

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

An Overview

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This overview describes the Adult Autism Waiver (AAW) 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 AAW 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 AAW is available statewide, and provides participants with a choice of an enrolled provider for each service. The Bureau of Autism Services (BAS) administers the waiver directly, and does not use outside entities to manage and oversee the program (e.g., counties, enrollment entities).

The Adult Autism Waiver (AAW) enrollment process includes four primary steps:

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

THE INTAKE PROCESS

The Intake Process is defined as the timeframe from the date a person requests 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 (AAW) begins when an individual who wishes to apply requests an application, or when someone requests an application for them.

There are two ways to request an application for Pennsylvania's adult autism programs: by phone, or online. Applications may not be requested via email.

To request an application by phone:

Call 1-866-539-7689 (toll free number) and follow the prompts to select the Adult Autism Waiver or the Adult Community Autism Program. Leave a message with the following information:

- 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.

To request an application online:

Visit the Information Referral Tool (IRT): <http://www.dhs.pa.gov/irt>

- The IRT asks a few basic questions and will link individuals who indicate an interest in Autism Services to the COMPASS website.
- Once connected to COMPASS, select "Submit a Referral."
- After answering some additional questions, the referral is submitted electronically to the Bureau of Autism Services.

Note: You do not need to live in Pennsylvania to request an application and begin the Intake Process.

ENROLLMENT COORDINATORS

Enrollment coordinators are the BAS staff members who perform the intake, application and enrollment processes for the AAW. BAS is divided into three Regional Offices; each Regional Office has its own enrollment coordinator.

- When the BAS receives a request for an application , the request is sent to the regional Enrollment Coordinators to complete the intake process.
- The BAS regional Enrollment Coordinator will call the individual **within 14 calendar days of the request**.
- This call allows the Enrollment Coordinator to confirm the individual's basic demographic information, as well as asking for additional information, including:
 - 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)
- The Enrollment Coordinator will also 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 requested an application by phone or online.

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, Residential Treatment Facility, Community Rehabilitation Residence*).

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.

Important details 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 (AAW) 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.
- An individual does not need to live in Pennsylvania to be placed on the Interest List.
- 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 circumstances change (e.g., you are no longer receiving services through another waiver) or your contact information changes, (e.g., you have moved or have a new email address).

THE APPLICATION PROCESS

The application process begins when a person on the Interest List receives an application.

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 and time the individual requested an application by phone or online.

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, the next steps depend upon the person's age. If the person is **21 years of age or older**, BAS will send the person and/or representative (if applicable) an Application Packet.

- If the person is within 30 calendar days of reaching the age of 21, the Application Packet will be mailed on the first business day after that the person reaches the age of 21.
- If the person is between 18 and 20 years of age AND not within 30 calendar days of reaching the age of 21, BAS will wait until the person turns 21 and waiver capacity is again available to send an Application Packet.

If the person is younger than 18 years old, the person will be contacted and can choose whether they want to withdraw their request for an application or receive an application. In either case, the person will be advised that they do not meet the age eligibility criteria. The individual has the option to start the process over by requesting an application online or through the toll-free number.

The Application Process is composed of 3 Steps:

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

The main focus of the Application Process is to determine whether all Adult Autism Waiver 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 years of age 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 a number of forms that must be completed and returned to the Bureau of Autism Services. The Enrollment Coordinator's contact information is also included within the packet 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 before the packet is returned to BAS.

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 (PA600L) & Release of Information (PA4) forms
- PA1572 (Resource Assessment Form)

1. **The AAW Application** is a **3-page form** that confirms the applicant meets 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 to complete. Once completed, the applicant returns the form 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 (*see below for more information about Level of Care*).

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 BAS. These are listed on the "Helpful Hints." For example, BAS does not need information regarding an individual's physical factors (e.g., height, weight, blood pressure, etc.).



Note: 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 applicant is interested in receiving services through the AAW. This is the form used to allow the applicant to choose whether they want to receive services through an institution, or through the AAW (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 (PA600L) & Release of Information (PA4) forms:** These forms are included in the application packet only if the applicant is not already receiving Medical Assistance. It is used by the County Assistance Office (CAO) to determine medical assistance eligibility which includes financial eligibility for the AAW.
6. **PA1572:** This form is included only if the applicant is married and is applying for Medical Assistance. It is used by the 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 BAS. The packet must be submitted to BAS **within 21 calendar 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 will not be processed and eligibility will not be determined. In this case, the individual will need to start the intake and application process over by calling the toll-free number or submitting an online request for an application, in order to be placed back on the Interest List.

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 a 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 (PA600L) & 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

Financial eligibility for the AAW is based on **300% of the Federal Benefit Rate (FBR)**.

What is 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.

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 calendar days** but can range up to 45 calendar days in individual circumstances.

NOTIFICATION OF ELIGIBILITY

The applicant 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 in the AAW.

Notification Process: Individuals Determined to be Ineligible for the AAW

If someone is determined to be ineligible for the AAW 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 BAS or from the 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 BAS. The applicant has the right to appeal the decision through BAS.
- If the applicant fails to meet financial eligibility, this will be indicated on the notification of eligibility (Form PA162) sent by the CAO. BAS 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 will 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

Once an applicant is determined eligible for the AAW the enrollment process begins. The Enrollment Process takes between **3-5 months** on average and is comprised of the following:

- Welcome Packet and Supports Coordinator (SC) selection
- Meeting with the SC
- Development and approval of the Individual Support Plan (ISP)

Welcome Packet and Supports Coordinator Selection

Once the CAO notifies the applicant and BAS 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 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 of enrolled AAW Supports Coordination Agencies and understand that they have the right to choose an agency from the list.

The first step in the enrollment process is choosing a Supports Coordination Agency to provide SC services. During the Enrollment Process, the 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**.

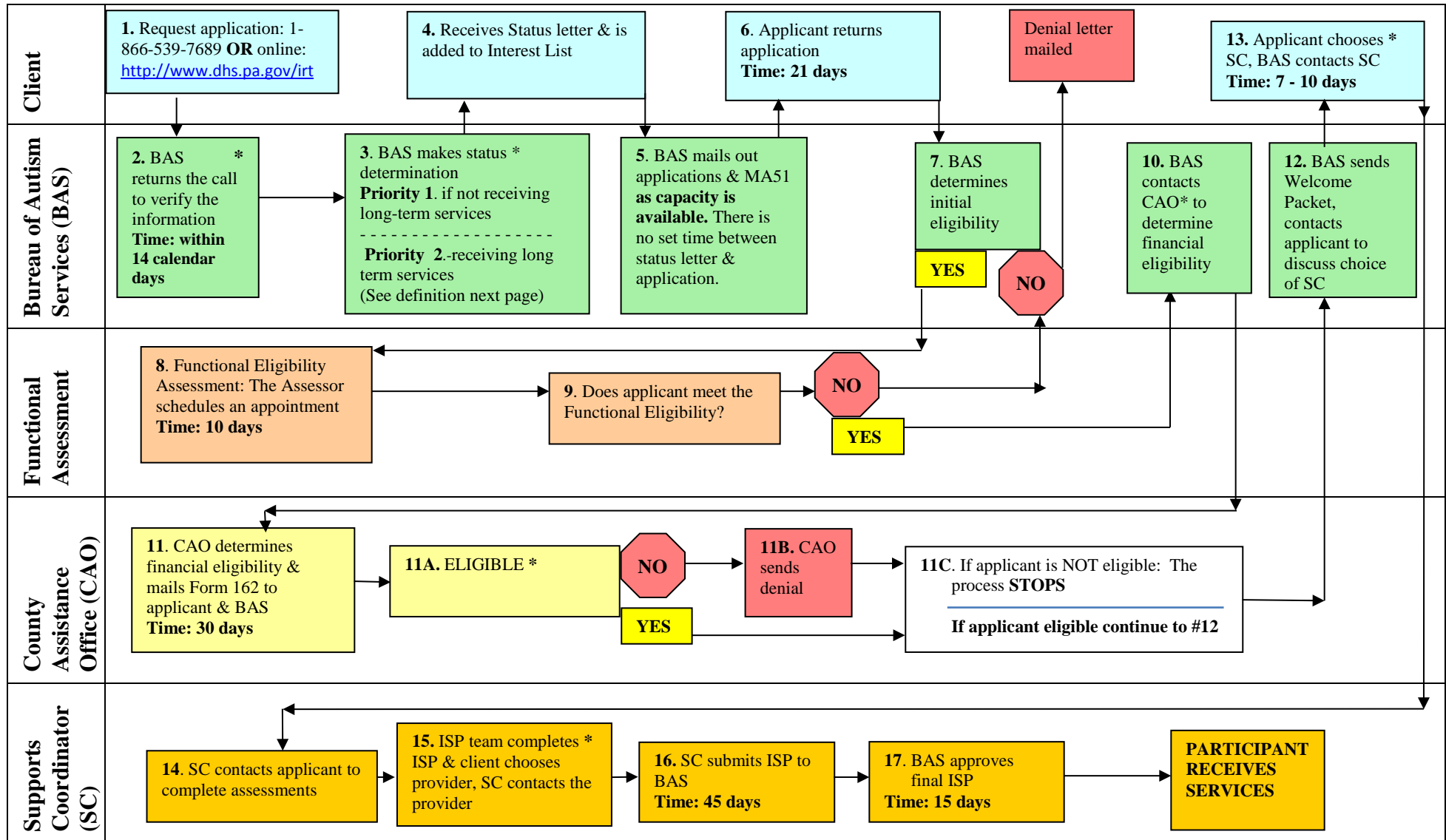
Meeting with the SC

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. Once assigned, assigned, the SC will schedule a meeting with the applicant to discuss waiver services and begin developing the ISP. 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.

Development and Approval of the Individual Support Plan (ISP)

The last step in the enrollment process is ISP development and approval by BAS. The SC will develop the ISP and submit it to BAS for approval. Once the ISP is approved, the individual is officially an 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

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

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

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