports Coordinator is responsible for working with the individual and BAS to develop the service plan and get services started.

**Once the Individual Support Plan (ISP) is approved, the individual is officially an Adult Autism Waiver (AAW) participant.**

## Enrollment Process Chart for the Adult Autism Waiver



\* see definitions on page 2

According to federal regulations, you are not fully enrolled into a waiver program until you have an approved ISP & have begun receiving services. If you have any questions or concerns please call the Bureau of Autism Services (BAS) at 1-866-539-7689 or email: [ra-odpautismwaiver@pa.gov](mailto:ra-odpautismwaiver@pa.gov)

**Definitions:**

**BAS-** Bureau of Autism Service, Office of Developmental Programs, Pennsylvania Department of Public Welfare.

**CAO-** County Assistant Office determines eligibility for Medical Assistance

**ISP-** Individual Support Plan is a written plan which outlines the waiver participant's goals and details of services.

**Form 162** – Eligibility Notice to Applicant from County Assistance Office.

**MA51-** Medical Evaluation Form that a MD or DO physician licensed in PA completes to certify level of care and diagnoses. The physician does NOT need to have Autism Spectrum Disorder (ASD) expertise to complete the Medical Evaluation Form.

**SC-** Supports Coordinator makes sure that the participant is receiving the services to which he or she is entitled.

Each person who asks for an application for the Adult Autism Waiver (AAW) is put into a Priority 1 or a Priority 2 category.

**Priority 1-** Individuals who are **NOT** receiving ongoing state and/or federally funded long-term services (e.g., in a HCBS waiver or residing in a state hospital or an Intermediate Care Facility (ICF)).

**Priority 2-** Individuals already receiving ongoing state and/or federally funded long-term services (e.g., in a HCBS waiver or residing in a state hospital or an Intermediate Care Facility (ICF))

- ICF/ID, including State ID Centers                      \*Community Residential Rehabilitation (CRR)
- ICF/ORC    \*Residential Treatment Facility (RTF)
- Nursing Facility    \*Long Term Structured Residence (LTSR)
- A State Hospital

Office of Developmental Programs (ODP) Waivers: Consolidated Waiver and Person/Family Directed Supports Waiver.

Office of Long Term Living Waivers: OBRA Waiver, Independence Waiver, COMMCARE Waiver, Attendant Care Waiver, Aging Waiver, HIV/AIDS Waiver.

There is no set time between receiving the status letter & when you will receive an application. After receiving the application, applicants may contact BAS for help with completing the application.

For more information on this waiver, including Adult Autism Waiver Frequently Ask Questions (FAQ), please visit [www.autisminpa.org](http://www.autisminpa.org)

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