BAS Adult Autism Programs
Overview
Many people with autism are served by the Office of Developmental Program’s intellectual disability programs. They are eligible for those programs because they have an intellectual disability as well as a diagnosis of autism. However, only a portion of individuals with autism also have a co-occurring intellectual disability. As a result, many individuals with autism do not meet the IQ eligibility criteria for intellectual disability programs. Therefore, it is important to offer services that don’t require IQ as an eligibility factor.

One of the primary goals of the Bureau of Autism Services (BAS) has been to develop autism-specific programs for adults with Autism Spectrum Disorders (ASD) not served by any system, the third recommendation of the Autism Task Force (DPW, 2004). Pennsylvania is leading the nation in the development and administration of autism-specific services for adults. The Commonwealth offers two program options for adults with ASD: the Adult Autism Waiver (AAW) and the Adult Community Autism Program (ACAP).

The Adult Autism Waiver was created because the 2003 Autism Task Force recommended the establishment of a waiver that was similar in structure to existing Pennsylvania waivers, such as ODP’s Consolidated and PFDS waivers. In an effort to explore trends in innovative service models, the Bureau also created a second model that is very different in structure from traditional Home and Community Based Services waivers. This model was named the Adult Community Autism Program, typically referred to as ACAP.

Like the Consolidated and Person/Family Directed Supports Waivers in the Office of Developmental Programs, the Adult Autism Waiver and the Adult Community Autism Program are funded through a combination of state monies and federal monies.
<table>
<thead>
<tr>
<th>Need/Program</th>
<th>Who Administers/Oversees Programs?**</th>
<th>BAS Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth to 2 years of age Early Intervention Services &amp; Child Care</td>
<td>OCDEL</td>
<td>Free community training resources available statewide; Funding &amp; oversight of ASERT</td>
</tr>
<tr>
<td>3 to 5 years of age Early Intervention Services</td>
<td>OCDEL, PDE</td>
<td>Free community training resources available statewide; Funding &amp; oversight of ASERT</td>
</tr>
<tr>
<td>School Services (age 3 through high school graduation)</td>
<td>PDE, L&amp;I (OVR)</td>
<td>Reviews of licensed academic schools; Funding &amp; oversight of ASERT postsecondary projects</td>
</tr>
<tr>
<td>Child Protective Services</td>
<td>OCVF</td>
<td>Ongoing communications</td>
</tr>
<tr>
<td>Medical Assistance eligibility *including PH-95 “loophole”</td>
<td>OIM</td>
<td>Ongoing program office communications</td>
</tr>
<tr>
<td>Children’s MA-funded physical &amp; behavioral health services</td>
<td>OMAP</td>
<td>Ongoing communications; Training upon request</td>
</tr>
<tr>
<td>Children’s Behavioral Health Rehabilitation Services</td>
<td>OMHSAS</td>
<td>ACT 62 Behavior Specialist License implementation; BAS/ASERT FBA training and consultation; STAP &amp; program exception reviews; respite mini-grants</td>
</tr>
<tr>
<td>Juvenile Justice</td>
<td>OCVF</td>
<td>ASERT-funded training resources available statewide; cross-sector workgroup facilitation</td>
</tr>
<tr>
<td>Private health insurance payments for autism diagnosis &amp; services (Act 62)</td>
<td>Cross-office purviews: PID; DOS/Board of Medicine; OMHSAS; BAS</td>
<td>Providing &amp; approving requirement trainings; ongoing communications; collaborations with other responsible offices</td>
</tr>
<tr>
<td>Physical health (children &amp; adults)</td>
<td>DOH</td>
<td>Training upon request</td>
</tr>
<tr>
<td>Programs for individuals with a diagnosis of MR/ID</td>
<td>ODP</td>
<td>Consultation with PPRT &amp; on critical cases; Training upon request</td>
</tr>
<tr>
<td>Programs for adults with a diagnosis of ASD</td>
<td>BAS</td>
<td>Adult Autism Waiver &amp; ACAP administration (including provider training &amp; technical assistance)</td>
</tr>
<tr>
<td>Mental Health services (children &amp; adults)</td>
<td>OMHSAS</td>
<td>Consultation with PPRT &amp; on critical cases</td>
</tr>
<tr>
<td>OBRA Waiver</td>
<td>OLTTL</td>
<td>Collaborative discussions with OLTTL regarding participants with ASD</td>
</tr>
<tr>
<td>Employment</td>
<td>L&amp;I (OVR)</td>
<td>ASERT employment initiatives – training and report available; Coordination with OVR</td>
</tr>
<tr>
<td>Criminal Justice</td>
<td>Police, DOC, Probation &amp; Parole, other</td>
<td>ASERT-funded training resources available statewide; Consultation, crisis support, &amp; professional trainings</td>
</tr>
<tr>
<td>Seniors with ASD (65+)</td>
<td>BAS, DOA</td>
<td>Adult Autism Waiver &amp; ACAP administration (including provider training &amp; technical assistance)</td>
</tr>
<tr>
<td>Abuse/Neglect of Individuals with ASD (18-64)</td>
<td>DPW, Police</td>
<td>Collaborative discussions, participation on the Adult Protective Services Committee Ongoing communications</td>
</tr>
<tr>
<td>Abuse/Neglect of Seniors with ASD (65+)</td>
<td>DOA, Police, other</td>
<td>Collaborative discussions, participation on the Adult Protective Services Committee</td>
</tr>
<tr>
<td>Housing</td>
<td>PA Housing Finance Agency, DPW (Housing)</td>
<td>Coordinated Housing Task Force for Persons with ASD – Report available; ASERT housing projects; Ongoing communications with Housing Director, (DPW)</td>
</tr>
</tbody>
</table>

**Department Acronyms:**
ASERT = Autism Services, Education, Resources & Training Collaborative; BAS = Bureau of Autism Services; DOA = Department of Aging; DOC = Department of Corrections; DOH = Department of Health; DOS = Department of State; L&I = Labor & Industry; OCDEL = Office of Child Development & Early Learning; OCVF = Office of Children, Youth & Families; ODP = Office of Developmental Programs; OLTTL = Office of Long Term Living; OMHSAS = Office of Mental Health Substance Abuse Services; OVR = Office of Vocational Rehabilitation; PDE = PA Department of Education; PID = PA Department of Insurance
Comparison of Medicaid Programs that Serve Adults with Autism Spectrum Disorders (ASD)

<table>
<thead>
<tr>
<th>Eligibility – Diagnosis</th>
<th>Adult Autism Waiver</th>
<th>Adult Community Autism Program (ACAP)</th>
<th>Consolidated and PFDS Waivers</th>
<th>OBRA Waiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autism Spectrum Disorder (ASD)¹</td>
<td>Autism Spectrum Disorder (ASD)¹</td>
<td>Intellectual disability (also known as mental retardation)</td>
<td>The OBRA Waiver is currently closed.</td>
<td></td>
</tr>
<tr>
<td>Eligibility – Level of Care</td>
<td>Either Intermediate Care Facility for people with Other Related Conditions (ICF/ORC) or Intermediate Care Facility for people with Mental Retardation (ICF/MR), IQ score is not considered.</td>
<td>Either Intermediate Care Facility for people with Other Related Conditions (ICF/ORC) or Intermediate Care Facility for people with Mental Retardation (ICF/MR), IQ score is not considered.</td>
<td>ICF/MR</td>
<td>For questions about individuals who are currently receiving services through the OBRA waiver, please contact Sharon Tomforde at (717) 783-8391 or <a href="mailto:stomforde@state.pa.us">stomforde@state.pa.us</a>. If providers have questions about the waiting list and the impact that may have on individuals, please send questions to the following email account with the words “OBRA Waiver Waiting List” in the subject line: <a href="mailto:ra-act150review@state.pa.us">ra-act150review@state.pa.us</a>.</td>
</tr>
<tr>
<td>Eligibility – Financial</td>
<td>Medical Assistance Financial Eligibility requirements for long-term care participants</td>
<td>Medical Assistance Financial Eligibility as determined by the County Assistance Office (CAO) (Long Term Care requirements do not apply)</td>
<td>Medical Assistance Financial Eligibility requirements for long-term care participants</td>
<td></td>
</tr>
<tr>
<td>Eligibility – Age</td>
<td>21 and older</td>
<td>21 and older</td>
<td>3 and older</td>
<td></td>
</tr>
<tr>
<td>Geographic Area</td>
<td>Statewide</td>
<td>Cumberland, Dauphin, Lancaster and Chester counties</td>
<td>Statewide</td>
<td></td>
</tr>
<tr>
<td>Type of Program</td>
<td>1915(c) Medicaid Home and Community-Based Services Waiver</td>
<td>ACAP is a Home and Community-Based Services program that provides physician, behavioral, and community services through an integrated approach to create a coordinated system of supports</td>
<td>1915(c) Medicaid Home and Community-Based Services Waivers</td>
<td></td>
</tr>
</tbody>
</table>

Chart continued on page 2
<table>
<thead>
<tr>
<th>Medical and Behavioral Health Services</th>
<th>Adult Autism Waiver</th>
<th>Adult Community Autism Program (ACAP)</th>
<th>Consolidated and PFDS Waivers</th>
<th>OBRA Waiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services are offered through HealthChoices and Behavioral HealthChoices managed care organizations or Medical Assistance fee for service. <strong>Providers must receive training specific to supporting adults with an ASD.</strong></td>
<td>The ACAP provider and their network of providers provide medical, dental, behavioral health and home and community-based services. Several services, such as pharmacy, will continue to be provided through Medical Assistance. <strong>Providers must receive training specific to supporting adults with an ASD.</strong></td>
<td>Services are offered through HealthChoices and Behavioral HealthChoices managed care organizations or Medical Assistance fee for service.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Covered Home and Community-Based Services | - Assistive Technology  
- Behavior Specialist Services  
- Community Inclusion (similar to community integration and habilitation)  
- Community Transition Services  
- Day Habilitation  
- Environmental Modifications  
- Family Counseling  
- Family Training  
- Job Assessment and Finding  
- Nutritional Consultation  
- Residential Habilitation  
- Respite  
- Supported Employment  
- Supports Coordination  
- Therapies (Speech, Occupational, Counseling)  
- Temporary Crisis Services  
- Transitional Work Services  

The AAW does not include an individual cost limit, or cap. However, there are service limitations for some specific waiver services as outlined within the Participant Handbook. | - All physician services (including emergency services provided by a physician, psychiatric services, and direct access to a woman's health specialist to provide women's routine and preventive health care services)  
- Certified Registered Nurse Services  
- Intermediate Care Facility (ICF services)  
- Nursing Facility Services  
- Non-emergency medical transportation to services covered under the Medical Assistance Program  
- Optometrists' services  
- Chiropractors' services  
- Audiologist services  
- Dentist services  
- Health Promotion and Disease Prevention services  
- Medical supplies and durable medical equipment  
- Prosthetic eyes and other eye appliances  
- Hospice services  
- Mental health crisis intervention services  
- Outpatient psychiatric clinic  

Certified Registered Nurse SERVICES  
Intermediate Care Facility Services  
Nursing Facility Services  
Non-emergency Medical Transportation to Services Covered Under the Medical Assistance Program  
Certified Registered Nurse Services  
Chiropractic Services  
Audiology Services  
Dentist Services  
Health Promotion and Disease Prevention Services  
Medical Supplies and Durable Medical Equipment  
Prosthetic Eyes and Other Eye Appliances  
Hospice Services  
Mental Health Crisis Intervention Services  
Outpatient Psychiatric Clinic | - Assistive Technology  
- Behavior Support Services  
- Education Support Services  
- Home Accessibility Adaptations  
- Vehicle Accessibility Adaptations  
- Unlicensed Home and Community Habilitation  
- Home Finding  
- Homemaker/Chore  
- Licensed Day Habilitation  
- Licensed Residential Habilitation (Consolidated only)  
- Unlicensed Residential Habilitation  
- Nursing Services  
- Prevocational Services  
- Respite  
- Companion  
- Specialized Supplies  
- Supported Employment  
- Supports Broker Services  
- Supports Coordination |
<table>
<thead>
<tr>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Respiratory services</td>
</tr>
<tr>
<td>• Targeted Case Management</td>
</tr>
<tr>
<td>• Assistive Technology</td>
</tr>
<tr>
<td>• Behavioral Support (similar to Behavioral Specialist Services in waiver)</td>
</tr>
<tr>
<td>• Community Transition Services</td>
</tr>
<tr>
<td>• Crisis Intervention Services</td>
</tr>
<tr>
<td>• Adult Day Habilitation</td>
</tr>
<tr>
<td>• Environmental Modifications</td>
</tr>
<tr>
<td>• Family Counseling</td>
</tr>
<tr>
<td>• Habilitation</td>
</tr>
<tr>
<td>• Homemaker/Chore services</td>
</tr>
<tr>
<td>• Non-Medical Transportation</td>
</tr>
<tr>
<td>• Personal Assistance Services</td>
</tr>
<tr>
<td>• Pre-vocational Services</td>
</tr>
<tr>
<td>• Residential Support (similar to Residential Habilitation)</td>
</tr>
<tr>
<td>• Respite</td>
</tr>
<tr>
<td>• Supported Employment</td>
</tr>
<tr>
<td>• Supports Coordination</td>
</tr>
<tr>
<td>• Visiting Nurse</td>
</tr>
<tr>
<td>• Additional services determined necessary</td>
</tr>
<tr>
<td>• Physical, Occupational, vision and mobility, and speech therapies (group and individual)</td>
</tr>
<tr>
<td>• Certified nurse Practitioner</td>
</tr>
<tr>
<td>• Podiatrist</td>
</tr>
</tbody>
</table>

There is no individual cost limit, or cap. However, all services must be determined medically necessary and listed in the ISP.

<table>
<thead>
<tr>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Therapies (Behavior, Occupational, Physical, Speech, Visual/Mobility)</td>
</tr>
<tr>
<td>• Transitional Work Services</td>
</tr>
<tr>
<td>• Transportation</td>
</tr>
</tbody>
</table>

The PFDS Waiver includes an individual cost limit, or cap. All services funded through the PFDS Waiver, with the exception of Supports Coordination, may not exceed this limit for any participant during a fiscal year. The individual cost limit is currently $26,000 per participant per fiscal year. There are also service limitations for some specific waiver services.
WHAT ARE SOME OF THE KEY FEATURES OF THE BAS ADULT AUTISM PROGRAMS?

Both programs are designed to help adults with autism live in their communities in the way that they want to, based on their identified needs. The goals of the two adult autism programs are to:

- Increase a person’s ability to care for him or herself
- Decrease family and caregiver stress
- Enhance the quality of life for both the person and the family
- Provide specialized supports to adults with autism based on their needs
- Help adults with autism meet their desired employment outcomes
- Support adults so that they can have more involvement in community activities; and
- Decrease the incidence of crisis episodes and psychiatric hospitalizations
- Meeting these goals can also result in fewer episodes of law enforcement involvement, emergency room care, chemical restraints, and homelessness.

There are some additional shared features of the AAW and ACAP:

- Specifically designed to meet the needs of adults with an autism spectrum disorder (ASD)
- Administered at the state level directly by BAS
- Do not use IQ as an eligibility factor
- Providers required to complete autism-specific training and meet standards before and after enrolling to provide services
- Clinical and technical assistance available to enrolled providers
- Service planning and measures of success based on individual goals
- Services based upon proven approaches to help individuals realize their goals

BAS adult program services are designed to enable participants to transition from a more restricted environment to a less restrictive environment. Examples include:

- Day Habilitation to more Community Inclusion
- Transitional Work Services to Supported Employment
- Residential Habilitation to more Community Inclusion
- Volunteer employment to more competitive employment
HOW ARE THE BAS ADULT PROGRAMS DIFFERENT FROM EACH OTHER?

In addition to the similarities between the two adult programs administered by the Bureau of Autism Services, there are also some differences between them.

**The Adult Autism Waiver** is a 1915(c) Home and Community Based Services (HCBS) waiver designed to provide long-term services and supports for community living, tailored to the specific needs of adults with an ASD. Priority is given to adults not receiving ongoing state or federally funded services. Additionally, the Adult Autism Waiver is available statewide, and provides participants with a choice of an enrolled provider for each service.

The Adult Autism Waiver does not include physical health services. Participants in the waiver continue to get medical insurance from outside the waiver. For example, an individual may receive medical services through private insurance, Medicaid, Access Plus, or HealthChoices. The waiver is an additional set of services, outside of a person’s medical insurance and enrolling in the waiver has no effect on a person’s insurance.

**The Adult Community Autism Program (ACAP)** is not a waiver. It is a managed care program that is an integrated model of care reflecting trends being seen in service delivery systems. ACAP is currently available in a limited number of counties, with services provided by one primary provider, and their network of providers, including primary care physicians and dentists. It provides physician, behavioral, and community services through an integrated approach to create a coordinated system of supports.
The chart below summarizes the distinguishing features of each program as they currently exist. It is important to note that this overview reflects the structure of the programs as they were initially designed, and that one of the fundamental values incorporated into their design is the ability for their structures to evolve over time.

<table>
<thead>
<tr>
<th>ADULT AUTISM WAIVER</th>
<th>ADULT COMMUNITY AUTISM PROGRAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Priority given to individuals not receiving ongoing state/federally funded services</td>
<td>• Available in a limited number of counties; expansion dependent on availability of resources</td>
</tr>
<tr>
<td>• Available statewide</td>
<td>• Becomes the participant’s health plan, and integrates physical/behavioral health and community services</td>
</tr>
<tr>
<td>• Physical health services not included as a waiver service; participants retain existing medical insurance</td>
<td>• One primary provider provides most services, and oversees a network of providers for other services (e.g., primary care physicians, dentists)</td>
</tr>
<tr>
<td>• Choice of an enrolled provider for each service</td>
<td>• At intake, participant cannot require 16 or more hours of awake support</td>
</tr>
<tr>
<td>• Does allow for residential 24/7 care if a need is determined through assessment</td>
<td></td>
</tr>
</tbody>
</table>

**FREQUENTLY ASKED QUESTIONS ABOUT BAS ADULT PROGRAMS**

**What role does the individual with an ASD play in the BAS adult programs?**

The participant is at the center of all service planning and service delivery. During the service planning process participants share their goals, likes and dislikes to help determine what services they will receive. Once enrolled in the Adult Autism Waiver or ACAP, the participant is actively involved in the services they receive and their ongoing services plan.

**What role do families play in the BAS adult programs?**

Families have the opportunity to provide information during the service planning process and to provide feedback about the program. Decreased family stress is one goal of both programs and is assessed each year.
Can someone with a diagnosis of an intellectual disability enroll in the Adult Autism Waiver or ACAP?
Yes, as long as they meet all the eligibility criteria for that program.

How do I decide whether to apply for a waiver for people with intellectual disabilities, the Adult Community Autism Program or the Adult Autism Waiver?
For an overview of Pennsylvania programs for adults with developmental disabilities, please reference the Comparison of Medicaid Programs that Serve Adults with Autism Spectrum Disorder (ASD). This chart compares the Adult Autism Waiver and the ACAP program with other Pennsylvania programs where adults with ASD may be eligible. This chart is provided in this packet, and can also be found by visiting www.autisminpa.org or you may call BAS at 1-866-539-7689 and BAS will mail the chart to you.

What happens to my waiting list status for the Person/Family Directed Support (PFDS) waiver or the Consolidated waiver if I enroll in the Adult Autism Waiver or ACAP?
An individual can be on a waiting list for another program while receiving services from the Adult Autism Waiver or ACAP. However, his or her priority status on that waiting list depends on the individual’s situation and whether unmet needs are anticipated. Applicants should discuss their individual situation with program staff from the Bureau of Autism Services and the Bureau of Supports for People with Intellectual Disabilities (ODP), which operates the P/FDS and Consolidated waivers.

If I am found eligible for the Adult Autism Waiver or ACAP, how long can I remain in the program?
There is no time limit or maximum age limit. Participants are assessed each year to ensure they continue to meet all eligibility requirements.

Who is eligible for the BAS adult programs?
There are some shared eligibility factors for the two Bureau of Autism Services programs. For example, individuals served must live in Pennsylvania, and be age 21 or older, at the time of enrollment. They must have a diagnosis of an autism spectrum disorder (ASD). This can be a primary or secondary diagnosis. They must also meet Medical Assistance income eligibility,
which is determined by the County Assistance Office. Additionally, they must meet federal functional eligibility.

What is the financial eligibility criteria for the BAS adult programs?

All waiver programs within the Commonwealth require individuals to meet certain financial eligibility criteria. If the applicant has met all other eligibility criteria, including functional eligibility, the final step in the application process is to for the Count Assistance Office (CAO) to determine financial eligibility.

- **AAW financial eligibility** is based on 300% of the Supplemental Security Income Federal Benefit Rate (FBR). More information on the Federal Benefit Rate can be found at [www.ssa.gov](http://www.ssa.gov).

What is the functional eligibility criteria for the BAS adult programs?

Functional eligibility means that an individual must have substantial functional limitations that are likely to continue indefinitely in three or more of the major life activities listed below:

- Self-care
- Understanding and use of receptive and expressive language
- Learning
- Mobility
- Self-direction
- Capacity for independent living

The functional eligibility assessment is completed in-person by a trained contractor, a BAS Regional Program Staff member, or a BAS clinical staff member. The location is determined jointly with the applicant. Generally, the individual’s home is preferred.
APPLICATION QUESTIONS

How do I apply for the Adult Autism Waiver or ACAP?

All application requests must be made through the Bureau of Autism Services’ toll free number: **866-539-7689**. Applications may not be requested by email and are not available on-line.

Call the toll free number and leave a message with the following information:

- Name of person who wishes to apply
- Telephone number
- Address
- County of residence
- If you are calling on the behalf of the person who wishes to apply also leave your name and daytime phone number.

NOTE: Keystone Autism Services *cannot* accept requests for applications for ACAP.

What happens after I request an application? What are the steps and the timeline in the application process?

It is important to note that some steps in the application process will happen in specific timeframes and others depend on external factors. For example, how soon an application is sent out after a request is made depends on program capacity.

Please see the Adult Autism Waiver and Adult Community Autism Program sections of this packet for details about the application process for each program.

Once a person receives an application, what happens next?

The Application Process Includes:

- ACAP/Waiver application
- Functional Eligibility Assessment (FEA)
- Level of Care determination (MA 51)
- Financial Eligibility (different for AAW and ACAP)
- Enrollment
Please note the following important details about the Bureau of Autism Services application process:

- Requests for applications are processed in the order they are received:
  - If you think you may be eligible, or know someone who might be, you are strongly encouraged to request an application as soon as possible. Your name will be added to the interest list.

- Individuals can request an application for both programs at the same time.
  - If you think you meet eligibility for both, you can decide which one is a better fit before enrolling in one of them.

- Individuals can request an application at any age/time; you must be eligible at the time of application to be enrolled.
  - Individuals on wait lists for other programs can request an application for these programs without losing their placement on those wait lists.

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

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

- An individual who is within 90 days of turning 21 when their name reaches the top of the interest list will be sent an application when they reach their 21st birthday.

- Once an application is sent to an individual on the interest list, it must be submitted to BAS within **21 days** (Adult Autism Waiver) or **15 days** (Adult Community Autism Program).
THE ADULT AUTISM WAIVER (AAW)

The Adult Autism Waiver is a 1915(c) Home and Community Based Services (HCBS) Medicaid waiver designed to provide long-term services and supports for community living, tailored to the specific needs of adults with an ASD. Priority is given to adults not receiving ongoing state or federally funded services. Additionally, the Adult Autism Waiver is available statewide, and provides participants with a choice of an enrolled provider for each service.

The Adult Autism Waiver does not include physical health services. Participants in the waiver continue to get medical insurance from outside the waiver. For example, an individual may receive medical services through private insurance, Medicaid, Access Plus, or HealthChoices. The waiver is an additional set of services, outside of a person’s medical insurance and enrolling in the waiver has no effect on a person’s insurance.

WHAT ARE THE ELIGIBILITY REQUIREMENTS FOR THE ADULT AUTISM WAIVER?

In order to be eligible for the Adult Autism Waiver, a person must be age 21 or older, a resident of Pennsylvania (or planning to be a resident at the time of enrollment) and meet certain diagnostic, financial and functional eligibility criteria listed below. Priority is given to people not already receiving ongoing state-funded or state and federally-funded long-term care services.

Diagnostic Criteria:

Must have a diagnosis of an autism spectrum disorder (ASD); the diagnosis can be a primary or secondary diagnosis

Financial eligibility:

- Must meet Medicaid Medical Assistance resource and income limits for waiver programs in Pennsylvania, which is determined by the County Assistance Office
- The income limit is currently 300 percent of the Supplemental Security Income Federal Benefit Rate. More information on the Federal Benefit Rate can be found at www.ssa.gov
**Functional eligibility:**

Must have substantial functional limitations that are likely to continue indefinitely in three or more of the major life activities listed below:

- Self-care
- Understanding and use of receptive and expressive language
- Learning
- Mobility
- Self-direction
- Capacity for independent living

**OTHER INFORMATION ABOUT THE ADULT AUTISM WAIVER**

If I am already receiving services, can I still apply for the Adult Autism Waiver?

Yes. A person can request an application while receiving services from another waiver program, but once a person is enrolled in the waiver they will have to dis-enroll from the other waiver program. However, timelines are coordinated so that you will continue to receive services from the old program until the new one starts.

The Adult Autism Waiver is designed, however, to give preference to people who do not now get any state-funded or state and federally-funded ongoing services.

Applicants are grouped in a criteria category:

**Priority 1:** Those not already receiving state-funded or state and federally-funded home and community-based services.

**Priority 2:** Those currently enrolled in state-funded or state and federally-funded home and community-based services.

Everyone who is placed into a priority category will receive a status letter to confirm that category. BAS maintains separate lists of people requesting an application based on their priority status. No applications will be sent out to people on the Priority 2 list until everyone on the Priority 1 list has had their application processed. This means that it may be a while before people who are already on a waiver receive an application for the Adult Autism Waiver.

If I am found eligible for the Adult Autism Waiver how long can I remain in the program?
There is no time limit or maximum age limit. Participants are assessed each year to ensure they continue to meet all eligibility requirements.

What happens after I request an application? What are the steps and the timeline in the application process?

It is important to note that some steps in the application process will happen in specific timeframes and others depend on external factors. For example, how soon an application is sent out after a request is made depends on program capacity.

A detailed flow chart outlining the Adult Autism Waiver application process is included in this packet and can also be viewed by visiting www.autisminpa.org. Specific timeframes have been included on the chart wherever possible.

October 2013 Update: A supplemental guide about the Adult Autism Waiver application process, from intake through enrollment, is under development.

If I have received an application and have questions, who do I contact?

If an applicant has specific questions about his/her stage of the application process, please contact the Adult Autism Waiver staff directly by emailing ra-odpautismwaiver@pa.gov or calling 1-866-539-7689, or contact the assigned BAS staff member using the contact information you have been provided.

Assessment and Individual Support Plans

Individual needs and interests are used by the participant and their team to develop the Individual Support Plan (ISP). The ISP Team includes the Supports Coordinator, the individual, and anyone else the individual chooses to have involved. The ISP specifies the services a participant will receive, the reason(s) those services are needed, and the goals and objectives of the services. All plans must be reviewed and approved by the Bureau of Autism Services.

Is there a maximum amount (cap) of waiver funded services a participant can receive?

No. There is no overall limit (cap) on waiver-funded services. Some services have limits on the number of service hours provided within a specific time frame. In addition, there is a lifetime limit on spending for home modification and assistive technology. Adult Autism Waiver participants receive services based on individual need. More information on service limits can be found by visiting www.autisminpa.org
Services provided through the Adult Autism Waiver include:

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THE ADULT AUTISM WAIVER: SERVICE DESCRIPTIONS

The service definitions below are listed alphabetically, and provide a summarized explanation of all the services available through the Adult Autism Waiver (AAW). For a set of complete definitions, and to access the most current AAW Supports & Services Directory (SSD), visit www.autisminpa.org.

**Assistive Technology**

This is an item or piece of equipment that is used to help a person be more independent in their daily life activities, including communicating.

This service includes help in choosing and learning to use the item or equipment. It also includes yearly service and batteries if needed.
Equipment that costs $500 or more must be recommended by a professional. There is a limit of $10,000 over the participant’s lifetime, including repair or replacement of the item or piece of equipment.

Examples of assistive technology available through this service are: voice output devices, food preparation aids, modified computer keyboard and vibrating wristwatch.

Behavioral Specialist Services (BSS)

This service provides support to people with behaviors that make it difficult for them to be active in their community and to live at home, including behaviors that may be disruptive or destructive.

A Behavioral Specialist provides this service. The Behavior Specialist has training in how to understand why a person may be having difficulty.

- The Behavioral Specialist creates a plan called the Behavioral Support Plan. The Behavioral Support plan helps everyone who is in regular contact with the waiver participant to support him or her. This service includes training family members and providers in how to support the participant and teach him or her skills to be more independent.
- The BSS works closely with the Supports Coordinator to make sure that other services are provided according to the Behavioral Support Plan.
- This service also includes creating a Crisis Intervention Plan. The Crisis Intervention Plan explains how to help the participant if he or she is going into a crisis. Everyone who is in regular contact with the participant who gets this service should know how to use the Crisis Intervention Plan. The BSS agency has someone available 24 hours/day, 7 days/week to help if a participant goes into crisis.

An example of a Behavioral Specialist Service is the development of a plan to teach a participant to ask for a break from an activity when he/she needs one.

Community Inclusion

This service helps a person to gain the skills needed to live in the community.

This service includes things that will help a person improve his or her activities of daily living (ADLs). ADLs are things usually done at home, such as bathing, dressing, and eating, or doing housework, managing money, and cooking.
This service also includes teaching and improving skills that will help him or her to be active in their community. These are things like socializing, getting to know the neighborhood where he or she lives, or participating in community activities such as hobbies, shopping or attending an event.

The types of community inclusion activities a participant will do depend on his or her Individual Support Plan (ISP). The activities will be ones that are needed to help a participant reach a certain goal written into the ISP.

Community Inclusion can take place in a person’s home or in community locations such as libraries or stores.

Community Inclusion, Day Habilitation, Supported Employment, and Transitional Work Services are limited to 50 hours combined per calendar week.

An example of community inclusion is teaching a person with disabilities to use public transportation to get to and from work.

**Community Transition Services**

Community Transition Services offer occasional financial assistance with moving from an institution into the community.

This service is for one time only types of expenses such as moving costs, security deposits, or basic household furnishings.

It is only for participants who will be directly responsible for their own living expenses.

Community Transition Services do not include monthly rent, food, or regular utility charges.

A Supports Coordination agency will make the payment directly for the waiver participant.

An example of a Community Transition Service is payment of the security deposit on a new apartment so that a person can move out of a state hospital.

**Day Habilitation**

This service is meant to teach skills to give the participant more independence. It is much like the Community Inclusion Service except that it is provided only in adult training facilities. Day Habilitation helps a person acquire the daily living skills needed to live in the community.
This service can include personal assistance in completing Activities of Daily Living (ADL’s include bathing, dressing, and eating, or doing housework, managing money, and cooking). However, the goal of Day Habilitation is to improve the participant’s ability to do things on his or her own.

This service also helps the participant develop and improve communication, their ability to make decisions and make choices, ask for the help they need and skills needed to successfully live in the community.

**Day Habilitation** service includes transportation to and from the Day Habilitation facility and Day Habilitation activities.

This service is normally provided for 6 hours or less per day, 5 days a week on a regularly scheduled basis.

Community Inclusion, Day Habilitation, Supported Employment, and Transitional Work Services are limited to 50 hours combined per calendar week.

An example of Day Habilitation is learning to prepare a meal while at the adult training facility.

**Environmental Modifications**

These are physical changes made to a person’s home which are required for a person to remain safe and free from harm and/or live with more independence.

Changes are limited to these:

- Alarms and motion detectors on doors, windows, and/or fences
- Brackets for appliances
- Locks
- Changes that need to be made to the home and vehicle that help with a person’s special sensitivity to sound, light, or other environmental conditions
- Outdoor gates and fences
- Plastic windows
- Electrical switches and sockets placed out of reach
- Home or vehicle adaptations for participants with physical disabilities, such as ramps, grab bars, widening of doorways, or modification of bathroom facilities

Changes costing over $1,000 must be recommended by an Occupational Therapist; a Speech, Hearing, and Language Therapist; a Behavioral Specialist; or another professional.

An example of an environmental modification is an alarm installed on the front door that sounds when it is opened.
Family Counseling

This service provides counseling to waiver participants and their families and/or caregivers to build a healthy and stable family relationship.

This services aims to either keep the waiver participant in the family home or have the participant return to the family home.

The Adult Autism Waiver may not pay for services which another party, such as the family members’ health insurance, is responsible for paying.

This service is limited to 20 hours per year. The year begins on the date the Individual Support Plan is authorized.

An example of need for Family Counseling is when the family is going through a very stressful period, like after the death of a loved one.

Family Training

This service provides training to family members and caregivers to teach them how to help the waiver participant build skills that will improve his or her ability to live independently.

Training is included in the following areas:

- Communication skills
- Stress reduction
- Self- direction (making decisions and choices)
- Daily living skills
- Socializing

This service does not include training in the use of assistive technology devices, which is included in the Assistive Technology service.

This service also does not include the training necessary for family members to carry out the behavioral support plan or crisis intervention plan, which is included in the Behavioral Specialist Service.

An example of family training is teaching family members to encourage the participant to ask for help instead of guessing what the participant needs.

Job Assessment and Finding

This service helps waiver participants to find paid or volunteer work in the community.
Job Assessment includes:

- A review of the participant’s work history, interests, and skills to determine what types of jobs and/or training will be best
- Provider’s suggestions of what kinds of jobs in the community match the participant’s skills, abilities, and interests
- Situational assessments or tryouts where the participant performs certain types of job tasks to see if he or she has the ability and/or interest to do that particular type of job

Job Finding includes:

- Finding a specific job that matches the participant’s skills and interests with an employer’s needs
- Successful job finding in a permanent job placement where the participant has worked for at least 30 days

If the participant also is getting Behavioral Specialist Services, then Job Assessment and Job Finding should be done in a way that includes using the behavioral support plan and the crisis intervention plan.

An example of Job Assessment and Job Finding is being tested for different job skills, sharing areas of interest or experience that might be helpful in a job, and applying for a job with an employer who has already been contacted by the job finding provider.

**Nutritional Consultation**

This service provides help to waiver participants who have food allergies, food sensitivities, or serious nutritional deficiencies. The nutritional consultation helps participants and their families and caregivers develop a diet and plan meals that will meet the need for healthy eating habits.

An example of Nutritional Consultation is getting meal planning help and advice for a participant who avoids fruits and vegetables, or whose food choices are limited because of food texture.

**Residential Habilitation**

This service is provided for participants who need to be in a supervised setting all the time, including overnight. The participant who receives this service lives in a licensed Community Home or Family Living Home owned by the provider. This service is meant to teach skills to give the participant more independence so that the participant will be able to move to a private home setting in the future.
Residential Habilitation is provided in two types of facilities: Licensed community homes (group settings) and Licensed Family Living Homes.

- This service can include personal assistance in completing ADLs (ADLs are things such as bathing, dressing, and eating, or doing housework, managing money, and cooking) however, the goal of Residential Habilitation is to reduce the need for personal assistance by improving the participant’s ability to do things on his or her own.

- This service also helps the participant develop and improve: communication, their ability to make decisions and make choices, ask for the help they need and skills needed to successfully live in the community.

At least once every three months, the Supports Coordinator, with the participant, must review whether goals are being met and check whether goals for this service should be changed in the Individual Support Plan. A participant receiving Residential Habilitation services can also get other waiver services, except for Respite.

An example of someone using the Residential Habilitation service is living in a Community Home, using Transitional Work Services and Community Inclusion services during part of the day, learning skills to become more independent, and spending holidays with their family at the family home.

Respite

This service gives a participant’s unpaid caregiver a short break from caretaking duties when the caregiver is unable to do so because of unusual circumstances.

- This service may be provided in or out of the participant’s home.

- Respite provides assistance in completing Activities of Daily Living (ADLs include bathing, dressing, and eating, or doing housework, managing money, and cooking).

- The Respite service provider must try to follow the participant’s regular schedule of activities.

The use of Respite can be any combination of in-home or out-of-home respite, as long as the cost is not more than $6,000 during the Individual Support Plan year.

An example of the use of Respite is when a caregiver has jury duty and must be out of the house for a few hours at a time they would usually be home, or needs to be away overnight to attend to a family emergency.
Supported Employment

This service provides ongoing help in keeping a job once the waiver participant has found employment.

- Supported employment is used to lessen the need for help by supporting the participant to be successful at work without special help.
- This service is provided for participants who, because of their disability, need ongoing support to function in a work setting.
- Supported Employment is delivered in a community job setting, either volunteer or paid, which includes co-workers who are not disabled.

Community Inclusion, Day Habilitation, Supported Employment, and Transitional Work Services are limited to 50 hours combined per calendar week.

An example of Supported Employment is having staff accompany the participant to work until they have learned the routine of the workplace, providing help to meet co-workers and helping the boss and co-worker to become familiar with the participant. Then the staff can accompany the participant less often, but be available to provide extra support if needed.

Supports Coordination

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

Supports Coordination is made up of four major parts:

1. **Assessments** Every year before developing the Individual Support Plan (ISP), the Supports Coordinator will ask the participant and/or family members to complete three tests—the Scales of Independent Behavior-Revised (SIB-R), the Parental Stress Scale (PSS) (if the participant lives with family members) and the Quality of Life Questionnaire (QOL.Q).

2. **Individual Support Plan (ISP)** The Supports Coordinator must call a meeting of the Planning Team to create the participant’s Support Plan. The team is made up of the Supports Coordinator, the participant getting services and other people chosen by the participant. A participant may ask current service providers to attend the Planning Team meeting, especially a Behavioral Specialist provider. The services in the ISP should be based on the participant’s goals and needs.

3. **Monitoring** The Supports Coordinator should visit or call the participant or his or her family at least once every month. They have to visit the participant either at home or outside of home while they are getting services, at least once every three months. During those visits or calls, the
Supports Coordinator will check to see that the participant is getting the services that are on his or her ISP, and that the providers of those services are doing what they are supposed to be doing. The Supports Coordinator also checks that the participant is doing well.

4. Coordination of non-waiver services The Supports Coordinator also helps the participant find and access services that they may need that are not part of the Adult Autism Waiver. Some of those services might be: finding a doctor or dentist, applying for job training and finding services offered by the participant’s community (town or county).

An example of the use of Supports Coordination service is to contact the Supports Coordinator whenever there is an important change in the needs of the participant, or if the participant or family has a concern about the services received through the Waiver.

Temporary Crisis Services

This service provides additional staff to help a participant after a crisis. A crisis may exist when the participant’s safety is at risk and services cannot be provided without additional staff.

This service is used for those unexpected circumstances when a temporary increase in staff is needed to allow the participant to carry out their normal activities.

Temporary Crisis Services staff will support the family and/or staff in the following areas:

- Community Inclusion
- Residential Habilitation
- Day Habilitation
- Family Living Home

The Bureau of Autism Services (BAS) decides whether someone needs temporary crisis services, based on information from the Supports Coordinator, the Behavioral Specialist (if the participant gets that service) and the rest of the Individual Support Plan (ISP) team. BAS will review the need for this service at least once a week.

This service is meant to be temporary. If a participant needs this service several times, his or her ISP should be reviewed to understand why the participant is having a crisis so often.

Only 540 hours of this service may be used in any 12-month period.

An example of Temporary Crisis service is an additional staff member is added when the participant goes out to the mall as part of his or her community inclusion service, following the participant’s discharge from a psychiatric hospital stay.
Therapies

These services are provided by healthcare professionals and are intended to enable the waiver participant to maintain his or her ability to perform Activities of Daily Living (ADL).

Therapies in the Adult Autism Waiver include:

- *Occupational Therapy* provided by a registered occupational therapist; can include assistance with a participant’s assistive technology or environmental modification needs

- *Speech/Language Therapy* provided by a licensed speech therapist or certified audiologist

- *Counseling* provided by a licensed psychologist or psychiatrist who will deliver the service directly to the waiver participant

An example of therapies is a Speech/Language therapist who helps a participant learn to change his or her tone of voice depending on where they are or what they are saying.

Transitional Work Services

This service provides job opportunities in which the participant is working alongside other people with disabilities. This service is meant to transition participants to jobs in the community with mostly non-disabled co-workers.

Transitional Work services options include:

- *Mobile work force* – This uses teams of workers who perform their work away from the agency or facility that employs the team. This includes work such as maintenance, lawn care, janitorial services, and other such tasks. The Transitional Work Services Provider contracts with an organization or business to provide the job but participants are paid by the waiver service provider.

- *Work station in industry* – This involves individual or group training of individuals at an industry site. Training is run by the waiver provider or by a representative of the industry. Training is phased out as the waiver participant obtains the skills needed to perform the job and meet production standards.

- *Affirmative industry* – This refers to an integrated operation where disabled and non-disabled individuals work together on the same job tasks.

- *Enclave* – This is a business model where disabled individuals are hired by a business/industry to perform specific tasks while working alongside non-disabled workers.
Community Inclusion, Day Habilitation, Supported Employment, and Transitional Work Services are limited to 50 hours combined per calendar week.

An example of Transitional Work services is participation in a mobile work force team where the participant learns job skills like being on time, taking direction from a supervisor and specific skills like yard maintenance which could be used in getting a job in the future.

THE ADULT AUTISM WAIVER (AAW) PROVIDER NETWORK

What kind of training and qualifications must Adult Autism Waiver providers have?

All providers that have direct contact with participants are required to complete SPeCTRUM, the nine-module adult autism course developed specifically by BAS for Direct Service Providers. Other training requirements are specific to the service that is provided. Supplemental trainings are also offered regularly to ensure providers have the skills they need to support program participants. A complete list of service definitions, training requirements and other provider qualifications can be found in the Provider Information Table at www.autisminpa.org

Where can I find a list of approved Adult Autism Waiver providers and the counties they serve?

The Adult Autism Waiver Supports & Services Directory (SSD) is now available on the ASERT (Autism Services, Education, Resources and Training Collaborative) website: www.PAautism.org. It is searchable by provider or service.
ADULT COMMUNITY AUTISM PROGRAM (ACAP)

Pennsylvania’s Adult Community Autism Program (ACAP) is a managed care program that is an integrated model of care reflecting trends being seen in service delivery systems. ACAP is currently available in a limited number of counties, with services provided by one primary provider, and their network of providers, including primary care physicians and dentists. It provides physician, behavioral, and community services through an integrated approach to create a coordinated system of supports.

The participant is at the center of all service planning and service delivery. The goals of the program support the development of peer and social networks, help adults with an ASD reach employment goals, and support more involvement in community activities. Overall, the services are designed to increase the quality of life for both the person and his/her family.

The Bureau of Autism Services (BAS), DPW has selected Keystone Autism Services (KAS), an agency of Keystone Human Services, to implement the ACAP program. KAS and its network of providers also provide most of the services.

Where is ACAP offered?

Currently, ACAP is available in Dauphin, Cumberland, Lancaster and Chester counties.

How were these counties chosen?

A Statewide Request for Information was sent out and BAS chose a provider (Keystone Autism Services) based on the response to the request. The Provider’s response listed the counties that they could serve, which included Dauphin, Chester, Cumberland, and Lancaster.

Who can I contact with questions about ACAP?

If you can't find the information about ACAP that you are looking for here, please visit www.autisminpa.org or email the Bureau of Autism Services ACAP team at: RA-acap@pa.gov or call 1-866-539-7689.

You can also contact Keystone Autism Services (the ACAP service provider) at 717-412-7400 or 1-877-501-4715, Monday through Friday, 9 a.m. to 5 p.m. to speak to someone directly about ACAP services, or visit their website: www.keystoneautism.org
WHAT ARE THE ELIGIBILITY REQUIREMENTS FOR THE ADULT COMMUNITY AUTISM PROGRAM (ACAP)?

In order to be eligible for ACAP, a person must meet the following criteria:

- Be 21 years of age or older
- Be eligible for Medical Assistance
- Have a diagnosis of an autism spectrum disorder (ASD); this can be a primary or secondary diagnosis
- Be certified as meeting Medical Assistance program clinical eligibility for Intermediate Care Facility (ICF) services in the Commonwealth of Pennsylvania
- Have substantial functional limitations that are likely to continue indefinitely in three or more of the following major life activities: self-care; understanding and use of receptive and expressive language; learning; mobility; self-direction; capacity for independent living
- Not be enrolled in a Medical Assistance Home and Community Based Waiver program at the time of enrollment
- At the time of enrollment, be able to live in a community without sixteen (16) or more awake paid and unpaid staff and supervision hours per day without presenting a danger to self or others or a threat to property
- Not exhibit levels of extremely problematic behaviors that would present a danger to self or others or threat to property
- Reside in the service area at time of application
- Not be enrolled in a Medical Assistance Managed Care Organization (MCO) at the time of enrollment in the plan
- Not be enrolled in the Health Insurance Premium Payment (HIPP) Program at the time of enrollment in the plan

If someone needs or has been receiving 16 or more hours of awake supports in their home, are they still eligible for the Adult Community Autism Program?

Individuals who need 16 or more hours of awake supports right away are not eligible to enroll in ACAP. However, if the situation changes after a person is enrolled, he/she can receive more hours of awake supports if that level of support becomes medically necessary.
OTHER INFORMATION ABOUT THE ADULT COMMUNITY AUTISM PROGRAM (ACAP)

If I am found eligible for ACAP how long can I remain in the program?

There is no time limit or maximum age limit. Participants are assessed each year to ensure they continue to meet all eligibility requirements.

What happens after I request an application? What are the steps and the timeline in the application process?

It is important to note that some steps in the application process will happen in specific timeframes and others depend on external factors. For example, how soon an application is sent out after a request is made depends on program capacity.

After the request for an application is made:

Someone from the Bureau of Autism Services (BAS) will call to ask general information questions. If there are still openings in the program, an application will be mailed. If the program is full, the caller will be made aware that ACAP is at capacity due to budgetary constraints and at this time we are unable to send out applications. BAS will ask if the individual is interested in being on the interest list. BAS will send out applications only if there is capacity, in the order the calls were received, based on the date and time the person requested to be put on the ACAP interest list.

What will the application packet include? What paperwork will I need to fill out?

The general application will initially be mailed. If you do not currently have Medical Assistance, you will also a Medical Assistance application, which must be submitted to the County Assistance Office (CAO). If you are not eligible for Medical Assistance, you will receive a Medical Assistance denial letter from your County Assistance Office. If you receive a denial letter from the County Assistance Office, the ACAP application process will not continue.

Staff from the Bureau of Autism Services (BAS) and Keystone Autism Services (KAS) are available to answer questions and help applicants with the form.
After you receive the application:

You have 15 business days to return the application to BAS. If it isn’t returned on time, BAS will assume you are no longer interested in applying for ACAP. If you do become interested again at a later date, you will have to call BAS and start the application process from the beginning. If you have questions about completing the application, please call 1-866-539-7689 and someone from BAS or KAS will return your call and assist you in completing the application.

After BAS receives your completed application:

BAS will review the application to determine if basic eligibility requirements such as age and residency are met. If the requirements are met, someone from BAS’ clinical staff will schedule a time to come to your home to do the initial assessments and gather information. If you do not meet the basic eligibility requirements, a denial letter will be sent.

Functional eligibility is part of the eligibility process for ACAP. Who completes the functional eligibility assessment and where?

This assessment is completed in person by trained staff contracted through the Bureau of Autism Services. The location is determined jointly with the applicant. Generally, the individual’s home is preferred.

After the assessments are completed:

BAS will decide if the application process should continue based on the assessments, information gathered, financial eligibility and ACAP requirements.

• If the application process is to continue, your application will be sent to Keystone Autism Services (KAS).

• If the application process is not to continue, you will receive a denial letter from BAS.

If the individual meets functional eligibility after the assessment:

• You will be asked to have two forms completed by your doctor, the MA 51 form and the Confirmation of Diagnosis form.

• You may be asked to have physical, behavioral and/or school records sent to BAS.
After Keystone Autism Services receives your application:

KAS will call you to set up a meeting to gather additional information and complete other assessments. KAS will make a recommendation to BAS about your eligibility for ACAP. BAS will review KAS’ recommendation and make the final decision about your eligibility. If you are not eligible for ACAP you will receive a denial letter from BAS.

After you are found eligible for ACAP:

KAS will meet with you to develop your initial Individual Service Plan (ISP). If you agree to enroll, you will start ACAP the first day of the next month. You must disenroll from any Medical Assistance Health Choices program (ACAP will provide medical services) and any home and community based waiver program that you are enrolled in, if any, at the time of enrollment in ACAP. Once you enroll, KAS will meet with you again to develop a new ISP based on more detailed assessments.

Assessment and Individual Service Plans

Individual needs and interests are used by the participant and his or her team to develop an Individual Service Plan (ISP). The ISP team includes the Supports Coordinator, a Behavioral Health Specialist, the participant, the participant’s legal guardian (if applicable), and anyone else the individual or legal guardian chooses to have involved. The ISP specifies the services a participant will receive, the reason(s) those services are needed, and the goals and objectives of the services.
Services Provided through ACAP include:

All physician services (including emergency services provided by a physician, psychiatric services, and direct access to a woman’s health specialist to provide women’s routine and preventive health care services)

<table>
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<tr>
<th>All Physician Services (including emergency services provided by a physician, psychiatric services, and direct access to a woman’s health specialist to provide women’s routine and preventive health care services)</th>
<th>Certified Registered Nurse Services</th>
<th>Intermediate Care Facility (ICF services)</th>
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<td>Outpatient psychiatric clinic services</td>
<td>Respiratory services</td>
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<td>Assistive Technology</td>
<td>Behavioral Support (similar to Behavioral Specialist Services in the Adult Autism Waiver)</td>
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<tr>
<td>Community Transition Services</td>
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<td>Homemaker/Chore services</td>
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<td>Personal Assistance Services</td>
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<td>Chiropractors’ services</td>
<td>Physical, Occupational, Vision and Mobility, and Speech therapies (group and individual)</td>
<td>Prosthetic eyes and other eye appliances</td>
<td>Optometrists’ services</td>
<td>Additional services determined necessary</td>
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Other non-ACAP services that are covered under Medical Assistance fee-for-service include:

Inpatient Facility, Ambulatory Surgical Center, Home Health Care, Clinic- including family planning, Transportation, Renal Dialysis Center, Laboratory, X-ray Clinic, Pharmacy

How are individual services determined for participants in the Adult Community Autism Program?

Individual needs and interests are used by the participant and their team to develop the Individual Service Plan (ISP). The ISP team includes the Supports Coordinator, a Behavioral...
Health Specialist, the participant, the participant’s legal guardian (if applicable), and anyone else the individual or legal guardian chooses to have involved.

The ISP specifies the services a participant will receive, the reason(s) those services are needed, and the goals and objectives of the services.

Is there a maximum amount (cap) of ACAP-funded services a participant can receive?

No, services are based on your Individual Service Plan (ISP).

Do services change over time? How?

Services in the Individual Service Plan (ISP) will change if the needs of the individual have changed. This is determined at the annual review or at other points during the year if service changes are needed to better support the individual.

Does the Adult Community Autism Program pay for transportation?

Non-medical and non-emergency medical transportation to services covered under the Medical Assistance Program are available through ACAP, when listed on the Individual Service Plan (ISP).

Does the Adult Community Autism Program pay for housing?

No. The Social Security Act specifies that room and board cannot be paid for in ACAP or any Federally-funded waiver program.

Is it true that an ACAP participant can only receive 8 hours per day of services?

No, that is not correct. A participant’s Individual Service Plan (ISP) will list the number of hours needed to meet the person’s needs.
THE ADULT COMMUNITY AUTISM PROGRAM (ACAP) PROVIDER NETWORK

What is the amount and type of autism training that Adult Community Autism Program providers are required to complete?

Keystone Autism Services provides a three-week orientation to all KAS ACAP employees. All providers, including office staff, that have direct contact with participants, are required to complete the adult autism course developed specifically by BAS.

The topics include:
- ASD: What It Is and Isn’t
- Communication Challenges
- Positive Behavior Supports
- Assessment for Life and Social Skills
- Life Skills-Evidence Based Practices
- Health Care
- Transition to Work
- Functional Behavioral Assessment

Who provides services under ACAP? Is there really only one provider?

Keystone Autism Services (KAS), the ACAP provider, and their network of providers deliver most of the ACAP services. There are several services, such as radiology, laboratory and pharmacy, which are covered under the Medical Assistance Program and not ACAP.

Who is on the Keystone Autism Services staff?

KAS has developed an overview of key staff members who will support ACAP participants. Please visit the KAS website Keystone Autism Services (KAS) to view this information, or call KAS at 1-877-501-4715 for additional information.

How does Keystone Autism Services develop its provider network?

KAS develops its network through a combination of provider outreach and recruitment, including providers nominated by ACAP applicants. A copy of the provider nomination form is available on the KAS website, http://www.keystonehumanservices.org/keystoneAutism/keystoneAutism.php or you can call Keystone at 1-877-501-4715.
What kinds of providers can I nominate?

All types of providers can be nominated including primary care physicians, medical specialists, and dentists.

Do I or a family member need to be enrolled in ACAP to nominate a provider?

No. Keystone Autism Services welcomes suggestions from anyone.

Does the provider need to have prior experience working with adults with ASD?

Experience is always helpful but not a requirement. Providers within the ACAP network complete autism-specific training before providing services.

Can I nominate a provider from another county or state?

Yes, however the provider must be willing to enroll in the Pennsylvania Medical Assistance Program.

How many providers can I nominate?

You can nominate as many providers as you want.

Does nominating a provider mean he/she is automatically enrolled in the ACAP provider network?

Keystone Autism Services will reach out to the provider that you have nominated. Keystone Autism Services cannot guarantee that nomination will lead to enrollment in the provider network; however, Keystone Autism Services will make every possible attempt to encourage your nominated provider to do so.

What if the participant becomes ill in another state and needs to see a physician?

ACAP Participants may receive out of area emergency services. Any follow-up care to an emergency service while traveling outside of the service area must be pre-authorized by Keystone Autism Services. Similarly, if you require urgent health services (non emergency care) while traveling outside of the service area, you must also receive authorization. ACAP does not pay for routine care (such as a physical) or other non-urgent care provided outside of the Provider Network.
PROGRAM MONITORING

How does the Bureau of Autism Services monitor program quality?

**Adult Autism Waiver**

Monitoring of the program is an ongoing process throughout the year and includes the following: on-site provider reviews, quarterly service reviews by Supports Coordinators, and BAS oversight of provider qualifications (including training). A sample of participants is interviewed annually to determine whether they are receiving the services in their Individual Supports Plan (ISP), if they are happy with those services, and if they are treated well by their providers. BAS also checks to make sure participants are healthy and safe. Family input is an important part of the quality monitoring strategy.

**Adult Community Autism Program**

Monitoring of the program is an ongoing process throughout the year and includes the following: an on-site Annual Agreement review of the ACAP provider, participant interviews, an annual quality review by an outside agency, quality performance outcome measures, and BAS oversight of provider qualifications (including training). Participants are interviewed to determine whether they are receiving the services in their Individual Service Plan (ISP), if they are happy with those services, and if they are treated well by their providers. BAS also checks to make sure participants are healthy and safe. Family input is an important part of the quality monitoring strategy.
According to federal regulations, you are not fully enrolled into a waiver program until you have an approved ISP & have begun receiving services. If you have any questions or concerns please call the Bureau of Autism Services (BAS) at 1-866-539-7689 or email: ra-odpautismwaiver@state.pa.us

Definitions:

BAS - Bureau of Autism Services, Office of Developmental Programs, Pennsylvania Department of Public Welfare.
CAO - County Assistant Office determines eligibility for Medical Assistance.
ISP - Individual Support Plan is a written plan which outlines the waiver participant’s goals and details of services.
Form 162 – Eligibility Notice to Applicant from County Assistance Office.
MA51 - Medical Evaluation Form that a MD or DO physician licensed in PA completes to certify level of care and diagnoses. The physician does NOT need to have Autism Spectrum Disorder (ASD) expertise to complete the Medical Evaluation Form.
SC - Supports Coordinator makes sure that the participant is receiving the services to which he or she is entitled.

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

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

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

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

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

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

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

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