

Bureau of Autism Services, Adult Autism Waiver Renewal Public Comments

The Bureau of Autism Services (BAS) administers one 1915(c) waiver: The Adult Autism Waiver. Notice was published in the *Pennsylvania Bulletin* on December 5, 2015 informing stakeholders that the Bureau of Autism Services was making the renewal to the Adult Autism Waiver available for public review and comment. This notice also informed stakeholders that comments would be accepted from December 5, 2015 through January 11, 2016. The public was given two different methods for submitting comments: Electronically via the e-mail address (<http://www.pabulletin.com/secure/data/vol45/45-49/index.html>) or written submission by mail. BAS also held a maestro call on January 6, 2016 for stakeholders to give verbal comments to the proposed renewal which were transcribed.

Before publishing the proposed renewal, BAS presented the drafted revisions to the renewal to the Information Sharing Advisory Committee (ISAC) subcommittee that is specific to BAS stakeholders. BAS incorporated feedback from the subcommittee into the proposed renewal.

Per CMS requirements, this document reflects summaries of the comments received during the public notice period, responses to comments, and any modifications to the transition plan based upon those comments. Multiple comments that convey the same meaning were consolidated.

Comments in this document are organized as follows:

1. Interest List
2. Waiver Capacity and Reserved Capacity
3. Family Support
4. Employment
5. Specialized Skill Development Service
6. Occupational Therapy
7. Day Habilitation

8. 50 Hour Limitation
9. Assistive Technology
10. Residential Habilitation
11. Home Modifications and Vehicle Modifications
12. Other Subjects

Helpful definitions of acronyms used in this document:

AAW – Adult Autism Waiver

ACAP – Adult Community Autism Program

BAS –Bureau of Autism Services

BSS – Behavioral Specialist Services

CMS – The Centers for Medicare and Medicaid Services, the federal agency that approves and funds Pennsylvania’s 1915c Waivers

DHS – The Department of Human Services

ODP – Office of Developmental Programs

Comments on the Interest List		
	Summary of Comment	Response
1	<p>It is recommended that BAS include in Priority 1 individuals who are institutionalized in congregate settings, including ICFSs/IID, nursing facilities, state hospitals, and private psychiatric hospitals or psychiatric units.</p> <p>It is also recommended that BAS include in Priority 1 those individuals receiving Community Residential Rehabilitation (CRR) Services</p>	<p>BAS agrees that these settings should be transitional settings. However, the AAW aims to give priority to individuals with no current supports.</p>
2	<p>Change the name the “Interest List” to either a Needs List or a Waiting List</p>	<p>The interest list is called the Interest List because it reflects a list of individuals who expressed an interest in receiving waiver services whose eligibility has not been determined. BAS believes that this name accurately reflects what the list is.</p>
3	<p>Individuals in institutions (state centers, jails, and hospitals) need to be screened and prioritized, which will also require assurance that state hospital and jail personnel are trained to diagnose autism.</p>	<p>BAS will be working with the Office of Mental Health and Substance Abuse Services to develop a process to transition adults with autism who resided in a state hospital for at least 90 consecutive days, are determined ready for discharge and whose discharge plan specifies a need for long-term support into the AAW. BAS also supports programs and initiatives to share information about autism with agencies in the criminal justice system.</p>
4	<p>When an opening becomes available in the AAW there should be a more intensive follow-up process between BAS and the individual to insure people needing services do not miss their opportunity to receive those services.</p>	<p>BAS attempts to contact the person through phone, e-mail, and mail when capacity is available and the individual is offered an application. If BAS is unable to reach the individual they will contact the individual’s listed contacts and check the Client Information System (CIS) program for current contact information.</p>

5	<p>“If waiver capacity is available and the person’s age is between 18 and 21 years of age, BAS will wait until the person turns 21 years age and waiver capacity is again available to send the person and representative (if applicable) an application.” Should this read ‘if waiver is at capacity and the person’s...’?</p>	<p>This wording is correct.</p>
6	<p>Several commenters stated that the intake/enrollment process for the AAW should consider the specificity and urgency of need of people.</p>	<p>BAS is considering alternative approaches to the prioritization of the interest list.</p>
7	<p>BAS should collect monthly data on the number of people waiting for AAW services, the level of their need, and their counties of residence. This step of creating a true waiting list and having monthly data to demonstrate the need for AAW services is critical for leveraging needed funding for BAS.</p>	<p>BAS currently collects data on the number of people on the interest list on a monthly basis. This information is shared with individuals within DHS monthly.</p>
8	<p>Employment services are not adequately paid for through Behavior Health and Recovery Services (BHRS). In order to have a seamless transition from school to work, individuals eligible for the AAW should be able to access it prior to age 21.</p>	<p>BAS will keep this comment under consideration.</p>

9	<p>All individuals who contact BAS to request services must be evaluated to determine eligibility and be provided the opportunity to choose between institutional and home and community-based services. According to 42 CFR 441.302 the state must assure that the agency will provide for initial evaluation when there is a reasonable indication a person needs services in the near future, and must assure a person likely to require the level of care provided in a hospital, nursing facility, or Intermediate Care Facility for Individuals with an Intellectual Disability (ICF/IID) is informed of all feasible alternatives available under the waiver and given the choice of either institutional or home and community-based services.</p> <p>Requesting services and disclosing to BAS the diagnosis of an autism spectrum disorder is a reasonable indication for the need for services. Once the person participates in the initial evaluation, if he or she is deemed likely to meet the criteria for ICF level of care, BAS has an obligation to inform applicants of all possible models of support, and be offered the opportunity to choose between ICF/ID, ICF/ORC, and home and community based services. If a person selects ICF, the process for enrolling the person into that model of care should begin immediately since the service is available through the Medicaid State Plan. If the person selects the option for waiver, but there is no capacity currently available, they would then be placed on the waiting list for services. The current process of allowing individuals to languish on the interest list, without any evaluation of need or information regarding their right to choose their service delivery preference, from our perspective, does not meet the assurances.</p>	<p>BAS feels that the reference to regulation § 441.302 is inaccurate. This regulation refers to the State assurances. The AAW has provided CMS with several performance measures in the waiver to satisfy these assurances.</p>
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10	If eligibility is not extended and the waiting list enrollment continues to rely on the “first-come, first-served” process, we support the change to allow individuals 18 to 20 to remain at the top of the list until they reach the age of 21.	BAS thanks the individual for this comment.
11	BAS needs to have - and distribute - an online application, a paper version, and the existing phone line option. Having the phone line only, as it exists now, is really operating against those with communication challenges who need the most help, and we cannot rely on relatives doing this “for them” via phone (and waiting for a return call).	BAS appreciates this comment and will further explore this.
12	Applications are only going to be taken if there is availability, is that correct?	At this time, yes, applications are given to individuals only when capacity is available.
Comments on Waiver Capacity and Reserved Capacity		
	Summary of Comment	Response
13	Several commenters stated that the proposed increase in the number of participants from 544 to 596 is inadequate to meet the needs of adults with autism in Pennsylvania.	BAS agrees with this comment.
14	Are adult protective service workers fully aware of what is available in the waiver? If they are not aware, how will they be trained?	Adult Protective Services staff were trained on the long term support programs in Pennsylvania.
15	Is there an assumption that individuals coming out of state centers would go into either the Consolidated or Person Family Directed Services (P/FDS) waivers and would not be considered for the AAW because I don’t see any reserve capacity for them?	Individuals with an intellectual disability living in state centers can choose to be added to the Priority 2 interest list. Individuals with an intellectual disability living in state centers have mechanisms through ODP to transition to the community through the Consolidated and P/FDS waivers. Individuals living in state hospitals, who do not have an intellectual disability, do not have access to that mechanism and therefore BAS has designed reserved capacity for them.

16	A commenter strongly supports the proposal to reserve capacity for individuals with autism who have been institutionalized in state hospitals for at least 90 days and are ready for discharge. However, the renewal indicates that state hospital residents must go through the ISP process and include full exploration of service options. This commenter is concerned that this process lacks specific protocols, timelines and clear responsibilities of the parties (BAS, Office of Mental Health and Substance Abuse Services, providers) to ensure timely and appropriate services are put in place.	BAS will be working with the Office of Mental Health and Substance Abuse Services (OMHSAS) to develop a process to transition into the AAW adults with autism who resided in a state hospital for at least 90 consecutive days, are determined ready for discharge and whose discharge plan specifies a need for long-term support.
17	A commenter supports enabling ACAP participants to transfer to the AAW. However, it is unclear under what circumstances they will be permitted to transfer. This commenter recommended that BAS delineate those circumstances in the AAW as well as the process by which such transfers will occur. It was also recommended that BAS reserve capacity for more than 3 individuals.	BAS has looked at data over the past several years, and the data has shown that 3 individuals is a safe estimate.
18	A commenter recommended that BAS also reserve capacity for the following: (a) individuals in congregate private ICFs/IID; (b) individuals in emergency circumstances, including those who are incarcerated or whose caregivers have died; and (c) individuals who want to transfer from the OBRA Waiver (or successor Waiver) if they cannot secure the services they need through that Waiver.	BAS will keep this comment under consideration when reviewing prioritization.
19	A commenter requests that the proposed addition of reserved capacity be increased to 25 individuals discharged from a state hospital.	BAS will further explore increasing the reserved capacity for individuals discharged from a state hospital when it is determined that an increase is needed.
20	Is it possible for AAW participants to transfer to ACAP without a gap in service?	A participant in the AAW would need to be offered an application for ACAP in order to transfer.

21	What is the process for the Individual Support Plan initial meeting for Supports Coordination agencies when a participant transfers from ACAP to AAW?	The individual expresses interest in transitioning from ACAP to the AAW. BAS clinical examines the ACAP assessments, and if they
Comments on Family Support		
	Summary of Comment	Response
22	We request that Family Support be limited to 50 hours per year, instead of 20, to allow for close to one hour per week of service when needed.	BAS has taken this into consideration and has revised the Family Support limitation to 40 hours instead of 20 hours.
23	Broaden the definition of Family Support to include other goods and services. Families may be best supported by sending a sibling to a SIBShop or by a parent attending a conference or hiring a consultant to assist with some intensive person-centered planning or long term planning. A more flexible approach to this service definition is to set an annual dollar cap but allow a broad range of goods and services that support the family to support the person.	As the AAW evolves, BAS will continue to consider these options, however, the waiver services that the AAW offers must be allowable under Medicaid rules.
24	The Parental Stress Scale should be eliminated as a general requirement for all participants, and only be required when the family requests the family support service.	The use of the Parental Stress Scale is currently under review.
Comments on Employment		
	Summary of Comment	Response
25	Incentivize providers for working with the most challenging individuals and for focusing efforts on competitive employment. Incentivize particular certifications/qualifications of staff such as BCBA (Board Certified Behavior Analyst) and CESP (Certified Employment Specialist Providers) and ACRE (Association for Community Rehabilitative Educators).	This renewal of the AAW changes the way some employment services are billed. Staff qualifications for Career Planning have been revised. BAS will consider additional requirements, such as certifications, in the future.

26	In the summary the terminology of “matching” a person to the right job should be replaced with using customized employment terminology per the federal registry.	<p>The Career Planning service provides support to the participant to identify a career direction; develop a plan for achieving competitive, integrated employment at or above the minimum wage; and obtain a job placement in competitive employment or self-employment.</p> <p>A component of the Job Finding service includes “identifying and developing customized employment positions”</p>
27	A participant has been working part-time for 10 years at a supermarket and has continual Supported Employment from 10:00am to 2:00pm. His parent is afraid that things are going to change.	If a participant needs full time support while working, there may be a different job placement where the participant can be more independent. BAS would encourage this commenter to explore the Career Planning service to evaluate whether or not there may be another job that takes the skills that the participant has and support him or her to find a placement where he or she can be more independent.
28	Consider a service definition that pilots new models for achieving competitive employment that integrates a short-term post-graduation community integration center where participants can go through the Discovery process while learning new employment-based skills with employment specialist services who are seeking to customize competitive employment opportunities enable discharge from the center.	BAS envisions the discovery process (as described in the Vocational Assessment service) occurring in the participant’s natural environment and not in a “center” as referenced in this comment.
29	BAS needs to get on board with the Office of Vocational Rehabilitation & the PA Department of Education on school-age transitional services and planning. Job Assessment and Job Finding need to start with transition age as per Workforce Innovation and Opportunity Act (WIOA.)	Employment services in the AAW may not duplicate services available through OVR or IDEA, both of which may be accessed during transition age.

30	<p>The following language is confusing: “This service will provide Vocational Assessment to identify a career direction, develop a plan for achieving competitive, integrated employment at or above the minimum wage, and Job Finding to obtain a job placement in competitive employment or self-employment.” Is this in addition to or in lieu of what the Office of Vocational Rehabilitation is obligated to provide? It is recommended that after completing the Office of Vocational Rehabilitation assessment and support process, this should be an additional service available to individuals.</p>	<p>Waiver services are available once other services that are available have been exhausted or if the participant is determined not eligible for OVR services.</p>
31	<p>Supported Employment should include assistance in exploring non-traditional employment options, assistance to identify business resources for individuals who wish to become self-employed and supports in developing organizational and communication skills necessary for self-employment and working from home.</p> <p>The waiver would require an exception to the 18 month limit on intensive job coaching. Given the need of many individuals on the spectrum for consistency and predictability, waiver participants who currently have what will be considered intensive job coaching and are satisfied with their current employment should automatically be granted a waiver of the 18 month limit if requested so their existing employment won't be threatened.</p>	<p>The Career Planning service can help someone in developing a self-employment opportunity and the proposed Supported Employment service can be used for sustaining self-employment.</p> <p>Organizational and communication skills can be supported by a number of services available in the AAW such as Behavioral Specialist Services, Systematic Skill Building, and Community Supports.</p> <p>Services should support the participant's ability to work independently as much as possible using natural supports in the workplace such as supervisors and coworkers.</p>

32	<p>“Participants must be referred to the Office of Vocational Rehabilitation prior to receiving Supported Employment services except when the participant is competitively employed and solely needs long term supports.” Does this mean the Support Coordinator does not need an Office of Vocational Rehabilitation denial letter to submit for Supported Employment if participant is competitively employed?</p>	<p>This drafted language has been removed. An ODP bulletin will be published with further guidance on this topic.</p>
33	<p>A commenter applauded BAS for drawing the distinctions in roles and acknowledging the full array of support that may be needed for adults on the waiver to find and maintain employment. A commenter was pleased to see that benefits counseling is an allowable service because this is often a significant barrier to people seeking employment. Given that benefits counseling addresses critical issues relating to personal finances and health coverage that may profoundly impact on a person’s economic and physical well-being, it is recommended that people providing benefits counseling should be certified to do so.</p>	<p>BAS will consider revising provider qualifications, while also keeping in mind provider capacity.</p>
34	<p>The limitations on Job Finding and Supported Employment may disproportionately impact people who live in areas with higher unemployment, areas with fewer employers, areas with poor transportation options, and people with more significant support needs. Unfortunately, there are people for whom there are few local job opportunities and waiting for positions to come open or working with employers to carve a position may take more than a year. We recommend lifting this restriction on the Job Finding timeline and allowing the ISP team to identify appropriate timelines.</p>	<p>BAS will explore revising the limitation after getting a better idea of how this limitation will impact participants.</p>

35	There is little mention in the Supports Coordinator section regarding employment. It seems to be forgotten in terms of supports coordinators being educated in employment options, when discussing the aspects of the ISP section and describing who ensures supports will occur – employment is not mentioned.	Pennsylvania is now an Employment First state; AAW employment services have been extensively revised to align with best practices in the employment field. BAS guidance to Supports Coordinators emphasizes the importance of encouraging employment and working towards employment as a goal.
36	There is no mention or definition of Customized Employment	The proposed Job Finding service definition includes: “Identifying and developing customized employment positions including job carving.” Guidance outside the service definitions will expand on the meaning of that term.
37	There is no training mentioned as it relates to Discovery; currently the Office of Vocational Rehabilitation doesn’t have a good mechanism to do Discovery.	BAS is developing additional employment service related trainings that will include Discovery.
38	There needs to be a determined amount of time to do Discovery well. Will there be a time limitation on completing Discovery? It is unclear how much time is available for Discovery or if it is determined based on individual need.	There is no time limitation specified in the service definition. The time it takes to complete discovery is individualized and determined by the provider.
39	Benefits counseling should be done for the life of the employment process and should be further explained in the service definitions.	Benefits counseling will be available as part of the Vocational Assessment. BAS will consider this comment in future changes to the waiver.
40	The inability to overlap other services presents a challenge for helping people exit day programs, particularly those with the most significant needs. As part of the transition process, having allowance to overlap those services of which they are most familiar to assess their interests/abilities, interview those who know them best and help them with the transition to employment. This is key in the transition process. Otherwise, accessibility to the person is limited by families that need their loved one to be in the day program or workshop for logistic purposes until a job is found and that person is able to transition.	BAS does not understand this comment.

41	There is frequent reference to a 20% maximum job coach support per work week. There should be an allowance for more hours or other service definitions that could support the person – whereas this is certainly an appropriate guideline, there needs to be room for individualized exceptions for individuals who may need more than that.	The AAW allows for a request for an exception to the limit.
42	There is mention of Career Planning supporting self-employment and Supported Employment is available to establish a business – how long will the supports be available to use given the limitation on job coaching? Self-employment is not referenced in any other location	BAS has revised the following sentence in the Extended Employment Supports definition: “Extended Employment Supports are available to support participants in maintaining their paid employment position or self-employment situation.”
43	Career Planning should be able to be provided concurrent with Supported Employment, Day Habilitation or Transitional Work Services if the participant wants to obtain a better job or different job.	The proposed service definition states: “Career Planning-may be provided concurrent with Supported Employment, Day Habilitation or Transitional Work Services if the participant wants to obtain a better job or different job while continuing paid work.”
44	Clarification is needed with the statements about travel time; if the person is with the employment specialist while traveling, is it billable?	Language has been revised to be clearer in the waiver. Guidance will also be included in the Provider Manual.
45	Clarify in the Supported Employment service definition if the participant is paying for their own transportation and include that travel training can be done once the person has the job. Travel training is mentioned in the Career Planning section which is valid for assessment and learning purposes. Once employed it is important the participant has support in learning how to travel on their own to work whenever possible.	BAS assumes the participant will be paying for their own transportation. To clarify, providers are not responsible to pay for the participant’s transportation and the participant should not be responsible to pay for the provider staff’s fare. A participant does not have to wait until they are employed to receive travel training. A participant may receive this support through both Systematic Skill Building and Community Support as well as through Supported Employment once they are working.
46	Suggest travel is reimbursed for a time limited period (the first 30 - 60 days of employment) in order to ensure the person has money to pay for transportation to work.	This would require a separate transportation service. BAS will continue to explore adding transportation as a new service in the AAW.

47	Eighteen years of age is insufficient criteria for personnel providing job development or coaching services.	BAS will take this comment under advisement for a future amendment.
48	The beginning of Transitional Work Services speaks to a continuum of service however there is no end date or time limit for using Transitional Work Services. The intention of Transitional Work Services is to move to employment with a community business or to self-employment.	The changes to the employment services are designed to encourage and promote competitive integrated employment. BAS encourages the ISP team to consider competitive integrated employment for all participants and will consider a time limit on Transitional Work Services in the future.
49	The limitations on Job Finding and Supported Employment may discourage and prohibit individuals who have more significant disabilities from seeking employment. For many individuals, the limit of 6 months for Intensive Job Coaching (with only allowance for extensions for a total of 18 months) will be inadequate to meet their ongoing support needs. If Pennsylvania is truly moving toward becoming an "Employment First" state, it must be willing to provide the supports needed to make that a reality for all people with autism, not just those who are higher functioning.	BAS believes that all participants can be employed in an appropriate job with appropriate supports, including those with significant disabilities. An exception may be requested by participants who require extended time.
Comments on the Specialized Skill Development Service		
	Summary of Comment	Response
50	Return Community Inclusion definition back in the waiver or include an option similar to habilitation for people to have support to participate in community activities.	Community Support is still available in the AAW. This service is very similar to the Community Inclusion service and may be used to support participants in community activities.
51	The definition of Specialized Skill Development should be available to participants living in Residential Habilitation settings.	There are three components of the Specialized Skill Development service. Both Behavioral Specialize Services and Systematic Skill Building services are available to participants living in a residential habilitation setting. There is a limitation to Community Support: a participant who is receiving Residential Habilitation services in a Community Home where that participant is the only person receiving services in that home may not also receive Community Support on the same day the participant is receiving Residential Habilitation (Community Home).

52	There does not appear to be a service that would allow for skill maintenance. For individuals with autism and co-occurring mental health or intellectual disability issues this is extremely important. At any given time, skill loss could be a possibility based on the status of the individual's disability. Services to promote skill maintenance could prevent loss of skills and the need to rebuild them.	All the habilitative services in the AAW assist participants in retaining skills: Day Habilitation, Residential Habilitation, Specialized Skill Development (Behavioral Specialist, Systematic Skill Building and Community Support), Supported Employment and Temporary Supplemental Services.
53	The definition for Systemic Skill Building under "consultative supports" requires clarification of "...ongoing support to the participant and ongoing support to families, friends, employers and others who have regular contact with the participant."	BAS has clarified this language.
54	Requiring that an individual only use one provider to support them in the combined areas of Behavioral Specialist Services, Systematic Skill Building and Community Support (currently "Community Inclusion") is limiting. Although we realize this will simplify coordination between these services, this is a systems issue and should be dealt with as such. The remedy should not be a limitation on the consumer's choice of providers. In addition to limiting choice, it may also create a situation where quality of services could be compromised.	Providers will be required to offer all 3 components of the service. The combination of these components into a single service is meant to allow a provider to staff, supervise and coordinate all components for each participant the agency serves. However, participants may use the components of the Specialized Skill Development service alone or in combination. The participant will also continue to have the right to provider choice. The participant may choose different providers for different components, although that does undermine the purpose of combining these services.

55	<p>We commend BAS for the approach to an integration of services and responding to the need for trained and qualified providers to develop individual behavior plans and skill development plans. The addition of Systematic Skill Building as a distinct category of planning is a positive addition to the waiver.</p> <p>Teaching skills must be approached in a person centered way, and we have concerns with the requirement that the Skill Building Plan is informed by Applied Behavior Analysis (ABA). The qualified provider, the individual, their family members and supporters should collaborate and plan together to design supports and techniques. Providers with expertise in structured teaching or another systematic approach to skill training that is a positive approach, desirable by the individual, should also be allowed. The reliance on ABA as an approach is derived from a clinical, medical model. Approaches that focus less on fixing a person and his or her “deficits” and more on constructing an environment in which someone can be successful should be encouraged.</p>	<p>All services in the AAW are designed to have the participant at the center. BAS agrees that the qualified provider, the participant, their family members and supporters should collaborate and plan together.</p> <p>Data has shown that Applied Behavior Analysis is an extremely effective method of skill building for individuals with autism.</p>
56	<p>My concern was would there be an option of grandfathering? Most would agree a streamlined system probably will be more effective. There are a few people I can imagine who are not going to agree, maybe things have worked out for them at this point, so it sounds like grandfathering is not going to be an option?</p>	<p>Participants may use the components of the Specialized Skill Development service alone or in combination. The participant will also continue to have the right to provider choice. In other words, the participant does not need to pick one agency to provide all components.</p>
57	<p>Will each of these three services, even though they are under the umbrella of Specialized Skill Development, have different provider qualifications?</p>	<p>Yes. Please refer to Appendix C of the waiver</p>

58	Is this service to mirror the behavior support certifications required of earlier Behavior Health Recovery Services (BHRS)?	This service does not mirror the behavior support certifications required of Behavioral Health Rehabilitation Services (BHRS). However, the Behavior Specialist License will now satisfy the qualifications of the Behavioral Specialist service.
59	For individuals who want to have fidelity to the services, can an agency provide one individual that is certified as a job coach that can provide that service for an hour or so, and then maybe the home and community provider is billed at a lower rate so they can make the best use of their funds?	BAS understands the question to be, may the same agency provide two different services on the same day, one after the other? The answer is that an agency enrolled to provide both Supported Employment and Community Support may provide those services one after the other but not at the same time.
Comments on Occupational Therapy		
	Summary of Comment	Response
60	<p>Leave the Occupational Therapy (OT) service in the waiver and encourage providers to serve adults to fulfill your mission for those with OT needs in adulthood, which impede quality of life. While this has gone unutilized, we find that Occupational Therapists have not learned to serve and bill for adults with autism, and the BAS together with our advocacy could encourage and support needed OT service delivery for our adults. Their sensory and executive functioning needs are lifelong and the AAW is best suited to meet them. Private insurance does not cover autistic needs in this service.</p> <p>Currently, it is very challenging to find Occupational Therapists who will work with adults on sensory processing, even in major metropolitan areas, which could be a reason that the service has never been used as part of the waiver. Furthermore, this could be an issue of people not being referred to appropriate occupational therapy, rather than a disinterest in the service itself.</p>	BAS has not had participants requesting to use Occupational Therapy. The Occupational Therapy service is available to participants through their health insurance. If in the future it makes sense to add Occupational Therapy as an extended plan service in the AAW again, BAS will consider adding it again.

61	Is BAS removing this service due to the lack of providers available?	BAS proposes to remove this service from the AAW as this service has never been utilized.
62	<p>Depending on the type of modification, the evaluation may be conducted by an Occupational Therapist; a Speech, Hearing, and Language Therapist; a Behavioral Specialist; or another professional as approved in the ISP. The organization or professional providing the evaluation shall not be related to the Home Modifications provider.</p> <p>If Occupational Therapy is being removed from the AAW, how can the evaluation by an OT be provided as a waiver service? How would Support Coordinators enter the evaluation service for Home Modifications in the participant's plan?</p>	The Home Modifications service does not include the independent evaluation. Therefore, for modifications that require an evaluation, the evaluation will need to be completed outside of the waiver. If an evaluation by an occupational therapist is needed, the participant can access that service through the State Plan or private insurance. The Supports Coordinator would enter this information into ISP, as they do now.
63	Occupational therapy, music therapy, speech therapy and other should remain available for individuals with a diagnosis of autism. Many folks have communication and self-regulation needs that may not be appropriately addressed in the school setting. Many students, especially as they enter middle school have significant difficulty with self-regulation. School based occupational therapy most often does not address this.	Occupational therapy remains as a service outside of the waiver through the State Plan or private insurance.

Comments on Day Habilitation		
	Summary of Comment	Response
64	<p>To help Pennsylvania’s Day Habilitation providers move toward more integrated models, BAS should consider modifying the existing service definitions to provide more flexibility or adding service definitions to accommodate approaches like in District of Columbia’s Individualized Day Supports.</p> <p>These are highly individualized pre-planned activities that occur within integrated and inclusive community settings that emphasize skill development to support community participation, self-determination, community membership, community contribution, retirement or vocational exploration, and life skills training. Services are provided in a 1:1 or 1:2 ratio. In remodeling their system the District of Columbia also added a service called Small Group Habilitation. This service is not based in a licensed facility, rather in community settings often having a specialized focus, Art, Music, Therapy, Sports. This service is sometimes outside of the traditional 9am-3pm day and is in partnership with existing community resources.</p>	<p>BAS thanks this commenter for this recommendation and will explore the District of Columbia’s individualized day supports.</p>

Comments on the 50 Hour Limitation		
	Summary of Comment	Response
65	<p>This commenter expressed concerns about the 50 hour limit per calendar week of the following services: Community Support, Day Habilitation, Supported Employment, and Transitional Work Services. If individuals are not granted more than the 50 hours, they may be forced to get other services that do not allow them time for meaningful community integrations. This is concerning due to the new rules about home and community based services settings. While there is an exception process for individuals to get more than 50 hours for these services in a week, it is not clearly defined. The exception process must be well-defined, easily understood and applied for, and there must be a very limited response time about whether the exception was granted.</p>	<p>BAS thanks this commenter for this recommendation and will consider this when developing internal process.</p>

66	<p>This commenter is concerned that the 50 hour/week limitation on Community Support, Day Habilitation and employment supports will disproportionately impact people who have more intensive support needs or fewer family supports thus forcing people to sacrifice living in their own home/family home. Limiting Day Habilitation and employment supports to 40 or 50 hours a week may be reasonable but limiting Community Support services is highly problematic. This 50 hour limitation privileges settings that are, by their very nature, “disability specific settings” (Residential Habilitation) which is problematic with the new CMS home and community based services (HCBS) final rule. As per the HCBS final rule, “The setting is selected by the individual from among setting options including non-disability specific settings.” With this current limitation, anyone who needs more than 50 hours of paid support per week does not have this choice of settings. For example, a person who attends a Day Habilitation setting for 30 hours per week and needs support in their family home every weekday evening for 5 hours (25 week) and 8 hours each weekend day (16 hours) would not have a choice of a “non-disability specific” setting on this waiver because they need a total of 71 hours per week. Beyond being problematic in relation to choice of settings, this is not likely cost effective in most cases. In this example, the approximate cost would be \$108,836 a year (\$5.14/unit for Day Habilitation and \$9/unit for Community Support) versus over \$171,000/year to support this same person in a group home.</p>	<p>The 50 hour limit allows for exceptions.</p>
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67	We support the addition of an exception to the 50 hour limit, however, it is not clearly outlined how the exception process will be implemented and there is no clear criteria for individuals and families to understand under which circumstances an exception would be granted.	BAS will develop policy to guide the evaluation of requests for exceptions.
Comments on Assistive Technology		
	Summary of Comment	Response
68	It appears that BAS has deleted coverage for replacement parts and repair. This commenter recommends that this language be reinstated. It is often less expensive to repair assistive technology than to replace it. Given the lifetime cap on the amount of authorized for assistive technology, participants should have the option of using AAW funding for replacement parts and repairs.	The definition states, “B. Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices”
69	I am happy to see that the waiver includes access to assistive technology and speech/language pathology.	BAS thanks this commenter.
70	In terms of the \$10,000 cap on communication devices, I think it is probably better matched with the great policy you have with the home modifications; if they could be reissued after a certain period of time and then re-funded, it would be nice to see that on communication devices which will become obsolete or maybe need changes across the lifespan.	BAS will consider this recommendation for future amendments.
71	Quality Improvement, A. Methods for Discovery: Level of Care Assurance/Sub-assurances ii, Items that are not of direct medical or remedial benefit to the participant are excluded In the past we have worked with obtaining iPads for our participants. Will this still be considered Assistive Technology if we obtain justification & documentation from doctors or specialists?	Yes, items such as iPads will be considered Assistive Technology as long as the item will be used to meet a specific need of a participant and is of direct medical or remedial benefit to the participant. Items designed for general use are covered only if they meet a participant’s needs and are for the exclusive use of, or on behalf of, the participant.

72	<p>“Assistive technology will not be provided through the waiver if they can provided through the Medicaid State Plan, Medicare and/or private insurance plans until any limitation has been reached and assistive technology services cannot duplicate items covered under the State Plan.”</p> <p>Will the Support Coordinator be required to keep all denials on file and/or supply to BAS?</p>	<p>A denial is required to be maintained on file by the Supports Coordinator.</p>
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73	<p>The revised definition of Assistive Technology does not include smart home or independent living technology, telecare/telerehabilitation services and PERS that could have cost saving potential for people who do choose to live independently and may be able to use technology instead of or to reduce staffing to manage aspects of their daily lives and/or maintain health and safety.</p> <p>This commenter recommends mirroring this portion of ODP’s other waiver service definitions: “Assistive Technology includes independent living technology or smart home technology devices that promote the independence of participants and decrease their need for assistance from others such as; medication dispensers, electric stove sensors, water sensors, and panic pendants. This list is instructive and not intended to be an all-inclusive description of allowable items, devices or services. Documentation of the participant’s informed consent must be obtained prior to authorization of these devices. The monthly monitoring fees for these devices are also covered under Assistive Technology. Electronic devices are included under Assistive Technology when there is documentation that the device is a cost effective alternative to a service or piece of equipment. The device must be the least expensive and most effective device to meet the participant’s need as documented by the evaluation. Assistive Technology also includes applications for electronic devices that assist participants with a need identified through the evaluation described below.”</p> <p>We recommend that ODP work with the Office of Medical Assistance Programs (OMAP) to develop participant</p>	<p>Assistive Technology is a rapidly evolving field and BAS will consider how to address this in the future. BAS has not yet received a request for any of these items but will consider this recommendation.</p>
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	protection policies for telecare/smart home technology that are standardized across departments. Policies should cover confidentiality, consent and privacy and applicability of these policies for certain uses/situations.	
74	One concern is the use of mainstream technologies that, while meeting the definition of Assistive Technology (both original and proposed), will be difficult to obtain through a Medicaid provider. For example, while an iPod touch with apps may meet all other criteria specified in the waiver (original and proposed), it will be next to impossible to find an authorized Apple seller willing to sign a Medical Assistance Provider Agreement and a signed AAW Supplemental Provider Agreement (nor will we find any interest from iTunes in becoming such a provider). Similarly, while the Amazon "Alexa" voice recognition control system (under \$200) can be of benefit as an AT device for a person under the waiver, it is highly unlikely that Amazon would "sign on" as a vendor. The revision should capture that such items and services can be purchased through an Organized Health Care Delivery System.	For that reason, Assistive Technology services are available through an Organized Health Care Delivery System (OHCDS). Supports Coordination and Community Support providers may enroll as OHCDS.
75	This commenter is concerned that there is a maximum of \$10,000 lifetime benefit for Assistive Technology. Rehabilitation engineering services (e.g. customizing or fabricating devices), as well as therapies to train the beneficiary in the use of the device and not covered by the Medicaid State Plan services, can run \$100/hour or more. At a minimum, the BAS should add an exception process for individuals who need Assistive Technology beyond the typical limitations.	BAS will consider this recommendation for future amendments.

76	We commend BAS for specifying the need for an evaluation for Assistive Technology. However, the \$500 threshold before evaluation is needed makes sense in most circumstances EXCEPT when the Assistive Technology device is for communication (e.g. an iPad mini with communication app will be under \$500 - but it could be problematic if this is purchased and is NOT the right communication solution).	BAS would encourage the participant to have an evaluation completed through Pennsylvania Initiative on Assistive Technology at the Institute on Disability at Temple University or a speech/language therapist to ensure the most appropriate communication solution.
Comments on Residential Habilitation		
	Summary of Comment	Response
77	This commenter recommends that the AAW cover Residential Habilitation in Community Residential Rehabilitation (CRR), as does the Consolidated Waiver. Many individuals with autism have diagnoses of mental illness and may need services that address both disabilities. Covering Residential Habilitation in CRRs maximizes the effectiveness of treatment for such individuals and may well prevent unnecessary institutionalization for such individuals.	BAS will consider this comment in the future, thank you.
78	The Residential Habilitation definition does not seem to include provisions for enhanced staffing for those participants who need more support. While Temporary Crisis Services are covered, those are designated to be a short-term service and do not address the needs of some participants for more intensive staffing for a longer time period to prevent their institutionalization. This commenter recommends that BAS include provisions to allow staffing enhancements when necessary.	The Residential Habilitation service does not prescribe staffing levels. Providers are expected to determine the appropriate staff needed to support each participant, based on the participant's needs and the abilities of the staff.

79	This commenter recommends that BAS adopt and implement timelines within which residential habilitation services must be provided to participants who request and need those services to avoid their unnecessary institutionalization.	Between the availability of Residential Habilitation settings, the provider's right to choose to accept or decline a participant, and the participant's individualized needs and preferences, BAS feels that this cannot be put on a timeline.
80	For family living settings, this commenter recommends that family members be allowed to provide this service.	BAS will consider this comment in the future, thank you.
81	The AAW should include supported independent residential living services.	BAS will consider this comment in the future, thank you.
Comments on Home Modifications and Vehicle Modifications		
	Summary of Comment	Response
82	This commenter objects to the provision that the AAW will not fund adaptations that add to the total square footage of a house other than when necessary to complete another adaptation. There may be circumstances where such a modification is the only means by which the home can be made accessible to allow the participant to remain there. Under those circumstances, the AAW should cover the modification. Additionally, the limit on Vehicle Modifications is insufficient. Vehicle Modifications may be much more costly depending on an individual needs and physical abilities. There should be exceptions or a process that allows a higher amount to be funded for vehicle modifications to meet an individual's need.	This language was added to align with the other two ODP waivers: Consolidated and P/FDS.
83	For Home Modifications and Vehicle Modifications, is there a reason, other than that it's been done in previous waivers, that those two are together?	The renewal proposes to separate the services from environmental modifications into home modifications and vehicle modifications.

84	Why does the AAW include Vehicle Modifications when the waiver is for an adult who can drive?	The vehicle modification service offers modifications or alterations to an automobile or van that is the waiver participant's primary means of transportation in order to accommodate the special needs of the participant. This service allows for several different types of modifications that can be used for both individuals with autism who have a driver's license and for those who don't. Ability or inability to drive has no bearing on eligibility for the AAW.
Comments on Other Subjects		
	Summary of Comment	Response
85	The revised waiver must include provisions that will support waiver participants to obtain post-secondary education and essential on-campus support.	Part of the Supports Coordinators role is to help a participant to access services in the community, including education. The Community Support service can be used to support someone in school. The Behavioral Specialist Service or the Systematic Skill Building service might be helpful in evaluating what essential ongoing skills and supports a participant might need. All three of these components of Specialized Skill Development could be provided on a post-secondary school campus.
86	Extend the comment period beyond January 11, 2016.	BAS accepted comments received after January 11, 2016.
87	Offer an opportunity for self-direction of services. This participant directed option is included under the Office of Long Term Living and other ODP waivers and affords people choice of who comes through their door.	BAS will consider this comment in the future, thank you. In the meantime, a participant may work with providers to identify a suitable support staff. If a participant knows someone who is qualified that they wish to work with, the participant can suggest they apply to work with the provider.
88	We ask that the proposed revisions to quality and performance measures be shared as quickly as possible with providers to ensure proper services are rendered.	Proposed revisions to the performance measures were published with the rest of the waiver at the start of the public comment period. A side-by-side of the waiver changes as well as a full version of the waiver with changes included was available. The link to the webpage is available at the beginning of this document.

89	The AAW proposal should provide data about quality assurance factors including average wages paid for services by the provider.	The wages paid to staff is a business decision of the provider agency. BAS does not currently collect this data and does not determine that wage.
90	Providers should be ranked on the actual provision of advertised services. Participants and families express that they choose a provider based on advertised services, who may then tell them “we do not have that staff” or service available. Given communication challenges, and executive functioning deficits, changing providers and hoping the new one has what is advertised is very non-therapeutic and wastes time and potential.	BAS will consider this comment in the future, thank you.
91	Raise the General Equivalency Diploma (GED) or High School diploma as an acceptable level of training.	BAS feels that a high school degree or equivalent with required training developed by BAS is an appropriate qualification for the services that have this provider specification.
92	<p>A new service needed in the waiver: Addiction & Substance Abuse Prevention and Intervention. While other systems clearly have authority and funding in this arena, it is critical that we connect individuals with qualified addictions and substance abuse treatment professionals who understand autism.</p> <p>Individuals with autism do not do well in traditional group therapy, residential drug and alcohol treatment settings with close quarters, or by focusing on feelings, motivations or other abstract concepts typical treatment demands. Since mainstream treatment is their only choice, individuals with autism try but are often removed from these programs.</p>	<p>BAS is collaborating with the Office of Mental Health and Substance Abuse Services (OMHSAS) to expand professional capacity in supporting adults with autism who also have mental health and other issues, including addiction and substance abuse.</p> <p>BAS proposes to expand the expertise in other systems designed to address those issues rather than reproduce that expertise within its own program.</p>
93	The lack of Supports Coordination Agencies in the AAW is due to lower Supports Coordination rates than the other ODP waivers. This needs to be addressed.	Thank you for your comment, rate increases are subject to Departmental budget approval.

94	<p>Much of the waiver appears to be designed for individuals who are higher functioning. This is particularly evident in the supports projected in vocational areas. The AAW should be designed for all individuals with autism, including those with higher needs.</p>	<p>The Adult Autism Waiver was designed for all adults with autism.</p>
95	<p>The revised definition states that “Specialized Skill Development/Community Support” cannot be provided on days the participant receives Residential Habilitation services. While it is clear why Community Support would not be covered since it is duplicative of Residential Habilitation, we do not think that Specialized Skill Development should be excluded for such participants.</p>	<p>This limitation applies only to the Community Support component of Specialized Skill Development and only in the case of a participant receiving Residential Habilitation services in a Community Home where that participant is the only person receiving services in that home. That participant may not also receive Community Support on the same day the participant is receiving Residential Habilitation (Community Home). That participant may receive Behavioral Specialist and Systematic Skill Building services while receiving Residential Habilitation.</p>
96	<p>The service definitions for Respite and Temporary Supplemental Services allow a participant to receive no more than 30 days annually of overnight Respite and no more than 540 hours (a little more than 3 weeks) of Temporary Supplemental Services. There appears to be no means to request an exception to either of these limits. Individuals who are in crisis and have nowhere to go may need longer-term respite or crisis services to allow time to identify a willing Residential Habilitation provider and/or to develop an appropriate program. Without the availability of such services, the participant is at serious risk of unnecessary institutionalization. Accordingly, this commenter recommends that the AAW include provisions that all BAS to authorize exceptions to the caps on these services.</p>	<p>To clarify, the Respite service has an expenditure limitation of 30 times the day unit rate for respite in a licensed facility per year, with the year starting on the Individual Support Plan effective date. The participant may receive both hourly and daily Respite during the year as long as the amount of respite does not exceed the amount approved on the participant’s ISP.</p> <p>Temporary Supplemental Services has a limit of 540 hours in a twelve-month period beginning on the date this service was first authorized. This service is to be used in response to an urgent, temporary need.</p> <p>If a participant is experiencing numerous events which require this service, the Supports Coordinator should explore other services to better support the participant.</p>

97	<p>There is a need for enhanced monitoring by Supports Coordinators of individual’s supports and services. The current requirement for monitoring on-site in the person’s day and residential services is inadequate to protect individuals. On-site monitoring should occur more frequently.</p> <p>Additionally, there is a clearly demonstrated need for BAS to have increased oversight of the Supports Coordinators to determine how well they are supporting the individuals they serve.</p>	<p>BAS thanks this commenter; if this commenter has specific examples of concerns, please contact BAS directly at ra-odpAutismWaiver@pa.gov for email (please include “Participant Concern” in the subject line) or Adult Autism Waiver, Bureau of Autism Services, P.O. Box 2675, Harrisburg, PA 17105 for US mail.</p>
98	<p>While allowing individuals involved in an Adult Protective Services case to start services immediately is helpful (through the interim service plan), there needs to be a limit on the number of days allowed for BAS/Supports Coordinator staff to develop and implement the interim plan. This will ensure that an individual’s needs are being met while the full Individual Support Plan is being developed and implemented.</p>	<p>BAS agrees that starting services as soon as possible is important, however, due to each participant’s situation being different, BAS does not want to set a limit on the time that it takes to complete an interim service plan. BAS agrees that this plan will need to be created and implemented as soon as possible.</p>
99	<p>This commenter recommends that the information provided to participants about their appeal rights include information that they are entitled to request fair hearings if they are unable to access services under the AAW with reasonable promptness.</p>	<p>BAS will consider this comment.</p>

100	<p>The absence of a covered service that could provide basic supports to individuals beyond the 50 hours a week discriminates against those individuals with high support needs who wish to live outside of licensed residential settings. A personal assistance or companion service that could provide a basic level of support to ensure health and safety should be added. While the addition of this service may not be feasible for July 1, 2016, we urge BAS to seek approval of such an additional service for a subsequent waiver amendment.</p>	<p>BAS will consider this comment in the future, thank you.</p>
101	<p>Among adults with autism, there is also a need for expanded housing services. The services of a supports coordinator to access typical housing supports is not sufficient. The stress of homelessness can impair people's abilities to perform the executive function tasks needed to actually get where they need to be in housing.</p>	<p>BAS agrees that available housing is a concern and BAS continues to explore this topic.</p>
102	<p>Consider creating waiver services to provide for adults with autism that need less than an Intermediate Care Facility (ICF) level of support. Even individuals with autism who are able to practice self-care to some degree face significant challenges which impact their ability to fully participate in the communities.</p>	<p>Federal regulations require that participants in 1915(c) waivers, such as the AAW, meet institutional level of care. However, that does not mean that individuals who are “able to practice self-care” are not eligible. There are participants in the AAW who are independent with activities of daily living but nevertheless meet the institutional level of care criteria.</p>
103	<p>An autism-specific training for first responders, including police and paramedics is needed.</p>	<p>BAS, through its ASERT (Autism Services, Education, Resources and Training) collaborative, has sponsored the development of several training studies and protocols for first responders, emergency room personnel and justice system staff to promote understanding and familiarity with the characteristics of autism spectrum disorder and how better to interact with individuals on the spectrum with whom they may come into contact.</p>

104	What information is on the AAW Supplemental Provider Agreement and how does it differ from the enrollment paperwork for providers?	The AAW Supplemental Provider Agreement lists the conditions and requirements that providers commit to comply with to participate in the AAW. It is specific to the AAW and is part of the provider enrollment requirements.
105	Is nonmedical transportation something that BAS is considering for future revisions to the AAW?	Yes, BAS is considering adding this service.
106	The Individual Support Plan (ISP) Signature Page documents that participants were informed of their choice of providers and services. Is the ISP Signature Page new and does it replace the ISP Attendance Sign-in Sheet?	Yes the ISP Signature Page form will replace the ISP Attendance Sheet. More information and guidance will be provided in the upcoming months.
107	In the past, this commenter has submitted a Bureau of Provider Integrity (BPI) report when we believe there is suspected Medical Assistance fraud occurring by participant or provider. We encourage this process to be added.	BAS encourages this practice and will consider this.

108	<p>We recommend that a stand-alone transportation service is added to the waiver that includes coverage of the following:</p> <ul style="list-style-type: none"> • Transportation (Mile). This transportation service is delivered by providers, family members, and other licensed drivers. Transportation Mile is used to reimburse the owner of the vehicle or other qualified licensed driver who transports the participant to and from services and resources specified in the participant’s Individual Support Plan (ISP). • Public Transportation. Public transportation services are provided to or purchased for participants to enable them to gain access to services and resources specified in their ISPs. The utilization of public transportation promotes self-determination and is made available to participants as a cost-effective means of accessing services and activities. • Transportation-Trip. This service is transportation provided to participants for which costs are determined on a per trip basis. A trip is defined as transportation to a waiver service or resource from a participant's private home, from the waiver service to the participant's home or from one waiver service or resource to another waiver service or community resource. 	BAS is considering adding this service.
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109	<p>This commenter applauded the following improvements in the plan:</p> <p>Improvements</p> <ul style="list-style-type: none"> • In general the service definitions are improved • The volunteering option has been taken out of Supported Employment • The definition concerning staff requirements have been changed in that people can have a degree in business or marketing and • Career planning is an appropriate focus versus “getting a job” 	BAS thanks this commenter.
110	There is not a strong framework of values established in the waiver	BAS would disagree with this comment. Please consult www.autisminpa.org for more information about BAS.
111	There is no mention of reimbursement methods or rates but we think this is a perfect time to align with the other two ODP waivers – the discrepancy makes it very difficult as a provider to offer the same level of service to both populations yet be paid at a significant differential rate. Alignment in reimbursement methods and rates across AAW, other ODP waivers and the Office of Vocational Rehabilitation would significantly ease the process for all.	BAS will consider this comment in the future, thank you.
112	There is no mechanism in place for identifying all the people who need services which would assist in planning for capacity in the future.	BAS does not understand this comment.
113	Explain and list out during the initial contact or intake process when a family receives information on their right to an Intermediate Care Facility.	When an applicant gets a waiver application, they are given the service preference form explaining their right to an Intermediate Care Facility.
114	Companion level of services need to be added.	BAS will explore adding this service in the future.

115	<p>The waiver renewal document continues the current practice of relying on the personnel in the central office of BAS to administer a great deal of the functions associated with eligibility determinations, assessment validation, quality measures, provider qualifications, Individual Support Plan process, and service authorizations. This commenter has great concerns about the capacity of the limited personnel in BAS to execute those designated activities in a timely and person-centered manner. Planning for an influx of participants, scaling up BAS, and delegating functions to other administrative entities will be necessary to effectively manage the program in the future. There is little evidence of structural changes to the current system, which would be necessary to accommodate dramatic increases in capacity, in this waiver document.</p>	<p>BAS will consider this comment in the future, thank you.</p>
116	<p>Transition to full compliance with the CMS Final Rule is necessary to assure continued federal financial participation. Service definitions and provider qualifications described in this document may not afford individuals access to the broader community “to the same degree” as individuals who are not receiving home and community based services. The rule requires that the setting not only permit, but “support” full access to the community.</p>	<p>BAS would direct this commenter to the Statewide Transition Plan for an update on the Bureau’s plan to come into compliance.</p>
117	<p>This commenter is a supports coordinator; this commenter is part of an organization that has 3 partners that bill to BAS. Is it required to have workers compensation when this agency does not have any employees in this company?</p>	<p>The waiver renewal states “Agencies providing waiver services are required to carry commercial general liability insurance, professional liability errors and omissions insurance and worker’s compensation insurance when required by Pennsylvania statute.” BAS recommends that this commenter consult their legal counsel concerning state requirements.</p>

118	Collect the waivers into one, called a functional skills waiver, where the function of the individual is looked at and then a waiver is created for all not just based on diagnosis.	Thank you for the comment. BAS believes that adults with autism benefit from services specifically designed to address the characteristics of autism and provided by staff with specialized training specific to ASD.
119	Is there a cap that is assigned to each participant?	The AAW does not have a cap (limitation on ISP cost) assigned to each participant.