

Weekly Education Call – The Autism Waiver

Last week Percy led an overview of the HCBS Waiver Programs. Beginning today we will be covering one Home and Community Based (HCBS) waiver per week for the next 7 weeks. Today we will be looking at the Autism (AU) Waiver.

Who does the AU Waiver serve?

Children with an appropriate diagnosis will be able to apply for the Autism Program until their sixth birthday. Services are provided to children diagnosed with:

- Autism
- Asperger's Syndrome
- Pervasive Developmental Disorder – Not Otherwise Specified

The Autism services are limited to three years*:

The Program will provide opportunities for children with Autism to receive intensive early intervention treatment and their primary caregivers to receive needed support through respite services. In addition, the program will greatly benefit children with Autism and their families through family adjustment counseling and parent support and training.

*An additional year of service is available in some cases based upon a review process.

*Respite care - temporary care that relieves primary caregivers from their caregiving responsibilities. Respite care can be an informal arrangement provided by a friend, neighbor or relative or a formal arrangement provided by a trained individual; caregivers can also choose between in-home respite and out-of-home respite options.

To be eligible for a Waiver, one must be determined:

1. Eligible for the specific waiver program.
2. Functionally eligible (you must qualify for long-term care via functional assessment)
3. Financially eligible - The State of Kansas uses the KanCare program to provide Medicaid. All Home and Community Based Services (HCBS) Waivers are a part of KanCare, so waiver applicants must be eligible for KanCare/Kansas Medicaid.

AU Waiver Eligibility and Assessments:

1. AU Waiver Program Application: Applicants must meet the specific waiver program requirements. For the AU Waiver, there is a one page application that must be completed and submitted.

a) Section 1 requests basic information about the child and family.

Section 1: Child and Family Information	
Child's Name: _____	
Child's Date of Birth: _____	Child's SSN: _____
Parent/Guardian: _____	Parent/Guardian is Active Military: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____	City: _____ Zip: _____
Phone Number: _____	Medicaid ID Number (if applicable): _____

b) Section 2 includes two components. The first part requires you to indicate which Autism screening tool was used in your child's diagnosis. The second part asks for diagnosis documentation. Required at this point: (1) Signature of licensed Medical Doctor of Ph.D. Psychologists and (2) Documentation of which approved Autism screening tools were used. (3) The "Documentation of Autism Spectrum diagnosis does is not yet required. It will be required when a child is offered a potential position on the waiver program.

Section 2: Autism Spectrum Disorder Information			
Documentation of Autism Spectrum diagnosis or a signature of a licensed Medical Doctor or Ph.D. Psychologist must be included at the time the application is submitted.			
Please indicate with a check mark if any or all of the following is included with this application:			
<input type="checkbox"/>	Documentation of Autism Spectrum diagnosis is attached.		
<input type="checkbox"/>	Signature of licensed Medical Doctor of Ph.D. Psychologists		
Documentation was made with the aid of the following approved Autism screening tool:			
<input type="checkbox"/>	Childhood Autism Rating Scale (CARS)	<input type="checkbox"/>	Gilliam Autism Rating Scale (GARS)
<input type="checkbox"/>	Autism Spectrum Diagnostic Observation Scale (ADOS)	<input type="checkbox"/>	Autism Spectrum Diagnostic Interview-Revised (ADI)
<input type="checkbox"/>	Asperger Syndrome Diagnostic Scale (ASDS)	<input type="checkbox"/>	Other (please specify below)
If other please specify here: _____			

2. If a child meets the criteria for the HCBS Autism Program (via the one page application described above), the child will receive a letter from the Autism Program Manager informing them they have been placed on the Proposed Recipient List and their numerical position on the list.
3. When a position on the Program becomes available the Program Manager will contact the family to offer them the potential position.
 - a) The “Documentation of Autism Spectrum diagnosis” must be provided at this time.
4. It is after the family has been offered the potential position on the waiver that they must have a functional assessment or “point of entry eligibility assessment.”

Once a child has been referred by the Program Manager for assessment, the Functional Eligibility Specialist has 5 working days to schedule a home visit and complete the functional eligibility assessment to determine if the child meets the established criteria.

5. A recipient must also be found financially eligible for KanCare services. If not already a KanCare consumer, they must complete and submit a KanCare application (before or after the functional assessment).
 - a) **Recommended:** If the child meets the functional assessment criteria, the Functional Eligibility Specialist will assist the family in completing the Medicaid application. Note: If the child has been offered a position on the AU Waiver recipient list, KanCare will only look at the child’s income rather than the whole family’s income.
 - b) **Not recommended:** If applying *before* the functional assessment, go to www.ApplyForKanCare.ks.gov to access the **Medical Assistance for the Elderly and Persons with Disabilities** application; check the “**HCBS**” box on page 3 (indicates you would like waiver services).

Explanation: Checking the “HCBS” box that indicates you would like waiver services could cause further wait times. If a family decides to apply for Medicaid before they have met the criteria for the program via the (1) Au Waiver Program Application and (2) Functional Assessment, they should just apply for regular Medicaid rather than checking the HCBS box. Why? If a family chooses the HCBS box before they are offered a spot on the waiver, the application will not be processed or will be denied. The family is more than welcome to apply for regular Medicaid for the entire family. The HCBS specific Medicaid will only cover the child and only be available after eligibility has been determined.

The Single “Point of Entry” for Autism Waiver is the KVC (KVC Health Systems).

The single “point of entry” that completes each functional assessment varies depends on which waiver is being applied for. KVC is the single point of entry for the Autism Waiver.

Name	Autism
Program Access	Point of Entry(KDADS or KVC) Eligibility Assessment by KVC Program Eligibility Finalized by Program Manager Waiting List Yes

More about KVC:

KVC –KVC Health Systems (formerly Kaw Valley Center, Wyandotte House), headquartered in the greater Kansas City area, is a private, nonprofit child welfare and behavioral healthcare organization.

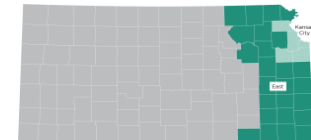
KVC is committed to its mission of enriching and enhancing the lives of children and families by providing medical and behavioral healthcare, social services, and education. In its 46-year history, it has grown from a single home founded by volunteers to help at-risk boys to a comprehensive organization touching the lives of over 60,000 children and families each year.

The diverse continuum of services KVC offers includes in-home support to keep families together, foster care, adoption, outpatient behavioral healthcare, youth substance abuse treatment, and psychiatric hospitals.

KVC Health Systems is the parent organization of subsidiaries including: **KVC Kansas**, KVC Hospitals, KVC Nebraska, KVC Kentucky, KVC West Virginia. Together, these divisions employ more than 1,400 passionate employees based at 34 locations.



KVC Kansas: KVC Kansas (KVC Behavioral Healthcare, Inc.) represents one of the strongest and broadest child welfare and behavioral healthcare continuums in the nation. They are responsible for the care of all children served by the Kansas Department for Children and Families' Kansas City Metro and Eastern Regions, which includes 30 counties and more than half of all children in the child welfare system.



KVC also works to transform the experience of childhood for all children in the U.S. and abroad through its KVC Institute for Health Systems Innovation. The KVC Institute offers consultation and training, conducts research and much more.

The Annie E. Casey Foundation has identified KVC as a one of only four national best-practice organizations in child welfare due to its use of evidence-based practices to achieve strong outcomes. KVC is also accredited by The Joint Commission, a seal which is considered the gold standard in healthcare.

Proposed Recipient List for the AU Waiver:

The AU Waiver has a capacity to serve 65 recipients. There are currently 280 on the proposed recipient list waiting for a position.

AU Waiver Program Manager Contact Information:

To receive additional information about the HCBS Autism program please contact the Autism Program Manager Sam Philbern can be reached in the following ways:

- Email: Samuel.Philbern@ks.gov
- Phone: (785) 296-6843
- Fax: (785) 296-0256
- Mail: Kansas Department for Aging and Disability Services
New England Building
503 S. Kansas Ave.
Topeka, KS 66603-3404

Answers to Autism Waiver Presentation Questions

1. When someone ages out of the Autism Waiver, what happens? Do they have to apply for IDD? Is it automatic?

- There is no automatic transfer from one waiver to the next. A child aging out of the AU Waiver would have to apply and meet all eligibility requirements to get on the IDD Waiver.
- Currently, when a child gets close aging out of the AU Waiver, the Autism specialist (eventually: MCO Managed Care Coordinator) helps family apply for new waiver.
- If they are found eligible for the IDD Waiver *and* have met their AU Waiver service requirements (must have completed all three years of the AU Waiver Program or found to be no longer appropriate for the program) they can transition to the IDD Waiver without going onto the wait list.

2. Does the waiting list have anything to do with their eligibility?

- Being on the Proposed Recipient List/Waiting List has nothing to do with Medicaid eligibility.
- If the Autism Program Manager has informed them they have been placed on the Proposed Recipient List and given them their numerical position on the list, the family can go ahead and apply for Medicaid, but the state will look at the entire family's income.
- It is only once an opening has become available on the list (their number is up; it's their turn) that they can apply for Medicaid and the state will only look at the child's income.

3. If there are 280 people on the Proposed Recipient List, realistically, if you are number 280, how long of a wait is that?

- It varies. It could be as much as 2-3 years. It really depends on the children that are on the program before they are added to the proposed recipient list.

Instructions for Parents/Guardian

Please fully complete the attached one page form to begin the process of applying for the Autism Waiver program.

Step 1. Section 1 requests basic information about your child and family. Personal information will be protected according to HIPPA guidelines. Please provide your child's name, date of birth, social security number (or SSN), your name as the parent or guardian, your address, a phone number by which you can be reached, and if applicable a Medicaid Identification Number. **It is the responsibility of the parent to update their contact information with KDADS if it changes after submission of the application. They can do this by contacting the Program Manager.**

Step 2. Section 2 includes two components. The first part requires you to indicate with a check mark which Autism screening tool was used in your child's diagnosis. Please check all that apply and if the screening tool is not listed, please specify which tool was used. The second part is a check list of needed items to accompany this application. Please check next to "Documentation of Autism diagnosis is attached" if you have enclosed diagnosis documentation. Please check the "Signature of licensed Medical Doctor or Ph.D. Psychologists" if a Medical Doctor or Ph.D. Psychologist has read, signed and dated the statement provided at the bottom of section 2.

Step 3.

The form must be completed in its entirety to be eligible. The fully completed application can be submitted three ways.

- 1) Faxed to KDADS, at 785-296-0256
- 2) Hand delivered to a local DCF office
- 3) Mailed to the New England Building:
Attention: KDADS Autism Program Manager
503 S. Kansas Avenue
Topeka, KS 66603-3404

What Happens Next?

If a child meets the criteria for the HCBS Autism Waiver, the child will receive a letter from the Autism Program Manager informing them they have been placed on the Proposed Waiver Recipient List and their numerical position on the list. When a position on the waiver becomes available the Program Manager will contact the family to offer them the potential position.

Once a child has been referred by the Program Manager for assessment, the Functional Eligibility Specialist has 5 working days to schedule a home visit and complete the functional eligibility assessment to determine if the child meets the established criteria. If the child meets the criteria, the Functional Eligibility Specialist will assist the family in completing the Medicaid application (if necessary) and refer to an Autism Specialist. The Autism Specialist has 5 working days to contact the family to begin the development of the Individualized Behavioral Plan/Plan of Care.

Section 1: Child and Family Information

Child's Name: _____

Child's Date of Birth: _____ Child's SSN: _____

Parent/Guardian: _____ Parent/Guardian is Active Military: Yes No

Address: _____ City: _____ Zip: _____

Phone Number: _____ Medicaid ID Number (if applicable): _____

Section 2: Autism Spectrum Disorder Information

Documentation of Autism Spectrum diagnosis or a signature of a licensed Medical Doctor or Ph.D. Psychologist must be included at the time the application is submitted.

Please indicate with a check mark if any or all of the following is included with this application:

- Documentation of Autism Spectrum diagnosis is attached.
- Signature of licensed Medical Doctor or Ph.D. Psychologists

Documentation was made with the aid of the following approved Autism screening tool:

- Childhood Autism Rating Scale (CARS)
- Autism Spectrum Diagnostic Observation Scale (ADOS)
- Asperger Syndrome Diagnostic Scale (ASDS)
- Gilliam Autism Rating Scale (GARS)
- Autism Spectrum Diagnostic Interview-Revised (ADI)
- Other (please specify below)

If other please specify here: _____

This application may be submitted in one of the three following ways:

- 4) Faxed to KDADS, at 785-296-0256
- 5) Hand delivered to a local DCF office
- 6) Mailed to the New England Building:
Attention: KDADS Autism Program Manager
503 S. Kansas Avenue
Topeka, KS 66603-3404

Please note that the DCF Regional Office must affix a time/date stamp immediately upon receipt

I have made a diagnosis of an Autism Spectrum Disorder for (child's name)

Signature of Doctor

Printed Name of Doctor

Date

Please list a phone number where the above doctor can be reached:
