

MARYLAND STATE DEPARTMENT OF EDUCATION

Division of Special Education/Early Intervention Services

Community and Interagency Services Branch

and

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Office of Health Services/Medical Care Programs

Autism Waiver Services

Maryland State Department of Education

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AUTISM WAIVER SERVICES

This document describes the autism waiver services approved by the Health Care Financing Administration (HCFA) for the Home and Community-Based Waiver for Children with Autism. When the Department of Health and Mental Hygiene promulgates state regulations for this waiver, some of the autism waiver definitions will be further defined. **The autism waiver services are day habilitation, residential habilitation, respite care, supported employment, environmental accessibility adaptations, and family training.**

Day Habilitation

Three forms of day habilitation are offered: "regular" day habilitation services, intensive individual support services, and therapeutic integration services (after-school/extended day program).

While regular day habilitation and therapeutic integration services are only available at a day center, intensive individual support services may be provided in any setting except the day center or residential habilitation facility. **Day habilitation and residential habilitation are available at a regular or intensive level (for a waiver participant who requires one-on-one staffing).**

Regular day habilitation, therapeutic integration services, intensive individual support services, and supported employment services may be received during a different period of the same day, but not during the same period of the day. Any Medicaid State Plan services which are provided by medical professionals (e.g., physicians, nurses, therapists, psychologists, or LCSWs) employed by or under contract with a provider of these waiver services are not included in the waiver reimbursement rates, but are covered and paid separately under the State Plan.

Regular Day Habilitation Services

Regular day habilitation services are essential interventions at a non-residential setting separate from the home or facility in which the waiver participant resides. The services help waiver participants to develop and retain their capacity for independence, self-care, and social functioning. Assistance is provided with acquisition, retention, or improvement in self-help, socialization, and adaptive skills. The services focus on enabling the individual to attain or maintain his or her maximum functional level and are coordinated with any physical, occupational, or speech therapies listed in the individual's IEP or IFSP and billed separately as EPSDT health-related services. In addition, regular day habilitation services may serve to reinforce skills or lessons taught in school, therapy, or other settings. Services are coordinated through a program of objectives designed to achieve goals related to the participant's discharge or diversion from an institutional placement, which meet the individual's treatment needs and assure the individual's health and safety.

Services are furnished an average of four hours per day five days per week on a regularly scheduled basis. The program may be offered during the school year, summer, or year-round. The unit of service for payment purposes is an hour. Two payment rates are available--regular and intensive. The intensive rate is approved by the waiver participant's multidisciplinary team when the participant needs one-on-one staffing in addition to the regular day habilitation staffing.

Regular day habilitation provides supervision, training, and assistance in developmental activities and daily living skills, including:

- Habilitation - training to assist the waiver participant to acquire, retain, or improve skills in a wide variety of areas that directly affect the ability to reside as independently as possible.
- Attending - training, supervision, or assistance in introducing the individual to a structured environment. This involves activities in learning to attend to a task, environmental safety, simulated activities, and social expectations.
- Personal Care - training, supervision, or assistance for the waiver participant in dressing, buttoning, zipping, eating, drinking, tooth brushing, bathing, toileting, shampooing, nail care, and other activities designed for attaining independence and maintaining good health.
- Behavior Shaping and Management - training, supervision, and assistance in appropriate expressions of emotions and desires, compliance, assertiveness, acquisition of socially appropriate behaviors, and the reduction of inappropriate behaviors. Services may include psychiatric or psychological interventions.
- Communication - expressive and receptive language development, sign language, augmentative communication, and affect training designed to assist the waiver participant in making his/her wants, needs, and desires known to those around him/her and, in turn, assist the individual in understanding the expectations of those around him/her.
- Sensory/Motor Development - training provided to the waiver participant to improve eye/hand coordination, manipulation of objects, self-regulation, and fine and gross motor control.
- Bowel and Bladder Control - training provided to the waiver participant to improve or refine the individual's bowel and bladder control.
- Intensive Early Intervention Services - if necessary for the younger children.
- Socialization - training, supervision, or assistance in learning and practicing skills of cooperation and participation in order to benefit from being in the company of others. Services may include training, supervision, or assistance in joining others in recreation, leisure, or community activities.
- Recreation - training, supervision, or assistance in leisure pursuits generally designed to enhance a person's physical or emotional well-being and to increase one's physical tolerance for full-time programming. Recreational activities are not diversional in nature, but are included in the plan of care and are related to specific therapeutic goals.
- Mobility - training provided to the waiver participant to enhance movement within his/her living and working/education environments.
- Community Mobility - training, supervision, or assistance in accessing public transportation, independent travel, or movement within the community.
- Self-Direction - training in identification of dangerous situations and making choices and decisions.
- Survival Skills - training, supervision, or assistance in home and street safety. Areas of assistance may include the proper use of appliances and equipment, the use of the telephone and dialing emergency numbers, evacuation of home and public building in case of emergency, dealing with injuries, and use of a fire extinguisher. Survival skills also include training in knowing, stating, and/or communicating one's name, address, and telephone number; identification of survival words and signs; and telling time.
- Utilization of Money - to increase or make possible independence in community settings or in minimally supervised settings (such as riding a bus) by training, supervision, or assistance in handling money; identification of coins for vending machines and pay telephones; and counting money, handling cash, and paying bills. Services may include supervision or

assistance in purchasing personal care items, clothing, or recreational items.

- Work Values - teaching such habits as compliance, attendance, task completion, problem solving, and safety.
- Crisis Intervention - planning for crises in the child's day habilitation placement and making the necessary behavioral or environmental interventions to stabilize and preserve the waiver participant's day habilitation placement or resolve an intensive behavioral episode.
- Medication Management, Monitoring, and Training - provided as needed and appropriate, in accordance with Maryland's Nurse Practice Act in COMAR 10.27.

The regular day habilitation provider must coordinate with (and may provide) the services prescribed in the waiver participant's Individualized Family Service Plan (IFSP) in accordance with Medicaid COMAR 10.09.40 or Individualized Education Program (IEP) in accordance with Medicaid COMAR 10.09.52. Although any education program of the regular day habilitation provider must comply with relevant COMAR regulations issued by the Maryland State Department of Education, Medicaid will not reimburse for any services which are solely educational.

Special education, early intervention services, case management, EPSDT health-related services, transportation, and Autism Waiver services are separately identified on the child's plan of care. A weekly record is completed for each child to document the specific time period during each day that waiver day habilitation services and State Plan school health-related services were received. Medicaid staff assisted with design of the weekly record form, which is used to identify billable hours for day habilitation and to assure that day habilitation billing does not duplicate claims for school health-related services. These records are audited regularly.

Although transportation to and from the regular day habilitation center may be provided by the regular day habilitation provider or the local education agency, transportation is not included in the waiver's reimbursement rate for regular day habilitation. Transportation for medically necessary school-based services is reimbursed per trip as a State Plan service under Medicaid COMAR 10.09.25. School-based EPSDT services are reimbursed per visit under Medicaid COMAR 10.09.50. All of these services, which are already covered by Medicaid, are excluded from Medicaid reimbursement for regular day habilitation under the waiver, and are separately billed by the provider using unique codes for each type of service.

Intensive Individual Support Services

These services provide intensive, one-on-one interventions with the waiver participant. The services are supervised by a psychologist, special educator, or social worker (LCSW). A therapeutic aide, bus aide, interpreter, or instructional technician provides the service. A supervisor is involved to plan and regularly review the therapeutic activities and behavior plans, meet regularly with the child and child's family, train and supervise the technicians providing intensive individual support services, and observe the child in the home setting.

The technician is also supervised when crisis intervention services are provided, to evaluate the nature of the crisis and intervene as necessary to reduce the likelihood of reoccurrence.

Intensive individual support services may be long-term and are authorized in the waiver plan of care when the waiver participant's behavior without this intervention would require a more restrictive residential, treatment, or educational setting. The services may be received at the waiver participant's

home, school bus, emergency room, or any other community setting except a day habilitation or residential habilitation facility. The services must be available 24 hours a day, seven days a week.

No more than 16 hours of services may be provided per day to a waiver participant. This coverage may be provided by more than one individual during a 24-hour period, necessitating ongoing coordination between individuals delivering services to the same participant.

The services are goal-and task-oriented. The interventions are developed on an individualized basis based on the individualized, written waiver plan of care. The services are intended to prevent or defuse crises; promote developmental and social skills growth; provide the participant with behavior management skills; give a sense of security and safety to the participant; assist the participant with maintaining self-sufficiency and impulse control; improve the participant's positive self-expression and interpersonal communication; improve the participant's ability to function and cooperate in the home and community; reverse negative behaviors and attitudes; and foster stabilization. These services use the home and community environment as a learning experience and as an opportunity to illustrate and model alternative ways of behaving for the participant.

The waiver participant is assisted in achieving successful home and community living through structured support, reinforcement, modeling, and behavior management. The specific services include one-on-one support, assistance, oversight, and intervention; time-structuring activities; immediate behavioral reinforcements; time-out strategies; crisis intervention techniques; and additional services as prescribed in the participant's individualized, written waiver plan of care. The services may include providing transportation and accompanying the participant to non-Medicaid services, as necessary and consistent with the waiver plan of care. Persons providing intensive individual support services are expected to collaborate with the participant's family, providers of other waiver services, and other professionals working with the participant in the home or other community settings, including the schools.

Therapeutic Integration Services

Therapeutic integration services are available as a structured after-school or extended day program. These services focus heavily on expressive therapies and therapeutic recreational activities. Development of socialization skills, enhancement of self-esteem, and behavior management are also important components. A daily session is approximately four hours for only those waiver participants identified as needing these extended hours in their day habilitation program.

Therapeutic integration services are especially needed for children and adolescents who have problems with socialization, isolation, hyperactivity, impulse control, and behavioral or other related disorders. The services are not education or recreation-focused but have a therapeutic, habilitative orientation. These activities must be culturally competent and congruent with the specific cultural norms of the child or adolescent.

The programs must be able to provide general therapeutic and therapeutic recreational services, behavioral management, and planning for crises with the child during a session. Each program shall include socialization groups and one or more of the following expressive therapies as appropriate: art therapy, music therapy, dance therapy, and activity therapy. Individual or group counseling as well as activities for building self-esteem may also be included. Transportation services may be provided, but are not included in the reimbursement rate. Coordination must be assured with the waiver participant's

other service providers, case manager for the Autism Waiver, and multidisciplinary team. The services must be guided by the waiver participant's individualized, written waiver plan of care.

Who can provide Day Habilitation Services?

The facility must meet the following requirements:

1. Provider must meet the requirements of the new Medicaid COMAR chapter for the HCBS Waiver for Children with Autism.
2. Provider must be:
 - (a) a non-public school approved in accordance with COMAR 13A.09.01 -.10 and other relevant regulations for non-public schools;
 - (b) the MD School for the Blind authorized in accordance with Health-General Article, §8-305 and 8-306 of the Annotated Code of MD;
 - (c) a public local education agency which meets the requirements on COMAR 13.A.05.02 Administration of Services for Students with Disabilities and other relevant regulations; or
 - (d) another qualified provider which meets all the requirements except 2. A.- C.
3. Provider must have at least 3 years of experience in providing habilitation services to children with autism.
4. Provider must have adequate liability insurance.
5. Provider must employ a full-time program director to assure adequate coordination and supervision of the covered services. The individual must either:
 - (a) hold a valid Maryland certificate as:
 - (i) a special education supervisor, principal, or special educator, and
 - (ii) have at least 3 years of successful teaching experience as verified by a former employer, in regular or special education, or both, as appropriate for the director's assignment; or
 - (b) have at least 3 years of relevant experience with counseling or supervision, as appropriate for the director's assignment.
6. Assistants/direct care workers, who are not licensed or certified, must have at least a high school degree, be appropriately trained to care for children with autism, work under the ongoing supervision of the appropriately licensed or certified professional employee, and be approved by the waiver provider as qualified to meet the waiver participant's needs.
7. A day habilitation or therapeutic integration services program must have on site at least 1 certified special educator, assistant, or licensed/certified therapist (counted only for therapeutic integration staffing, who may be a dance, recreation, drama, art, or music therapist) for every 3 children, with more staffing as necessary based on participants needs.
8. A certified special educator or, for a therapeutic integration program, a licensed/certified therapist must be designated as the on-site supervisor for the assistants.
9. Providers must demonstrate the necessary staff capacity to provide intensive day habilitation services when needed by participants, including on demand as necessary.
10. Provider must employ or contract with certain professionals for consultation as needed. Professional employees must have a health-related license or professional certificate as appropriate to meet the waiver participants' needs (such as physician, RN, OT, PT, LCSW, psychologist, special educator, or speech therapist).
11. For intensive individual support services, a direct care worker must be supervised by a licensed psychologist, certified school psychologist, certified special educator, or licensed clinical social worker (LCSW).
12. Provider must have a least one professional on call at all times for crisis intervention. The

are not included in the Medical Assistance reimbursement. Provided are the following services:

- Habilitation - training to assist the waiver participant to acquire, retain, or improve skills in a wide variety of areas that directly affect the ability to reside as independently as possible.
- Behavior Shaping and Management - training, supervision, and assistance in appropriate expression of emotions and desires, compliance, assertiveness, acquisition of socially appropriate behaviors, and reduction of inappropriate behaviors. Services may include psychiatric or psychological interventions.
- Daily Living Skills - training and/or assistance in dressing, personal hygiene, self-administration of medications, proper use of appliances and adaptive/assertive devices, home safety, first aid, and emergency procedures.
- Self-Direction - training which includes the identification of and response to dangerous or threatening situations, making decisions and choices affecting the individual's life, and initiating changes in living arrangements or life activities.
- Functional Living Skills Training - training in self-reliance, money management, and money handling and purchases.
- Socialization - training, supervision, or assistance which facilitates participating in general community activities and establishing relationships with peers. Training may be associated with participation in community activities including assisting with learning and practicing skills of cooperation and participation, assisting the recipient to identify activities of interest, arranging to participate in such activities, and identifying specific training activities necessary to assist the individual to participate in such activities on an ongoing basis. Such services do not include participation in activities which are solely diversional or recreational in nature.
- Mobility - training provided to the waiver participant to enhance movement within his/her living and working/education environments.
- Community Mobility - training, supervision, and assistance aimed at enhancing movement within the person's living arrangement; mastering the use of adaptive aids and equipment; and accessing and using public transportation, independent travel, or movement within the community.
- Transportation - for recreation, leisure activities, or skills training.
- Crisis Intervention and Planning - planning for crises in the child's residential placement and making the necessary behavioral or environmental interventions to stabilize and preserve the waiver participant's residential habilitation placement or resolve an intensive behavioral episode.
- Medication Management, Monitoring, and Training - provided as needed and appropriate, in accordance with Maryland's Nurse Practice Act in COMAR 10.27.

The residential habilitation provider must work closely with the participant's case manager for the Autism Waiver to provide transition services for each child in placement. Transition services are defined as training and experiential learning activities intended to promote self-reliance and age-appropriate behavior. These include recommending discharge planning goals and assisting the child in making the transition to home, the next planned placement, or independent living. These services must be responsive to the participant's individual developmental and behavioral needs.

Who can provide Residential Habilitation Services?

Facility that is licensed under COMAR 10.22.08 for licensing residential beds for persons with developmental disabilities or COMAR 01.04.04 for residential child care programs.

The facility must meet the following requirements:

1. Provider must meet the requirements of the new Medicaid COMAR chapter for the HCBS Waiver for Children with Autism.
2. Provider must be:
 - (a) a nonpublic school approved in accordance with COMAR 13A.09.01-.10 and other relevant regulations for nonpublic schools; or
 - (b) another qualified provider which meets all the requirements except 2. a.
3. Services must be provided in a group home or alternative living unit.
4. Provider must have at least 3 years of experience in providing habilitation services to children with autism.
5. Provider must have adequate liability insurance.
6. Provider must employ a full-time program director to assure adequate coordination and supervision of the covered services. The individual must either
 - (a) hold a valid Maryland certificate as:
 - (i) a special education supervisor, principal, or special educator, and
 - (ii) have at least 3 years of successful teaching experience, as verified by former employers, in regular or special education, or both, as appropriate for the director's assignment; or
 - (b) have at least 3 years of relevant experience with counseling or supervision, as appropriate for the director's assignment.
7. Direct care workers, who are not licensed or certified, must be trained to care for children with autism, work under the supervision of the appropriately licensed or certified professional employee as well as the house supervisor, and be approved by the waiver provider as qualified to meet the waiver participant's needs.
8. Provider must provide round-the-clock staffing which includes at all times at least 1 direct care staff person on site for every 3 children, with more staffing as necessary based on participants' needs. The residential program may be less than 7 days a week (e.g., without weekend services).
9. There must be on call 24 hours a day a designated house supervisor for the direct care workers. The house supervisor must:
 - (a) have at least a bachelor's degree in a human services field plus 3 years of experience with persons with autism; or
 - (b) meet the professional guidelines for Qualified Mental Retardation Professional or Qualified Developmental Disabilities Professional.
10. Provider must demonstrate the necessary staff capacity to provide intensive residential habilitation.
11. Provider must employ or contract with certain professionals for consultation as needed. Professional employees must have a health-related license or professional certification as appropriate to meet waiver participants needs (such as physician, RN, OT, PT, LCSW, psychologist, special educator, or speech therapist).
12. Provider must have at least one professional on call 24 hours for crisis intervention. The professionals must be experienced in providing services to children with autism, have a background in behavior management techniques, and have knowledge of the specific children being served (at a minimum having reviewed the child's record). The individual must be a licensed physician, licensed psychologist, certified school psychologist, licensed clinical social worker, certified special educator, or licensed nurse psychotherapist.
13. Provider must demonstrate the capability and capacity of providing Autism Waiver residential

habilitation services by submitting documentation of experience and a written implementation plan which includes policies and procedures.

14. Provider must assure the provision of services in the least restrictive environment in the community that is appropriate to participants needs.
15. Provider must provide evidence of integration of the residential habilitation program with day habilitation, IEP or IFSP, education, and other community-based services received by waiver participants.
16. Provider must document arrangements for the provision of medical services needed by participants, including helping them to get to medical appointments and to obtain services in an emergency.
17. For initial approval and as a condition of occupancy of any facility used by the program, the provider must submit written documentation from responsible approval or licensing authorities, verifying that the facility is in compliance with applicable health, fire safety, and zoning regulations. For continued approval, provider must maintain written documentation of compliance with applicable health, fire safety and zoning regulations as a condition of occupancy of any facility used by the program.

Respite Care

Respite care services are provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. Respite care will be provided in the individual's home or place of residence.

Who can provide Respite Care?

Program or individual which meets the following requirements:

1. The professional or technician rendering the respite care service must:
 - (a) Be approved by the waiver participant's family;
 - (b) Have experience working with children with autism as a service provider or as a family member and;
 - (c) Not be a member of the waiver participant's family.
2. A professional who provides respite care services or supervises a technician rendering the services must:
 - (a) Be:
 - (i) Certified in accordance with COMAR 13A.12.01. as a psychologist or special educator, or
 - (ii) Licensed as a psychologist, social worker, nurse, or occupational therapist; and
 - (b) Have training and at least one year of experience providing services to children with autism.
3. A technician who renders respite care services must:
 - (a) Work under the supervision of a professional as defined in #2 above;
 - (b) Pass a reference check and a criminal background check; and
 - (c) Have at least a high school diploma or equivalency.
4. If the provider is an agency, it must have adequate liability insurance and be appropriately bonded.

Supported Employment

Supported employment services, which consist of paid employment for persons for whom competitive employment at or above the minimum wage is unlikely, and who, because of their disabilities, need intensive ongoing support to perform in a work setting. Supported employment is conducted in a variety of settings, particularly work sites in which persons without disabilities are employed. Supported employment includes activities needed to sustain paid work by individuals receiving waiver services, including supervision and training. When supported employment services are provided at a work site in which persons without disabilities are employed, payment will be made only for the adaptations, supervision and training required by individuals receiving waiver services as a result of their disabilities, and will not include payment for the supervisory activities rendered as a normal part of the business setting.

Supported employment services furnished under the waiver are not available under a program funded by either the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (IDEA). Documentation will be maintained in the file of each individual receiving this service that:

The service is not otherwise available under a program funded under the Rehabilitation Act of 1973, or the Individuals with Disabilities Education Act (IDEA).

Federal Financial Participation (FFP) will not be claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

- (1) Incentive payments made to an employer to encourage or subsidize the employer's participation in a employment program;
- (2) Payments that are passed through to users of supported employment programs; or
- (3) Payments for vocational training that is not directly related to an individual's supported employment programs.

Who can provide Supported Employment Services?

Program or individual which meets the following requirements:

1. Provider must meet the requirements of the new Medicaid COMAR chapter for the HCBS Waiver or the Children with Autism.
2. Provider must have adequate liability insurance and be appropriately bonded.
3. Provider must have at least 3 years of experience in providing job coach, supported employment, or habilitation services to children with autism.
4. Provider must employ a full-time program director to assure adequate coordination and supervision of the covered services. The individual must hold a valid Maryland certificate as a:
 - (a) special education supervisor or principal, or
 - (b) special educator and have at least 3 years of successful teaching experience, as verified by former employers, in regular or special education, or both, as appropriate for the director's assignment.
5. Direct care workers, who are not licensed or certified, must have at least a high school degree, be appropriately trained to care for children with autism, work under the ongoing supervision

- of the appropriately licensed or certified professional employee, and be approved by the waiver provider as qualified to meet the waiver participant's needs.
6. The provider must have on site at least 1 qualified staff person for every 3 children, with more staffing as necessary based on participant's needs.
 7. A certified special educator, Qualified Mental Retardation Professional, or Qualified Developmental Disabilities Professional must be designated as the onsite supervisor for the direct care workers.
 8. Provider must employ or contract with certain professionals for consultation as needed. Professional employees must have a health-related license or professional certification as appropriate to meet waiver participants' needs (such as physician, RN, OT, PT, LCSW, psychologist, special educator, or speech therapist).
 9. Provider must have at least one professional on call at all times for crisis intervention. The professionals must be experienced in providing services to children with autism, have a background in behavior management techniques, and have knowledge of specific children being served. The individual must be a licensed physician, licensed psychologist, certified special educator, or licensed nurse psychotherapist.
 10. Provider must demonstrate the capability and capacity of providing Autism Waiver supported employment services by submitting documentation of experience and a written implementation plan which includes policies and procedures.
 11. Provider must provide evidence of integration of the covered services with day habilitation, IEP, education, and other community-based services received by a waiver participant, with a plan for transitioning to adult services or employment.
 12. Provider must demonstrate arrangements to obtain medical services in an emergency.
 13. For initial approval and as a condition of occupancy of any facility used by the program, the provider must submit written documentation from responsible approval or licensing authorities verifying that the facility is in compliance with applicable health, fire safety, and zoning regulations. For continued approval, provider must maintain written documentation of compliance of health, fire safety, and zoning regulations as a condition of occupancy of any facility used by the program.

Environmental Accessibility Adaptations

Those physical adaptations to the home, required by the individual's plan of care, which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home, and without which the individual would require institutionalization. Such adaptations may include alarms or locks on windows, doors, and 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 which are necessary for the welfare of the individual. Window locks may only be used if there is no other way to prevent a participant's rapid movement into a potentially dangerous situation. With the added safety precautions, it must be assured that the house has enough exits, so there are not fire or safety concerns. Several rooms may be secured, not the whole house. As appropriate, the adaptations must be approved by the fire department as meeting the fire safety code. Excluded are those adaptations or improvements to the home which are of general utility, and are not of direct medical or remedial benefit to the individual, such as carpeting, roof repair, central air conditioning, etc. Adaptations which add to the total square footage of the home are excluded from this benefit. All services shall be provided in accordance with applicable State or local building codes. Preauthorization by the Maryland State Department of

Education (MSDE) is required. Expenditures are capped at \$1,500 per person over 36 months.

Who can provide Environmental Accessibility Adaptations ?

Provider must be the store, vendor, contractor/builder from which the adaptations are purchased. Additional requirements are:

- If installation is involved, the provider must be able to perform the installation.
- Provider must be able to service or maintain the adaptation, as necessary.
- If construction is involved, the provider must have the appropriate State license as a contractor or builder and be appropriately bonded. Also, the work must pass the required inspections.
- If the adaptation costs over \$500, at least 3 bids/prices must be obtained from eligible providers for comparison by MSDE.

Family Training

Training and counseling services for the families of individuals served on this waiver. For purposes of this service, "family" is defined as the persons who live with or provide care to a person who served on the waiver, and may include a parent, spouse, children, relatives, foster family, or in-laws. "Family" does not include individuals who are employed to care for the consumer. Training includes instructions about treatment regimens and use of equipment specified in the plan of care, and shall include updates as necessary to safely maintain the individual at home. All family training must be included in the individual's written plan of care.

Who can provide Family Training?

Program or individual which meets the following requirements:

1. Provider must have adequate liability insurance.
2. The trainer must:
 - a. Be:
 - (i) Certified in accordance with COMAR 13A.12.01 as a psychologist, special educator, or speech therapist, or
 - (ii) Licensed as a psychologist, social worker, nurse psychotherapist, speech therapist, or occupational therapist; and
 - b. Have training and at least two years experience, which:
 - (i) Is relevant to the family's training needs,
 - (ii) Is related to behavior interventions and /or how to keep the child safe in the home environment, and
 - (iii) Involved providing services to children with autism as a service provider or as a family member.
3. Provider must provide evidence of integration of the training program with the day habilitation, IEP, education, and other waiver and community-based services received by waiver participants.

HOUSE BILL 99

Unofficial Copy
J1

1998 Regular Session
(8lr1059)

ENROLLED BILL

-- Environmental Matters/Finance --

Introduced by **Delegates Hurson, Taylor, Dewberry, Rawlings, Curran, Busch, Guns, Vallario, Hixson, Harrison, Menes, Kopp, Arnick, Owings, Barve, Benson, E. Burns, Cadden, Clagett, Conroy, C. Davis, Dembrow, Doory, Dypski, Finifter, Franchot, Frank, Fulton, Goldwater, Hecht, Heller, Howard, Jones, Krysiak, Love, Mandel, Marriott, V. Mitchell, Morhaim, Nathan-Pulliam, Patterson, Perry, Petzold, Pitkin, Preis, Proctor, Shriver, Slade, Turner, Weir, Wood, and ~~Workman~~ Workman, DeCarlo, Donoghue, McHale, Miller, Valderrama, and Hubbard**

Read and Examined by Proofreaders:

Proofreader.

Proofreader.

Scaled with the Great Seal and presented to the Governor, for his approval this
____ day of _____ at _____ o'clock, ____ M.

Speaker.

CHAPTER _____

1 AN ACT concerning

2 **Home- and Community-Based Services for Autistic Children and**
3 **~~Chronically Mentally Ill~~ Seriously Emotionally Disturbed Individuals -**
4 **Medicaid Waiver Waivers**

5 FOR the purpose of requiring the Department of Health and Mental Hygiene to apply
6 to the federal Health Care Financing Administration for a certain home- and
7 community-based services ~~waiver~~ waivers to provide certain services to certain
8 autistic children and ~~chronically mentally ill~~ seriously emotionally disturbed
9 individuals; ~~requiring certain action to be taken by the Maryland State~~
10 Department of Education, local school systems, and local lead agencies, and the

1 Mental Hygiene Administration; requiring the Department to report to the
 2 General Assembly concerning the status of a certain application at certain time
 3 intervals; and generally relating to the provision of certain services to certain
 4 autistic children and ~~chronically mentally ill~~ seriously emotionally disturbed
 5 individuals.

6 BY repealing and reenacting, without amendments,
 7 Article - Health - General
 8 Section 1-101(a) and (c)
 9 Annotated Code of Maryland
 10 (1994 Replacement Volume and 1997 Supplement)

11 BY adding to
 12 Article - Health - General
 13 Section 15-130
 14 Annotated Code of Maryland
 15 (1994 Replacement Volume and 1997 Supplement)

16 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
 17 MARYLAND, That the Laws of Maryland read as follows:

18 **Article - Health - General**

19 1-101.

20 (a) In this article the following words have the meanings indicated.

21 (c) "Department" means the Department of Health and Mental Hygiene.

22 15-130.

23 (A) IN THIS SECTION, "SERIOUSLY EMOTIONALLY DISTURBED" MEANS A
 24 CONDITION THAT IS:

25 (1) MANIFEST IN AN INDIVIDUAL YOUNGER THAN 18 YEARS OR, IF THE
 26 INDIVIDUAL IS IN A RESIDENTIAL TREATMENT CENTER, YOUNGER THAN 21 YEARS;

27 (2) DIAGNOSED ACCORDING TO THE CURRENT DIAGNOSTIC
 28 CLASSIFICATION SYSTEM THAT IS RECOGNIZED BY THE SECRETARY; AND

29 (3) CHARACTERIZED BY A FUNCTIONAL IMPAIRMENT THAT
 30 SUBSTANTIALLY INTERFERES WITH OR LIMITS THE CHILD'S ROLE OR FUNCTIONING
 31 IN THE FAMILY, SCHOOL, OR COMMUNITY ACTIVITIES.

32 ~~(A)~~ (B) (1) THE DEPARTMENT SHALL APPLY TO THE HEALTH CARE
 33 FINANCING ADMINISTRATION OF THE FEDERAL DEPARTMENT OF HEALTH AND
 34 HUMAN SERVICES FOR A HOME- AND COMMUNITY-BASED SERVICES WAIVER UNDER
 35 § 1915(C) OF THE FEDERAL SOCIAL SECURITY ACT IN ORDER TO RECEIVE FEDERAL

1 MATCHING FUNDS FOR THE PROVISION OF THE FOLLOWING SERVICES TO
 2 CHRONICALLY MENTALLY ILL INDIVIDUALS AGED 5 THROUGH 20 YEARS AND
 3 AUTISTIC CHILDREN SERIOUSLY EMOTIONALLY DISTURBED INDIVIDUALS WHO
 4 WOULD OTHERWISE REQUIRE INSTITUTIONALIZATION IN A RESIDENTIAL
 5 TREATMENT FACILITY: CENTER.

6 (2) THE DEPARTMENT SHALL APPLY TO THE HEALTH CARE FINANCING
 7 ADMINISTRATION OF THE FEDERAL DEPARTMENT OF HEALTH AND HUMAN
 8 SERVICES FOR A HOME- AND COMMUNITY-BASED SERVICES WAIVER UNDER §
 9 1915(C) OF THE FEDERAL SOCIAL SECURITY ACT IN ORDER TO RECEIVE FEDERAL
 10 MATCHING FUNDS FOR SERVICES TO AUTISTIC CHILDREN AGED 1 THROUGH 21
 11 YEARS WHO WOULD OTHERWISE REQUIRE INSTITUTIONALIZATION IN AN
 12 INSTITUTION FOR THE DEVELOPMENTALLY DISABLED.

13 (C) IN ACCORDANCE WITH SUBSECTION (B)(1) AND (2) OF THIS SECTION, THE
 14 SERVICES TO BE PROVIDED FOR SERIOUSLY EMOTIONALLY DISTURBED
 15 INDIVIDUALS OR AUTISTIC CHILDREN MAY INCLUDE, BUT ARE NOT LIMITED TO:

- 16 (1) RESPITE SERVICES;
- 17 (2) FAMILY TRAINING AND EDUCATION;
- 18 (3) DAY TREATMENT SERVICES;
- 19 (4) THERAPEUTIC INTEGRATION SERVICES;
- 20 (5) INTENSIVE INDIVIDUAL SUPPORT SERVICES;
- 21 (6) THERAPEUTIC LIVING SERVICES; ~~AND~~
- 22 (7) INTENSIVE IN-HOME INTERVENTION SERVICES; AND
- 23 (8) SPECIALIZED CASE MANAGEMENT SERVICES.

24 ~~(B)~~ (D) THE STATE MATCHING FUNDS REQUIRED TO COVER THE MEDICAID
 25 COSTS UNDER THE WAIVER FOR INDIVIDUALS WITH AUTISM ~~AUTISTIC CHILDREN~~
 26 SHALL BE CERTIFIED OR OTHERWISE PROVIDED BY THE MARYLAND STATE
 27 DEPARTMENT OF EDUCATION, LOCAL SCHOOL SYSTEMS, AND LOCAL LEAD
 28 AGENCIES.

29 ~~(C)~~ (E) THE STATE MATCHING FUNDS REQUIRED TO COVER THE MEDICAID
 30 COSTS UNDER THE WAIVER FOR ~~CHRONICALLY MENTALLY ILL~~ SERIOUSLY
 31 EMOTIONALLY DISTURBED INDIVIDUALS SHALL BE CERTIFIED OR OTHERWISE
 32 PROVIDED BY THE MARYLAND STATE DEPARTMENT OF EDUCATION, LOCAL SCHOOL
 33 SYSTEMS, LOCAL LEAD AGENCIES, AND BY THE MENTAL HYGIENE ADMINISTRATION.

34 ~~(B)~~ ~~(D)~~ (F) SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT ARTICLE,
 35 THE DEPARTMENT SHALL REPORT TO THE GENERAL ASSEMBLY EVERY 6 MONTHS
 36 CONCERNING THE STATUS OF THE DEPARTMENT'S APPLICATION APPLICATIONS
 37 UNDER SUBSECTION (A) ~~(B)~~ OF THIS SECTION.

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1 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
2 July 1, 1998.