

# Maryland's Autism Waiver: *A Practical Guide for Families*

In July 2001, the Maryland State Department of Education (MSDE) started enrolling children into its ambitious new Autism Waiver. A limited number of children with autism spectrum disorder who need intensive care can participate in the Autism Waiver regardless of family income. The program entitles child-participants to receive both Waiver services and Medicaid services according to the child's needs. An individual's right to receive a service is dependent on a finding that the individual needs the service, based on appropriate assessment criteria that the State develops and applies fairly to all waiver enrollees. **The guiding principle of the Autism Waiver is that an enrollee has a legal entitlement to receive all needed Waiver services and all medically necessary Medicaid services with reasonable promptness.** To promote understanding of a child's legal rights under the waiver the Maryland Disability Law Center offers this Practical Guide.

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

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## Background

Maryland's state Medicaid program receives approximately half of its funding from the federal government's Medicaid program as long as the Maryland program agrees to follow federal Medicaid law. Medicaid usually provides free medical care only to people with very low incomes, but under certain circumstances a state can develop a Medicaid "waiver" program to expand the Medicaid benefit to people with higher incomes and special needs by "waiving" income eligibility rules. Medicaid waivers also give states the flexibility to create services to help people return to, or remain in, their homes and communities instead of living in institutions.

To help children with autism spectrum disorder and their families, in 1998 the Maryland General Assembly passed House Bill 99 directing the Department of Health and Mental Hygiene (DHMH) to apply for a Medicaid waiver for children with autism, aged 1 to 21, who may otherwise require institutional care. The federal government approved the state's application for the Maryland State Department of Education (MSDE) to administer the waiver under DHMH. The waiver was amended in 2004 to serve 900 children. New applicants may enroll in the waiver only when other children currently on the waiver disenroll each July. (see Applying for the Waiver, below).

## What is the Autism Waiver?

The Autism Waiver is a Home and Community-Based Services (HCBS) waiver. HCBS waivers offer services to people whose needs are great enough to be admitted to an institution in order to allow them to live at home or in home-like settings. A participant's needs determine the HCBS waiver services that they should receive, so an Autism Waiver enrollee should receive any Waiver services that the child's health care provider says are necessary. Do not be confused if the child's Individualized Family Service Plan (IFSP) or Individual Education Plan (IEP) team may also plan the child's Waiver services. **Waiver services are not school services or special education services: they are supportive and rehabilitative services to be provided based on your child's needs, whether the services are received at school or at home. A child's right to receive a Waiver service is dependent on a finding that the child needs the service, based on appropriate assessment criteria that the State develops and applies fairly to all waiver enrollees.**

## Applying for the Waiver

Because there are more children who meet the eligibility requirements for the waiver than the 900 waiver slots can accommodate, there is a registry for children who would like to apply. You should ask your child's IFSP or IEP team leader for the toll-free telephone number to call to add your child to the registry of individuals interested in applying for the Waiver when slots become available. After you apply for the registry, (or waiting list) for the waiver you should receive a confirmation letter, a Waiver fact sheet, and a Registry

Rights and Responsibilities fact sheet. Each July, as slots become available, DHMH will begin to notify families whose children were registered in numerical order.

If a slot opens for your child, you may obtain a Waiver application from your child's school or the local Infants and Toddlers program. The Autism Waiver application process includes a team assessment of your child's eligibility for institutional care. Remember, your child must meet the institutional level of care to be accepted into the Waiver. However, this does not mean that your child is at any risk of being placed in an institution! If your child is eligible for the Waiver, you will receive a choice of services. You may accept home and community-based Autism Waiver services (possibly including residential habilitation); place your child at a residential institution called the National Children's Center, an Intermediate Care Facility for the Mentally Retarded (ICF-MR) in the District of Columbia; or decline all services.

After you accept Waiver services, you will participate in creating a Plan of Care listing all Autism Waiver services (see Appendix A, page 15) to help your child live successfully at home, or in a community residential placement if necessary. We recommend that you include your child's health care professional in this process at the earliest possible point so you can obtain professional recommendations for the services your child needs. Request participation from your child's health care provider before you even apply for the Waiver; if you have already applied, request their participation as soon as possible. The input from these professionals is very important to secure all services your child is entitled to receive.

Even before your child is found eligible for the Autism Waiver, a Multidisciplinary Team will be convened to assess eligibility. In many counties, your child's IEP or IFSP team considers eligibility and service needs under the Autism Waiver by changing hats to become an Autism Waiver Multidisciplinary Team. In other counties the Multidisciplinary Team members will be different from the IEP or IFSP team. The Multidisciplinary team always includes the child's family and we recommend that it also include a health care provider who knows the child and family. **For your child to qualify for the Waiver, your child's school psychologist and the Multidisciplinary Team leader must certify that your child has autism spectrum disorder, meets the eligibility criteria for institutional level of care, and meets technical eligibility criteria.** The Team (always including the family) then creates a Plan of Care for your child. MSDE must also review the Plan of Care, and be satisfied that your child meets the technical eligibility requirements before it makes the final decision about your child's eligibility. Some of the technical eligibility requirements are that a child:

1. Has an IFSP, or is receiving more than 12 hours of special education and related services under an IEP, or receives approved home and hospital instruction; and
2. Does not have more than \$2500 in his own name and that any trust funds comply with Maryland Medicaid eligibility rules.

MSDE should make a determination about your child's eligibility for the Waiver within 90 days from the date the team completes the application. When children are found ineligible for the Waiver, the state is required to notify their families in writing and provide information about how to request a fair hearing to appeal that decision. See Fair Hearings on page 10.

## **What Services Are Available?**

Children who are admitted into the Autism Waiver are entitled to receive Autism Waiver services (see Appendix A) as well as any service covered by Medicaid's broad Early and Periodic Screening Diagnosis and Treatment (EPSDT) program (See page 6 and Appendix B). **Your child is legally entitled to any needed Autism Waiver services and any Medicaid services that are medically necessary for your child's care.** Therefore, it is very important for you to obtain documentation from your child's health care provider that your child needs a particular service. Many professionals are unfamiliar with the innovative and comprehensive services that your child could receive under the Waiver and EPSDT, so educating these professionals about the available services, and how to request them, may require some persistent advocacy on your part.

### **Autism Waiver Services**

The Autism Waiver makes the following services available to participants. Appendix A contains a full description of these services:

Service Coordination assists a Waiver participant in gaining access to Waiver services and coordinating access with other services to assure that the child's full range of needs is adequately met. The service coordinator should help a child access not only Waiver services, but also EPSDT and any other services that would help meet a child's needs.

Intensive Individual Support Services provide intensive, one-on-one interventions with the child up to 30 hours per week.

Therapeutic Integration Services are a structured after-school program focusing heavily on expressive therapies and therapeutic recreational activities.

Supported Employment Services provide intensive ongoing support of paid employment for older children.

Respite Care is available in a child's home or in youth camps for up to 168 hours in a 12-month period.

Environmental Accessibility Adaptations provide up to \$1500 of home safety and accessibility improvements over 36 months.

Family Training and counseling services are available regarding treatment regimens and use of equipment.

Residential Habilitation is a residential placement of 8 beds or less that is integrated into a rural, urban, or suburban residential community setting where there are no more than two children per bedroom and the child has appropriate choices in meals and community activities. Note that this service no longer permits placement in residential schools and watch for new regulations.

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

Intensive Individual Support Services are limited to 30 hours per week.

Therapeutic integration is only available for 2-4 hours per day after school on school days.

Respite care is limited to 168 hours per year.

Family training is limited to 6 hours per day and 60 hours per year.

Environmental accessibility adaptations are capped at \$1500/person over 36 months.

## **EPSDT Services**

### **Early and Periodic Screening Diagnosis and Treatment**

A very important benefit of participation in the Autism Waiver is that Autism Waiver enrollees are entitled to receive the full range of therapeutic services offered by Medicaid's EPSDT program. EPSDT services are meant to address the special needs of people with developmental and mental disabilities and to provide all standard health care services.

Federal law requires states to provide Medicaid recipients up to age 21 with EPSDT services. The EPSDT program provides much broader coverage than private health insurance typically does. In addition to providing screening and diagnosis for children, EPSDT requires states to provide all medically necessary treatment to correct or ameliorate (improve) physical and mental health conditions. **Autism Waiver enrollees are entitled to receive any EPSDT service that is not fully covered through a private health insurance plan.** Appendix B contains a full list of EPSDT services.

Some of the EPSDT services that could benefit Autism Waiver enrollees at home or in the community are: physical therapy, occupational therapy, speech therapy, mental and behavioral health services, prescription coverage and personal care aides (to help with such tasks as feeding, toileting and bathing your child). Another EPSDT service, one-to-one therapeutic behavioral services (TBS) in the home, school or community, may be somewhat similar to the Waiver's intensive individual support services. An important difference, however, is that EPSDT's TBS services are not capped – a child may receive as many hours of service as are medically necessary.

Waiver recipients who have private health insurance may access EPSDT services if their

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

Unfortunately, there is no one place to go to receive services for special needs children enrolled in Medicaid. Families usually enroll a child in a managed care organization (MCO) to access most physical health services. For more information about Medicaid MCOs call 410-767-5800 or 1-800-492-5231. You can call MAPS-MD at 1-800-888-1965 for approval of mental health care and one-to-one therapeutic behavioral services (TBS). Children can go directly to providers for physical therapy, occupational therapy, and speech therapy, but you should be able to ask your local health department for help in identifying providers that accept Medicaid reimbursement. Contact your local health department for personal care services. For any other questions about EPSDT services, call the Medicaid program's Division of Children's Services at 410-767-1485 or 1-877-463-3464, ext. 1485. This office may not be able to answer questions about Autism Waiver services, however.

Both EPSDT services and Waiver services are entitlements that have due process protections. If a health care professional recommends specific services and these services are denied, delayed or improperly terminated, you may request a hearing. See Fair Hearings on page 10.

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

1. Your child's service coordinator: Maryland regulations require your child's service coordinator to be responsible for assuring your child's access to all health care services under the Waiver and EPSDT.
2. The Ombudsman for Medicaid at your local health department.
3. Handbook: "Gateways to Health Care for Children With Special Needs", Baltimore Healthcare Access, Inc. (2001). To obtain a copy, call Karen Roulhac at 410-649-0510 ext. 3006.
4. Baltimore Health Care Access web site at [www.bhca.org](http://www.bhca.org).
5. The Maryland Disability Law Center web site at [www.mdldcalto.org](http://www.mdldcalto.org) has additional information and a publication about obtaining behavioral aides through EPSDT.

## **Autism Waiver Plan of Care**

The Multidisciplinary Team creates a Plan of Care with you as part of the application process. The Plan of Care is a list of Waiver services that your child will be entitled to receive, and it can be revised at any time. You may invite health care providers and service providers (or anyone else) to participate as members of your child's Autism Waiver Multidisciplinary Team. If the health care providers cannot attend in person, you should ask them to participate by telephone and/or take their written recommendations for services to team meetings.

When, as in some counties, the members of the Autism Waiver Multidisciplinary Team are the same people who compose your child's IEP or IFSP multidisciplinary team, the rules for making decisions about Autism Waiver Plans of Care are very different from the rules governing IEP teams. An IEP team must take a child's needs into consideration only insofar as they relate to the child's education. More akin to the IFSP multidisciplinary team, an Autism Waiver Multidisciplinary Team considers the child's broader need for services both in and out of school. **All services listed in an Autism Waiver Plan of Care are Medicaid services and must be delivered to a child in addition to any services written into a child's IEP or IFSP.**

By including recommendations from a health care provider in developing a Plan of Care, you can empower yourself with an expert opinion in case the team has a different opinion about your child's need for services. At any time in the process, but ideally before you even apply for the Waiver, ask your child's health care provider to request specific Waiver services in writing. The written service request should document your child's needs and specify the required services; including when the services should start, how long the services are estimated to be necessary, and the frequency and number of hours that are needed. Appendix C of this Guide (available in electronic version under "Publications" at [www.mdhcalto.org](http://www.mdhcalto.org)) is a sample service request letter for health care providers.

Take the health care provider's service request to the meeting where your child's Plan of Care is developed. Direct participation by your child's health care provider in Multidisciplinary Team meetings, even by telephone, would be optimal but written requests will also establish a child's need for services.

If your child already has an Autism Waiver Plan of Care and you want to change the Plan, you may obtain a service request from your child's health care provider and then ask your child's service coordinator for a Multidisciplinary Team meeting to revise your child's Plan of Care. You can request a meeting to amend the Plan of Care at any time.

With the exception of the school psychologist, Waiver Multidisciplinary Team members might not have the professional qualifications to make judgments about your child's needs, especially in the home. If the Multidisciplinary Team fails to follow your child's health care provider's recommendations, and you disagree with the Multidisciplinary Team's Plan of Care, you may request a hearing. Professional recommendations may carry great weight in a hearing. See Fair Hearings on page 10.

The Plan of Care must list a description of each Waiver service, the service start date, the estimated duration of the service, the frequency and hours of services, the provider and estimated cost. You are not required to identify providers: the Autism Waiver service coordinator should have a list of providers and permit you to choose from among the available providers.

If the Multidisciplinary Team refuses to approve the Waiver services your child needs or if the service coordinator cannot locate a provider for services listed in your child's Plan of Care, you may ask for a Medicaid fair hearing. See Fair Hearings on page 10.

## **Service Providers**

The Department of Health and Mental Hygiene (DHMH) is required to ensure that service providers are available to deliver both Waiver services and EPSDT services. DHMH is responsible for recruiting, locating and identifying providers. If your child cannot access either EPSDT or Waiver services because a provider is not available, you can ask for a fair hearing because of a failure to provide services with reasonable promptness. See Fair Hearings on page 10.

## **Reasonable Promptness**

Medicaid services, including both Waiver and EPSDT services, must be provided with “reasonable promptness” or within a reasonable amount of time in light of all of the circumstances. Some courts have defined “reasonable promptness” to mean within 90 days, but that time can be shorter if your child’s need for a particular service is urgent. If the services are not provided with reasonable promptness, you may file a request for a hearing on behalf of your child. See Fair Hearings on page 10.

## **Transitioning Youth**

Individuals may continue to receive Autism Waiver services until the end of the school semester that includes their twenty-first birthday. EPSDT services end on the day of the twenty-first birthday. As developmentally disabled children transition to adulthood, the school system is obligated to create a transition plan. The Developmental Disabilities Administration (DDA) is also required to provide outreach and information and facilitate eligibility procedures for DDA services to Autism Waiver participants who are transitioning to adulthood. One DDA service that could be useful to young adults with autism is the Developmentally Disabled Individuals Home and Community Based Services Medicaid Waiver, commonly called the “DD Waiver.” If your child is not already on DDA’s waiting list for services, contact your DDA regional office as soon as possible to apply to prevent a gap in services when your child turns 21. Unfortunately, DDA has a waitlist of over 8,000 people and it is still unclear how the two programs will coordinate this transition out of the Autism Waiver.

## **When Problems Arise**

When you have a problem applying for the waiver, developing a plan of care that meets your child’s needs, finding service providers or obtaining services, you may call Marjorie Shulbank, Special Initiatives and Parent Support Specialist, at the Maryland State Department of Education at 410-767-1446 for assistance in resolving the problem. If the problem persists, you may file a request for a hearing. See Fair Hearings, below.

## Fair Hearings

Although MSDE and the local school systems administer the Autism Waiver, DHMH is responsible for ensuring that the Waiver meets all legal requirements. DHMH must provide a child's family with an opportunity to request a Fair Hearing on behalf of the child if:

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

You should receive a written notice when MSDE determines that your child is no longer eligible for the Waiver **before** any services are terminated. If you believe that services were improperly terminated, you may request that services continue until your child receives a hearing. However, if the judge decides that the services were properly terminated, you may be billed for the services your child received after you received a termination notice. If you want to request that services continue until the hearing, you must request a hearing promptly **within ten (10) days** of the date of the notice and ask that the services continue until the issues are resolved at a hearing. If the services are terminated without prior notice, you should point this out in your hearing request and ask that services or Waiver enrollment be restored pending the hearing. Hearing requests should be addressed to:

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

For assistance with hearings:

1. We advise you to hire counsel to represent your child if at all possible. You may call MDLC (410-727-6352 or 1-800-233-7201) for a referral to a private attorney.
2. Subject to family income eligibility guidelines, you may also call MDLC for more information about a new project to recruit volunteer attorneys for Medicaid (including Autism Waiver) hearings.
3. Also subject to family income eligibility guidelines, you may be able to obtain free legal representation at the Legal Aid Bureau (410-539-5340 or 1-800-999-8904).
4. Sometimes university law clinics will represent children.
5. If you are unable to hire an attorney, you can represent your child at a hearing. See the rules for procedures at hearings in Title 10 of COMAR at 10.01.04 ([https://constmail.gov.state.md.us/comar/dsd\\_web/comar\\_web/comar.htm](https://constmail.gov.state.md.us/comar/dsd_web/comar_web/comar.htm).)

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

## Waiver Problems and Responses

**The guiding principle of the Autism Waiver is that an enrollee has a legal entitlement to receive all needed Waiver services and all medically necessary Medicaid/EPSDT services with reasonable promptness.** Our responses to some frequently reported problems follow:

1. **Problem:** Inability to access Waiver services on a child's Plan of Care with reasonable promptness because of a lack of enrolled providers.

**Response:** You may request a fair hearing based on the state's failure to provide Waiver services to your child with reasonable promptness. In urgent cases, be sure to request an expedited appeal. If possible, get documentation of the lack of providers in writing.

2. **Problem:** Delays in providing Intensive Individual Support Services (IISS).

**Response:** See response to No.1, above, but also consider that children who need IISS may also be eligible to receive a one-to-one therapeutic aide in the home, school, or community through EPSDT. For more information about obtaining a one-to-one therapeutic aide, go to "Publications" at [www.md1cbalto.org](http://www.md1cbalto.org).

3. **Problem:** MSDE may request that a child's application for the waiver include documentation of necessity for Waiver services.

**Response:** To establish the necessity of Waiver services and avoid delays in approval, be sure to get written requests for services from your child's health care provider before you start the application process. If MSDE disagrees with your child's health care provider about the necessity of services, you may request a fair hearing.

4. **Problem:** Is residential habilitation a covered Waiver service?

**Response:** Waiver participants whose therapeutic needs are too great to remain at home even with Intensive Individual Support Services may be entitled to receive residential habilitation services in an out-of-home therapeutic residential placement in the community. Residential habilitation services are included in Maryland's Autism Waiver and legally cannot be denied to a child who needs the service. If your child needs residential habilitation and your child's service coordinator tells you that residential habilitation is not a covered Waiver service or that the only way to get a residential placement is to admit your child to the

National Children's Center (an institution for the care of the developmentally disabled), that information is incorrect. A child enrolled in the Waiver who needs residential habilitation services should receive a choice of available Waiver providers that meet the needs of the child. You may request a hearing if services are denied.

**5. Problem:** A child needs residential habilitation but the IEP team has not approved a 24-hour program for a child's education.

**Response:** The child is still legally entitled to receive residential habilitation and may attend an appropriate community school. A child's entitlement to Waiver services is based on different legal standards from a child's entitlement to IEP services. A child who has no educational need for residential services can still have residential habilitation on a Waiver Plan of Care. If a Waiver Multidisciplinary Team or MSDE disagrees that your child needs residential habilitation, you may request a hearing. To prevail in a hearing, you should obtain a professional recommendation for residential habilitation.

**6. Problem:** Is there a monetary cap on services for each child in the Waiver?

**Response:** No. To comply with the federal requirement of "cost neutrality", the combined cost of care for all of the Autism Waiver participants must be less than the combined cost of institutional care for all of its participants, but the Waiver has set no limit on spending for any one child.

**7. Problem:** Are Autism Waiver services limited by the school calendar?

**Response:** No. Except for therapeutic integration, which is an after-school program delivered only on weekdays, other Autism Waiver Services are Medicaid services that cannot be limited to school calendars. A child can receive Autism Waiver services during the summer months even when the child will not otherwise receive extended school year services through an IEP. If a health care professional recommends needed Autism Waiver services and the services are denied, you may file a request for a hearing.

**8. Problem:** Children may be terminated from the Waiver after spending 30 or more days in a hospital or other treatment facility.

**Response:** Federal law permits Maryland to terminate Waiver eligibility in these circumstances, but children should qualify for readmission to the Waiver upon discharge. MSDE requires children to reapply for the Waiver after becoming ineligible through a prolonged hospital stay. Children should re-apply for the Waiver as soon as possible **before** they are discharged. A Plan of Care can be developed and sent to MSDE with an expected discharge date to avoid a lapse in services when a child is ready to return home. MSDE will allow an Autism Waiver participant who has become ineligible, e.g. because of hospitalization, to reenroll in their same waiver slot as long as the re-enrollment occurs before July 1, when the waiver slot terminates. If the terminated waiver participant is ineligible to re-enroll before July, they will have to go through the application process again because their slot will be made available to another child.

## **Conclusion**

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

Maryland Disability Law Center  
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**Selections from  
CODE OF MARYLAND REGULATIONS**

For full regulations see [https://constmail.gov.state.md.us/comar/dsd\\_web/comar\\_web/comar.htm](https://constmail.gov.state.md.us/comar/dsd_web/comar_web/comar.htm)

**AUTISM WAIVER SERVICES**

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

**For all services, see Limitations (10.09.56.21) on Page 23**

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**10.09.56.11**

**.11 Covered Services— Residential Habilitation Services**

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

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

B. The residential habilitation program shall:

- (1) Provide community-based, intensive residential placements for participants who cannot live at home at the present time because they require highly supervised and supportive environments;
- (2) Provide a home-like, safe, 24-hour, therapeutic living environment of treatment, intervention, training, supportive care, and oversight;
- (3) Be designed to assist Autism Waiver participants in acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings;

- (4) Work closely with the participant's service coordinator to provide transition services for each participant in placement to allow, as appropriate, for the:
    - (a) Participant's eventual return to the family (natural, adoptive, or surrogate); or
    - (b) Participant to acquire the skills and resources for group or independent living; and
  - (5) Coordinate with the participant's providers of Autism Waiver, clinical treatment, educational, health, and medical services.
- C. A participant's placement in residential habilitation services shall be:
- (1) Preauthorized by the multidisciplinary team;
  - (2) Approved by the jurisdiction's local coordinating council for children's multiagency services, as required by Education Article, §8-406, Annotated Code of Maryland; and
  - (3) Reviewed by the multidisciplinary team at least annually.
- D. Residential habilitation services shall be received in facilities located in the State which are:
- (1) Licensed group homes;
  - (2) Licensed alternative living units; or
  - (3) Community-based residential facilities approved by the State Department of Education for special education services.
- E. Intensity Levels.
- (1) Residential habilitation services are provided and reimbursed at a regular or intensive level for a participant.
  - (2) To be approved by the multidisciplinary team for the intensive level of residential habilitation services, the participant must need:
    - (a) Awake overnight staffing; or
    - (b) One-on-one staffing.
- F. Services.
- (1) A residential habilitation program shall provide all of the services listed in §F(2)—(12) of this regulation, as necessary for the participant.
  - (2) Habilitation. The residential rehabilitation program shall provide training to assist a participant to acquire, retain, or improve skills in a wide variety of areas that directly affect the ability to reside as independently as possible.
  - (3) Behavior Shaping and Management. The residential rehabilitation program shall train, supervise, and assist the participant, which may include psychiatric or psychological interventions, in appropriate communication and expression of emotions and desires, compliance, assertiveness, acquisition of socially appropriate behaviors, and reduction of inappropriate behaviors.
  - (4) Daily Living Skills. The residential rehabilitation program shall train or assist the participant in dressing, personal hygiene, self-administration of medications, proper use of appliances and adaptive or assistive devices, home safety, first aid, and emergency procedures.
  - (5) Self-Direction. The residential rehabilitation program shall train the participant in identifying and responding to dangerous or threatening situations, making decisions and choices affecting the participant's life, and initiating changes in living arrangements or life activities.
  - (6) Functional Living Skills Training. The residential rehabilitation program shall train the participant in self-reliance, money management, and money handling and purchases.
  - (7) Socialization. The residential rehabilitation program shall train, supervise, or assist the participant to facilitate the participant's involvement in general community activities and establishment of relationships with peers, which may:
    - (a) Not include participation in activities which are solely diversional or recreational in nature; and

- (b) Include:
  - (i) Assisting the participant with learning and practicing skills of cooperation and participation;
  - (ii) Assisting the participant to identify and participate in activities of interest; and
  - (iii) Providing specific training activities necessary to assist the participant to participate in activities of interest on an ongoing basis.
- (8) Mobility. The residential rehabilitation program shall train, supervise, and assist the participant to:
  - (a) Enhance movement within the participant's living, working, or education environment;
  - (b) Master the use of adaptive aids and equipment; and
  - (c) Access and use public transportation, independent travel, or other movement within the community.
- (9) Transportation. The residential rehabilitation program shall provide transportation for the participant to recreation, leisure activities, or skills training.
- (10) Crisis Intervention and Planning. The residential rehabilitation program shall include:
  - (a) Planning for crises in the participant's residential habilitation placement; and
  - (b) Making the necessary behavioral or environmental interventions to stabilize and preserve the participant's residential habilitation placement, or resolve an intensive behavioral episode.
- (11) Medication Management, Monitoring, and Training. The residential rehabilitation program shall provide, as needed and appropriate, medication management, monitoring, and training in accordance with the Maryland Nurse Practice Act and COMAR 10.27.11.
- (12) Transition Services. The residential rehabilitation program shall provide training and experiential learning activities for a participant in a residential habilitation placement, which:
  - (a) Assist with developing discharge planning goals for the participant;
  - (b) Assist the participant in making the transition to home, the next planned placement, or independent living;
  - (c) Are responsive to the participant's individualized developmental and behavioral needs; and
  - (d) Promote self-reliance and age-appropriate behavior.

**10.09.56.12**

**.12 Covered Services—Day Habilitation Services—General.**

- A. The Program under Regulations .12—.15 of this chapter does not cover:
  - (1) Any Medicaid State Plan services which are provided by medical professionals employed by or under contract with the day habilitation provider; and
  - (2) Transportation between a participant's residence and the site for regular day habilitation services or therapeutic integration services.
- B. The following three forms of day habilitation are covered:
  - (1) Regular or intensive day habilitation services;
  - (2) Therapeutic integration services as an after-school or extended day program; and
  - (3) Intensive individual support services.
- C. Site of Service.
  - (1) Regular day habilitation and therapeutic integration services shall be provided at a nonresidential setting separate from the home or facility where the participant lives.
  - (2) Intensive individual support services for a participant shall be provided in the participant's home or any other setting, except for a residential or day habilitation facility.

### **10.09.56.13**

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

- A. The Program under this regulation does not cover all of the following:
- (1) Recreational activities which are not related to specific therapeutic goals or are solely diversional;
  - (2) Services which are solely educational; and
  - (3) Transportation and school-based, health-related services covered as State Plan services under COMAR 10.09.25 or 10.09.50, although transportation to and from the center may be provided by the local school system or day habilitation provider.
- B. Day habilitation services under this regulation:
- (1) Help participants to develop and retain their capacity for independence, self-care, and social functioning;
  - (2) Assist participants with acquiring, retaining, or improving their self-help, socialization, and adaptive skills;
  - (3) Focus on enabling participants to attain or maintain an appropriate functional level;
  - (4) Are coordinated with any physical, occupational, speech, or other therapies covered through the participant's IEP or IFSP;
  - (5) May reinforce skills taught to participants in therapy or other settings;
  - (6) Are coordinated through a program of objectives designed to achieve goals related to the participant's community placement; and
  - (7) Are designed to meet participants' treatment needs and assure their health and safety.
- C. Intensity Levels.
- (1) Day habilitation services are provided and reimbursed at a regular or intensive level for a participant.
  - (2) To be approved by the multidisciplinary team for the intensive level of day habilitation services, the participant must need one-on-one staffing in addition to the regular day habilitation staffing.
- D. Schedule.
- (1) Services shall be provided on a regularly scheduled basis.
  - (2) Services are furnished an average of 4 hours per day, 5 days per week.
  - (3) The program may be offered during the school year, summer, or year-round.
- E. Activities.
- (1) A day habilitation program shall supervise, train, and assist participants in developmental activities for acquiring daily living skills, including those listed in §E(2)—(17) of this regulation, as necessary for the participant.
  - (2) Habilitation. The day habilitation program shall provide training to assist the participant to acquire, retain, or improve skills in a wide variety of areas that directly affect the participant's ability to reside as independently as possible.
  - (3) Attending. The day habilitation program shall provide training, supervision, or assistance to introduce participants to a structured environment, including learning to attend to a task, environmental safety, simulated activities, and social expectations.
  - (4) Personal Care. The day habilitation program shall provide training, supervision, or assistance for a participant in dressing, eating, bathing, toileting, grooming, and other activities designed for attaining independence and maintaining good health.
  - (5) Behavior Shaping and Management. The day habilitation program shall provide training, supervision, and assistance, which may include psychiatric or psychological interventions, in acquisition of socially appropriate behaviors and reduction of inappropriate behaviors, appropriate communication and expression of emotions and desires, compliance, and

assertiveness.

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

- (a) Making their wants, needs, and desires known to those around them; and
- (b) Understanding other individuals' expectations of them.

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

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

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

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

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

- (a) Generally designed to enhance participants' physical or emotional well-being and increase their physical tolerance for full-time programming;
- (b) Included in the participant's Autism Waiver plan of care;
- (c) Related to specific therapeutic goals; and
- (d) Not solely diversional in nature.

(12) Mobility. The day habilitation program shall provide training, supervision, or assistance to participants to enhance movement within their living, working, and education environments, including public transportation, independent travel, or other movement within the community.

(13) Self-Direction. The day habilitation program shall provide training to participants to identify dangerous situations and make choices and decisions.

(14) Survival Skills. The day habilitation program shall provide training, supervision, or assistance in home and street safety, which may include:

- (a) Proper use of appliances and equipment;
- (b) Use of the telephone and dialing emergency numbers;
- (c) Emergency evacuation procedures in a home or public building;
- (d) Dealing with injuries;
- (e) Use of a fire extinguisher;
- (f) Knowing, stating, or communicating one's name, address, and telephone number;
- (g) Identification of survival words and signs; and
- (h) Telling time.

(15) Utilization of Money. The day habilitation program shall increase or make possible participants' independence in community settings or minimally supervised settings, such as riding a bus, by providing training, supervision, or assistance to participants in:

- (a) Handling and counting money;
- (b) Identifying coins for vending machines and pay telephones;
- (c) Paying bills; and
- (d) Purchasing personal care items, clothing, or recreational items.

(16) Crisis Intervention and Planning. The day habilitation program shall include:

- (a) Planning for crises in the participant's day habilitation placement; and

(b) Making the necessary behavioral or environmental interventions to stabilize and preserve the participant's day habilitation placement or resolve an intensive behavioral episode.

(17) Medication Management, Monitoring, and Training. The day habilitation program shall provide medication management, monitoring, and training as needed and appropriate, in accordance with the Maryland Nurse Practice Act and COMAR 10.27.11.

F. The day habilitation provider shall provide or coordinate with the:

- (1) School-based, health-related services prescribed in the participant's IFSP or IEP; and
- (2) Participant's educational program, in accordance with COMAR 13A.05.01.

#### **10.09.56.14**

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

Therapeutic integration services under this regulation:

- A. Are available as a structured after-school or extended day program, lasting about 4 hours, for participants identified by the multidisciplinary team as needing these extended hours in their day habilitation program;
- B. Are not available as a weekend program or summer camp;
- C. Focus on expressive therapies and therapeutic recreational activities;
- D. Include as important components the development of socialization skills, enhancement of self-esteem, and behavior management;
- E. Are especially needed for participants who have problems with socialization, isolation, hyperactivity, impulse control, and behavioral or other related disorders;
- F. Are not solely educational or recreational in nature, but have a therapeutic, habilitative orientation;
- G. Shall be culturally competent and congruent with the participant's cultural norms;
- H. May include individual or group counseling;
- I. May provide transportation services, which are not included in the Medicaid reimbursement rate under this chapter;
- J. Shall assure coordination with the participant's other service providers, service coordinator, and multidisciplinary team;
- K. Shall be guided by the participant's Autism Waiver plan of care; and
- L. Shall provide:
  - (1) General therapeutic and therapeutic recreational services;
  - (2) Behavioral management;
  - (3) Planning for crises with the participant during a session;
  - (4) Socialization groups; and
  - (5) One or more of art, music, dance, or activity therapies, as appropriate for participants.

#### **10.09.56.15**

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

A. Intensive individual support services:

- (1) Provide intensive, one-on-one interventions with the participant by a technician who is an instructional technician, therapeutic aide, bus aide, or interpreter;
- (2) May be received by the participant on a long-term basis;
- (3) Are authorized in the participant's Autism Waiver plan of care if the participant's behavior without this intervention would require a more restrictive residential or treatment setting;
- (4) May be received in the home, school bus, emergency room, or any other community setting except a residential or day habilitation facility;

- (5) Shall be available 24 hours a day, 7 days a week as approved in the participant's Autism Waiver plan of care, if necessary for short-term or crisis intervention;
- (6) May be provided by more than one technician during a 24-hour period, necessitating ongoing coordination between the technicians;
- (7) Are goal-oriented and task-oriented, with interventions developed on an individualized basis based on the participant's Autism Waiver plan of care;
- (8) Use the home and community environment as a learning experience and opportunity to illustrate and model alternative ways for the participant to behave;
- (9) Assist the participant in achieving successful home and community living through structured support, reinforcement, modeling, and behavior management;
- (10) Include providing transportation and accompanying the participant to non-Medicaid services, as necessary and consistent with the Autism Waiver plan of care;
- (11) Are intended to:
  - (a) Prevent or defuse crises;
  - (b) Promote developmental and social skills growth;
  - (c) Provide the participant with behavior management skills;
  - (d) Give the participant a sense of security and safety;
  - (e) Assist the participant with maintaining self-sufficiency and impulse control;
  - (f) Improve the participant's positive self-expression and interpersonal communication;
  - (g) Improve the participant's ability to function and cooperate in the home and community;
  - (h) Reverse negative behaviors and attitudes; and
  - (i) Foster stabilization; and
- (12) Include:
  - (a) One-on-one support, assistance, oversight, and intervention;
  - (b) Time-structuring activities;
  - (c) Immediate behavioral reinforcements;
  - (d) Time-out strategies; and
  - (e) Crisis intervention techniques.

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

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

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

#### **10.09.56.16**

##### **.16 Covered Services—Respite Care.**

A. Respite care shall:

- (1) Consist of intensive, one-on-one interventions with the participant;
- (2) Be rendered by a qualified:
  - (a) Licensed or certified professional; or

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

B. Respite care may not:

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

**10.09.56.17**

**.17 Covered Services—Family Training.**

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

B. An Autism Waiver participant's family:

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

C. Services.

- (1) An Autism Waiver participant's family shall receive individualized, hands-on training in providing the habilitation services listed in §C(2)—(8) of this regulation, as necessary for the participant.
- (2) Habilitation. The Autism Waiver participant's family shall receive training to assist the participant to acquire, retain, or improve skills in a wide variety of areas that directly affect the participant's development and ability to reside as independently as possible, including communication skills.
- (3) Self-Direction. The Autism Waiver participant's family shall receive training to assist the participant in:
  - (a) Identifying and responding to dangerous or threatening situations;
  - (b) Making decisions and choices affecting the participant's life; and
  - (c) Initiating changes in living arrangements or life activities, as appropriate.
- (4) Behavior Shaping and Management. The Autism Waiver participant's family shall receive training to assist the participant with appropriate expression of emotions and desires, compliance, assertiveness, acquisition of socially appropriate behaviors, and the reduction of inappropriate behaviors.
- (5) Daily Living Skills. The Autism Waiver participant's family shall receive training to assist the participant, as appropriate, in:
  - (a) Dressing;
  - (b) Eating;
  - (c) Personal hygiene;
  - (d) Self-administration of medications;
  - (e) Proper use of appliances and adaptive or assistive devices;
  - (f) Home safety;
  - (g) First aid; and
  - (h) Emergency procedures.

- (6) Socialization. The Autism Waiver participant's family shall receive training which facilitates the participant's involvement in family and community activities and establishing relationships with siblings and peers, which may include:
  - (a) Assisting the participant to identify activities of interest;
  - (b) Arranging for participation in those activities; and
  - (c) Identifying specific training activities necessary to assist the participant's involvement in those activities on an ongoing basis.
- (7) Mobility. The Autism Waiver participant's family shall receive training to assist the participant with:
  - (a) Enhancing movement within the participant's living arrangement;
  - (b) Mastering the use of adaptive aids and equipment; and
  - (c) Accessing and using public transportation, independent travel, or other movement within the community.
- (8) Money Management. The Autism Waiver participant's family shall receive training to assist the participant with:
  - (a) Handling personal finances;
  - (b) Making purchases; and
  - (c) Meeting personal financial obligations.

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

**10.09.56.18**

**.18 Covered Services—Environmental Accessibility Adaptations.**

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

- (1) Prevent the participant's institutionalization;
- (2) Assure:
  - (a) The participant's health, welfare, and safety; and
  - (b) A safe, therapeutic environment;
  - (c) Prevent the participant's self-injurious behavior; and
  - (d) Enable the participant to function with greater independence in the home.

B. Environmental accessibility adaptations include:

- (1) Alarms or locks on doors, windows, or fences;
- (2) Protective padding on walls or floors;
- (3) Plexiglass on windows;
- (4) Outside gates and fences;
- (5) Brackets for appliances;
- (6) Raised electrical switches and sockets; and
- (7) Safety screen doors.

C. The environmental accessibility adaptations shall be preauthorized in the participant's Autism Waiver plan of care and by the State Department of Education.

D. All construction shall:

- (1) Be provided in accordance with applicable State or local building codes; and
- (2) Pass the required inspections.

E. Window locks may only be used if there is no other way to prevent a participant's rapid movement into a potentially dangerous situation.

F. With the added safety precautions, it shall be assured that the house has enough exits, so there are not fire or safety concerns.

- G. Several rooms may be secured, but not the whole house.
- H. As appropriate, the adaptations shall be approved by the fire department or fire marshal as meeting the fire safety requirements.
- I. This service is not covered for facilities where residential habilitation services are delivered.
- J. Excluded are those adaptations or improvements to the home, such as carpeting, roof repair, and central air conditioning, which:
  - (1) Are of general utility;
  - (2) Are not of direct medical or remedial benefit to the participant; or
  - (3) Add to the home's total square footage.

#### **10.09.56.19**

##### **.19 Covered Services—Supported Employment Services.**

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

**10.09.56.21**

**.21 Limitations.**

- A. Reimbursement may be made by the Program only when all of the requirements of this chapter are met.
- B. Residential habilitation services may not be reimbursed for the same date of service as intensive individual support services or respite care.
- C. The services of regular day habilitation, intensive day habilitation, therapeutic integration services, intensive individual support services, and supported employment under this chapter and school health-related services under COMAR 10.09.50 may not be reimbursed for the same period of the same day.
- D. Environmental accessibility adaptations may be reimbursed only if preauthorized by the State Department of Education.
- E. If an environmental accessibility adaptation is anticipated to cost over \$500, at least two bids or prices shall be obtained, based on which the State Department of Education may approve the purchase.
- F. The Program may reimburse for a participant not more than:
  - (1) One unit per date of service for residential habilitation services at either the regular or intensive level;
  - (2) 12 units per date of service for regular and intensive day habilitation services, combined;
  - (3) Two units of supported employment services for a date of service;
  - (4) One unit of therapeutic integration services for a date of service;
  - (5) 16 hours of intensive individual support services for a date of service;
  - (6) 24 hours of respite care for a date of service;
  - (7) 168 hours of respite care for a 12-month period;
  - (8) Six units of family training for a date of service;
  - (9) 60 units of family training for a 12-month period; and
  - (10) A total of \$1,500 for environmental accessibility adaptations over a 36-month period.

## MANDATORY EPSDT SERVICES

The following services are listed in the Social Security Act, Section 1905(a), 42 U.S.C. 1396d

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

## Sample Autism Waiver Service Request

### Instructions for health care providers:

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

[Date]  
[Name] \_\_\_\_\_, Autism Waiver Facilitator  
[Address]

Via facsimile to: [fax number]

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

Dear \_\_\_\_\_ :

I am writing to request services for \_\_\_\_\_ [child's name] \_\_\_\_\_, a Medical Assistance beneficiary and Autism Waiver participant. \_\_\_\_\_ [child's name] \_\_\_\_\_ is \_\_\_\_\_ years old and has a diagnosis of \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_. She/he has a significant history of \_\_\_\_\_ behaviors and requires intensive supports and services designed to address her/his needs.

*[Provide a summary of recent treatment here, including any relevant hospitalizations].*

Diagnosis:  
Axis I: \_\_\_\_\_  
Axis II: \_\_\_\_\_  
Axis III: \_\_\_\_\_  
Axis IV: \_\_\_\_\_  
Axis V: \_\_\_\_\_  
Current GAF: \_\_\_\_\_

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

**1. Therapeutic Integration** for \_\_\_\_\_ hours per day; \_\_\_\_\_ days per week *[2-4 hours per day, school days only]*. This service should be provided for a minimum of \_\_\_\_\_ months.

Therapeutic integration services are medically necessary because \_\_\_\_\_.

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

- General therapeutic and therapeutic recreational services;
- Behavioral management;
- Planning for crises during a session;

Socialization groups; and  
One or more of art, music, dance, or activity therapies, as appropriate.

**2. Intensive Individual Support Services (IISS)** for \_\_\_ hours per day [*no more than 30 hours/week*]; \_\_\_ days per week. This service should be provided for a minimum of \_\_\_ months. [*If desired*: The IISS provider should be trained in the applied behavior analysis (ABA) method of behavior intervention, also known as the Lovaas method; the discrete trial method (DT); or intensive behavior intervention (IBI).]

IISS services are medically necessary because without this intervention, \_\_\_[*child's name*]\_\_\_ would require a more restrictive residential or treatment setting.

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

- Using the home and community environment as a learning experience and opportunity to illustrate and model alternative ways to behave;
- Assisting in achieving successful home and community living through structured support, reinforcement, modeling, and behavior management;
- Providing accompanied transportation to non-Medicaid services, as necessary and consistent with the Autism Waiver plan of care;
- Prevent or defuse crises;
- Promote developmental and social skills growth;
- Provide behavior management skills;
- Provide a sense of security and safety;
- Assist with maintaining self-sufficiency and impulse control;
- Improving positive self-expression and interpersonal communication;
- Improving the ability to function and cooperate in the home and community;
- Reverse negative behaviors and attitudes; and
- Foster stabilization.

**3. Respite Care** as needed for \_\_\_ hours per day; \_\_\_ days per week. This service should be provided for a minimum of \_\_\_ months [*this service cannot be provided for more than 168 hours/year*].

Respite services are medically necessary to provide intensive, one-on-one interventions during the absence of or need for relief of \_\_\_[*child's name*]\_\_\_ family that normally provides the care.

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

**4. Family Training** for [*no more than 6*] \_\_\_ hours per day; \_\_\_ days per week. This service should be provided for a minimum of \_\_\_ months [*no more than 60 hours/year*].

Family training is medically necessary because \_\_\_\_\_.

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

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

**5. Environmental Accessibility Adaptations to \_\_\_\_\_.**

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

- Alarms or locks on doors, windows, or fences;
- Protective padding on walls or floors;
- Plexiglass on windows;
- Outside gates and fences;
- Brackets for appliances;
- Raised electrical switches and sockets; and
- Safety screen doors.

**6. Supported Employment.**

Supported employment services are medically necessary because \_\_\_\_\_ *[child's name]* \_\_\_\_\_ needs intensive ongoing support to perform in a work setting as a result of his/her disability.

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

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

- Habilitation;

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

*[If needed]* At the intensive level with awake overnight staffing and/or one-one-one staffing is necessary;

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

Sincerely,

\_\_\_\_\_, [M.D.; Ph.D.; L.C.S.W.-C or other licensed health care provider]

## Sample Autism Waiver Hearing Request

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

Via US Mail and Facsimile to: 410-333-5185

**[DATE]**

Department of Health and Mental Hygiene  
Office of Health Services  
Attention: Appeals  
201 West Preston Street; 1<sup>st</sup> Floor  
Baltimore, Maryland 21201

RE: **[Child's Name]**  
**[D.O.B.]**  
**[Medical Assistance no.]**  
**[If applicable, include "This is a request for an expedited hearing."]**

Dear Sir/Madam:

I am writing on behalf of my child, **\_\_\_[child's name]\_\_\_**, a Medicaid recipient, who resides at **\_\_\_[full address, including ZIP code]\_\_\_**. Pursuant to COMAR 10.01.04.02 (B) and (C), and 10.09.56.26, I request a(n **expedited**) fair hearing to appeal the **\_\_\_[Choose as appropriate from the following list]\_\_\_**

*\*Termination/denial/delay of **\_\_\_[service]\_\_\_**.*

*\*Delay in a decision on **\_\_\_[child's name]\_\_\_**'s eligibility for the waiver.*

*\*Refusal of the waiver team to include a health care professional's recommendations on **\_\_\_[child's name]\_\_\_**'s a Plan of Care.*

*\*Wrongful termination from the waiver.*

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

**[Name of treating health care professional]\_\_\_**, **\_\_\_[child's name]\_\_\_**'s treating

health care professional, made the enclosed request for care from the Autism Waiver/Maryland Medical Assistance Program on \_\_\_\_ **[month, day, and year]** \_\_\_\_.  
Enclosed is a copy of \_\_\_\_ **[child's name]** \_\_\_\_'s Autism Waiver plan of care dated \_\_\_\_ **[month, day, and year]** \_\_\_\_ which includes the following services: \_\_\_\_\_.

**[If applicable:]** I am requesting an expedited hearing and decision because \_\_\_\_\_ **[explain urgent need]** \_\_\_\_\_.

**[If you file this request within 10 days of receiving notice, you may add the sentence below when services or Medical Assistance have been terminated. However, note that if you request for services to be reinstated and the administrative law judge decides at the hearing that the services were properly terminated because your child was no longer eligible for them, the State may request that you reimburse it for the cost of the continued services.]**

Pursuant to COMAR 10.01.04.10(B)(3)(a) I also request that services to \_\_\_\_\_ **[child's name]** \_\_\_\_ be reinstated and continued until a decision is rendered after a hearing.

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

Sincerely,

**[Your name]**

**[Your address]**

**[Your phone number]**

Encl: Request for services from \_\_\_\_\_ **[Name of health care professional]** \_\_\_\_  
Autism Waiver Plan of Care

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