

Autism Waiver Update Joint Chairmen's Report

**Division of Early Intervention and
Special Education Services**

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Introduction

The Maryland Medicaid Home and Community-Based Services (HCBS) Waiver for Children with Autism Spectrum Disorder (ASD), otherwise known as the Autism Waiver (AW), is a partnership between the Maryland State Department of Education (MSDE) and the Maryland Department of Health (MDH). The MSDE serves as the Operating State Agency (OSA) and is responsible for the day-to-day implementation of the AW. The MDH Office of Long Term Services and Supports (OLTSS), Division of Community Long Term Care (Division) is the single State Medicaid Agency (SMA) charged with the administrative oversight of the AW and the AW registry. The MSDE and MDH engage in ongoing interagency efforts to implement and provide oversight through collaboration on AW policies and procedures, operational issues, performance measures, monitoring findings, AW registry updates, and the enrollment process for eligible applicants.

In response to the Joint Chairmen's Report (JCR) – Operating Budget, April 2022 (p.172-173), the MSDE, in collaboration with the MDH, is pleased to submit this report on the AW registry and program to the Senate Budget and Taxation Committee and the House Appropriations Committee of the Maryland General Assembly.

An overview of AW services is provided and, as outlined in the JCR, this report addresses the requested information in two parts:

Part I of the report focuses on the AW registry, including:

1. an overview of the AW registry;
2. snapshot of the number of individuals on the AW registry;
3. plans and procedures to manage waitlist eligibility that reflect federal guidelines and national practices, including:
 - procedures to contact and identify individuals who may qualify for AW services and/or the AW waitlist and
 - plans to contact all currently waitlisted individuals for a review of their eligibility for the AW waitlist;
4. a timeline for these actions; and
5. anticipated administrative costs for these actions.

Part II of the report focuses on the AW program, including:

1. a snapshot on the number of children currently enrolled in the AW; and
2. an update on the projected costs for AW services in fiscal 2023 through fiscal 2027 considering anticipated changes in the management and funding of the program.

Overview

House Bill 99 was proposed by Delegate John Hurson during the 1998 legislative session. The General Assembly approved and required the Maryland Department of Health (MDH) to apply to the Centers for Medicare and Medicaid Services (CMS) for a Home and Community-Based Services (HCBS) Waiver under Section 1915(c) of the Social Security Act, to serve children with autism spectrum disorder (ASD). In August 1998, the MDH applied for this Waiver to allow children with ASD, determined to be eligible for institutional services in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID), to receive Autism Waiver (AW) services in their home and community. The AW was approved in 2000 by the CMS and participants began receiving services designed to provide long-term, person-centered therapeutic services and supports designed to enable home and community living as an alternative to institutional care in 2001.

The AW qualifies the participant for full benefits through Medical Assistance, to include health insurance, prescription coverage, and dental care. Provider agencies who demonstrate the capacity and qualifications to serve children with ASD are approved to provide therapeutic services for AW participants under Code of Maryland Regulations (COMAR) 10.09.56. The following services are offered to eligible participants from age one through the end of the school year in which the individual turns twenty-one:

- **Adult Life Planning (ALP):** Family-centered and focused on educating and supporting the family to access adult community services on behalf of the participant, this service emphasizes the development of a plan for decision making for ASD/developmental disabilities services in adulthood.
- **Environmental Accessibility Adaptations (EAA):** Funding towards making physical adaptations to the home that are necessary to ensure the health, welfare, and safety of the participant in the home environment and enable the participant to function with greater independence.
- **Family Consultation (FC):** Consultation, education, and counseling services for the families of participants served on the AW.
- **Intensive Individual Support Services (IISS):** One-on-one assistance based on the participant's need for interventions and support, as identified in an individualized treatment plan. These services use the home and community environment as a learning opportunity.
- **Residential Habilitation (Regular or Intensive):** Community-based placement for participants who cannot live at home because they require highly supervised and supportive environments. Services are designed to assist participants to acquire, retain, and improve self-help, socialization, and adaptive skills necessary to successfully return home. Intensive services require awake overnight and one-to-one staffing.
- **Respite Care:** Short-term supervision and assistance with activities of daily living that are provided to participants because of the absence or need for relief of those persons normally providing care.
- **Therapeutic Integration (TI: Regular or Intensive):** A structured program during after-school hours, weekends, and non-school days that provides therapeutic services specially designed for participants who have problems with socialization, isolation, hyperactivity, impulse control, and behavioral or other related disorders. Intensive TI services require one-to-one intervention, whereas regular TI requires one staff for every three participants.

The AW also requires that each AW participant is assigned an AW Service Coordinator (SC) by the local education agency (LEA) in which they reside. This service is required but billed as AW Service Coordination under COMAR 10.09.52, Service Coordination for Children with Disabilities.

- **Service Coordination:** The AW SC serves as the main point of contact and coordination for MSDE, AW participants, and their families in all aspects of the AW, to include engaging families and assisting them through the eligibility process and once a child is enrolled the SC remains that family's case manager. The AW SC leads the multidisciplinary team, a group of individuals at the LEA who are knowledgeable about the participant and collaborate to provide support and reassessment of the child's continued participation in the AW.

Part I Autism Waiver (AW) Registry

OVERVIEW OF AW REGISTRY:

The AW registry is a list of individuals interested in applying for the AW when a vacancy is available. The MDH is the State agency responsible for maintaining and managing the registry and does so through a contracted vendor. The current vendor is [CMD Outsourcing Solutions \(CMD\)](#). CMD is a Maryland based professional call center with services that cover inbound and outbound calls, emails, live chats, and text messages. In their capacity as the vendor for the AW registry, CMD is the initial contact for entry onto the AW registry and is responsible for managing all updates to the AW registry. Currently, any family interested in adding their child to the AW registry is asked to provide the information identified below and all information is entered into a database maintained by CMD.

Registrants are asked for the following information:

- Individual's/child's name
- Date of birth
- Age
- Last four digits of social security number
- Medical Assistance number, if applicable
- Address
- County
- Phone number
- Contact person's name
- Phone number
- Address
- Email
- Preferred language
- Special circumstances (i.e., parent is member of the armed forces, child is in foster care, other)
- Contact information for special circumstances

Opportunities to apply for the AW are offered on a first come, first serve basis and enrollment in AW services is offered if the child meets financial, technical, and medical eligibility. The date and time of entry onto the AW registry is logged as it becomes the basis for the individual's placement on the registry. At this time, any individual may be added to the AW registry by calling 1-866-417-3480. The AW registry does not include a web-based system for registering and the AW registry vendor does not pre-screen individuals prior to adding them to the AW registry; eligibility requirements are first considered during the application process. When a registrant is offered an opportunity to apply for the AW, their name is removed from the registry and the MSDE and AW SC involvement with a potential AW participant begins to support the eligibility determination.

SNAPSHOT OF INDIVIDUALS ON THE AW REGISTRY:

As of June 30, 2022, 6274 individuals are on the AW registry. Table #1 provides a snapshot of the Statewide AW registry, including the number of and percentage of individuals on the AW registry by county of residence.

Table #1

Snapshot of Statewide AW Registry as of June 30, 2022		
County/City	Number of AW Registrants	Percentage of AW Registrants
Allegany	35	0.56%
Anne Arundel	494	7.87%
Baltimore City	519	8.27%
Baltimore	905	14.24%
Calvert	57	0.91%
Caroline	13	0.21%
Carroll	147	2.34%
Cecil	85	1.35%
Charles	143	2.28%
Dorchester	21	0.33%
Frederick	321	5.12%
Garrett	<10	0.13%
Harford	246	3.92%
Howard	474	7.55%
Kent	15	0.24%
Montgomery	1507	24.02%
Prince George's	985	15.70%
Queen Anne's	20	0.32%
Somerset	<10	0.14%
St. Mary's	53	0.84%
Talbot	19	0.30%
Washington	115	1.83%
Wicomico	40	0.64%
Worcester	43	0.69%
Statewide	6274	100%

Data Source: CMD Active Records Report

PLANS & PROCEDURES TO MANAGE WAITLIST ELIGIBILITY:

As requested, the State researched federal guidelines and current national practices for managing waitlist eligibility. According to the [Medicaid and CHIP Payment and Access Commission \(MACPAC\)](#), there are no nationally standardized practices to manage HCBS waitlists. Across HCBS waivers, eligibility screenings occur at varying times making it difficult to determine unmet needs of those waiting for services. This is also true of Maryland's AW, which currently operates on a first-come, first-served approach, notably the most commonly used approach among 1915(c) and Section 1115 waivers across the United States and District of Columbia. A first-come, first-served approach promotes signing up for waiver services in anticipation of a future need. MACPAC reports that in many states families are adding their names to waitlists anticipating a long wait and assuming that by the time their child's name is called, the child will have developed the need for services. Longer wait times for waivers involving children with intellectual and developmental disorders (ID/DD) are further influenced by the fact that these children remain in services for several years resulting in a lower turnover rate. This is also true in the case of Maryland's the AW.

By January 1, 2023, the MSDE and the MDE will collaborate to develop and submit a plan to turn the AW registry into a waitlist beginning in fiscal 2024, as required by [SB 636: Maryland Department of Health – Waiver Programs – Waitlist and Registry Reduction \(End the Wait Act\)](#). This comprehensive plan will

outline the eligibility determination process for individuals on the AW registry and propose how services can be offered to 50% of the individuals who are deemed eligible, including expected timeframes and projected costs, as well as further plans and procedures to manage the AW registry and eligibility.

This report provides a summary of proposed procedures and recommendations to contact individuals, examine eligibility criteria, and address the overall function and management of the AW registry as requested. Anticipated timelines and estimated administrative costs are provided. Proposals and recommendations will be vetted by the MSDE, the MDH, contracted vendors, and AW stakeholders via the AW Advisory Committee prior to implementation and are subject to change.

Determining eligibility for the AW involves locating and contacting each family and working with them to facilitate the submission of all required documents to verify the child meets technical, medical, and financial eligibility. Currently, AW SCs at each LEA assist families once a seat is available and a child is invited to begin the application process. To move from an AW registry to a waitlist, this process needs to be re-envisioned and the MSDE and MDH must take on a more active role in eligibility determination.

In August of 2021, the MSDE began a data match of AW registry names with the Special Services Information System (SSIS) to proactively match records and provide AW SCs with up-to-date contact information when the child was eligible to apply. Due to discrepancies in data fields collected and maintained by the AW registry, primarily related to names and birthdates, the matching algorithms were unsuccessful. Data Analysts manually entered information to troubleshoot this issue, but the MSDE was only able to identify possible matches for 31% of the 6160 individuals on the AW registry. Due to this low rate of reliability, the MSDE was unable to implement this data match.

At the beginning of calendar year 2022, the MSDE attempted a different data match, comparing AW registry names with the Maryland Online Individualized Education Program (MOIEP). Unfortunately, an automated match was not possible, so a manual data match was initiated. Data Analysts were not only attempting to find a match for the child based on demographics/contact information, but they were also conducting a review for critical components of technical eligibility. A registrant is determined to meet AW technical eligibility if the individual meets identified criteria, for example:

- Is between 1 and 21 years old;
- Has a current diagnosis of ASD; and
- Has an Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP) with at least 15 hours a week of special education and related services.

MSDE Data Analysts reviewed IEPs to determine if the individual was within the acceptable age range, had a disability code of autism on their IEP or an evaluation documenting a diagnosis of autism, and if the registrant had at least 15 hours a week of qualifying services on their IEP/IFSP.

This data match was completed for 500 of the 6400 registrants, over the course of two months, by two Data Analysts, dedicating 10 hours per week to the reviews. Of the 500 records reviewed, the MSDE found that 292 records (58%) had an ASD diagnosis in their IEP. Of the remaining 208 records, 58 (12%) identified a disability other than ASD and 150 (30%) either could not be reviewed or the information was inconclusive. In terms of verifying 15 hours of special education services, 211 (42%) of students had at least 15 hours of qualifying services identified on their IEP; 48 (10%) did not have the hours needed to meet eligibility; and 241 (48%) either could not be reviewed or the information was inconclusive during the review. In sum, of the 500 reviewed, only 28% could be determined as meeting technical eligibility requirements with the information available.

Considering the labor-intensive nature of this initial review, it is estimated that the review of all registrant files would take over a year to complete without dedicated staff. This timeline is not aggressive enough to meet the deadline set forth by SB 636, which is to conduct eligibility determinations and offer services to at least 50% of individuals determined eligible by fiscal 2024. In addition, four LEAs do not use the MOIEP system, and for those counties, it would require added time and effort for the MSDE to preliminarily check technical eligibility.

As a result, in June of 2022, the MSDE contacted Special Education Directors in each LEA requesting the completion of a technical eligibility data match spreadsheet for each applicant currently on the AW registry. Comprehensive LEA data is anticipated by August 2022. Based on the data obtained thus far, from initial assessments of technical eligibility for 1778 current registrants, up to 52% may meet preliminary technical eligibility requirements but require further review to make a determination.

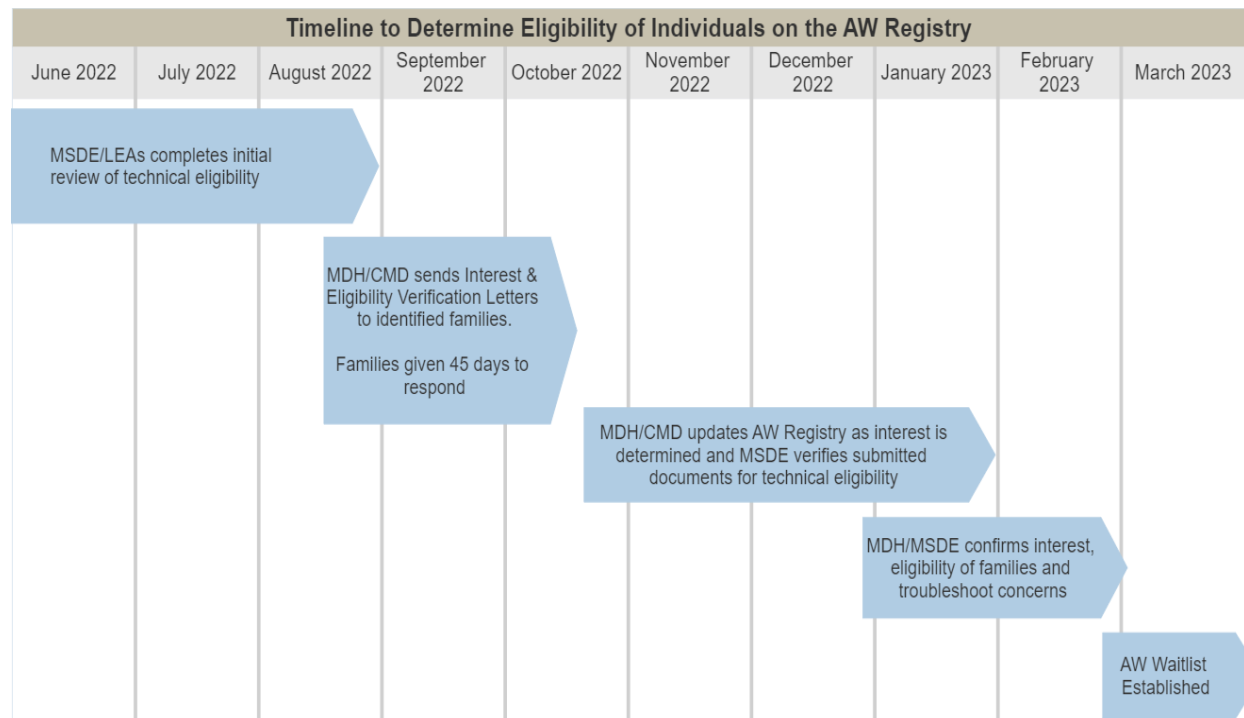
Upon the submission of technical eligibility data match spreadsheets from all LEAs, the MSDE will complete a review and compilation of the data, conduct further research as appropriate, and identify the names of individuals whose technical eligibility and/or whose demographic information requires verification. Once complete, the MSDE will collaborate with the MDH to provide guidance for the AW registry vendor to contact each family whose technical eligibility could not be determined to request additional information and update the AW registry data.

The MSDE has drafted an *Interest & Eligibility Verification* letter and form for the AW registry vendor to send to identified families. The letter explains to parents that the MSDE has conducted a review of IEP records and their child's name was either not found in the IEP system, a minimum of 15 hours per week of special education/related services could not be identified on the IEP, or the IEP did not document a diagnosis of ASD. The letter states that it is critical that the AW registry maintain accurate information to ensure eligibility and that families can be contacted when their child becomes eligible to apply for the AW. The letter informs families that if the State is unable to reach them that they may miss the opportunity to apply for the AW. It asks that parents mail or email a copy of the *AW Interest & Eligibility Verification Form*, along with proof of meeting eligibility criteria, if applicable, or call the AW registry Help Line to confirm interest and further discuss eligibility. In addition to this letter, the AW registry vendor will also send email, phone, or text communication blasts to registrants requesting they confirm interest, update information, and contact the AW registry to submit proof of eligibility. Multiple attempts to reach families will ensure registrants were provided ample notice and time to submit documentation.

TIMELINE TO DETERMINE ELIGIBILITY:

Table #2 provides a visual of the timeline to review technical eligibility of AW registrants in order to add families onto an AW waitlist for services.

Table #2



The MSDE and MDH project that by March 1, 2023, a review of technical eligibility will be completed for each registrant on the AW registry and an AW waitlist will be established. This timeline allows 4 months to train AW SCs and providers on new policies and practices and send invitations for eligible families to apply for AW services beginning July 1, 2023 (the beginning of fiscal 2024).

Once the AW registry has been converted to an AW waitlist for services and these new procedures have been implemented successfully, the State should consider offering an electronic method for families to add their child's name to the AW registry and make changes to their contact information.

ANTICIPATED ADMINISTRATIVE COSTS:

The anticipated administrative costs to contact and review all individuals on the AW registry for determining who qualifies and is interested in AW services fall into several categories. Below is a breakdown of anticipated administrative costs for the MSDE and the MDH related to the actions identified above. Additional costs related to the ongoing management of the AW program considering the proposed changes and anticipated increase in AW participants are found in Part II of this report.

The MSDE has reallocated two Education Program Specialist positions (FTE Grade 21: \$66,516-\$86,741 per year) to address anticipated operational requirements to screen for AW technical eligibility, track and manage technical eligibility, and provide ongoing support and assistance to providers; these duties will include:

- Serve as liaison with the MDH, the MDH AW registry vendor, and AW SCs to increase the number of enrollments in the AW program;
- Refine and manage a system for AW technical eligibility determination which includes a data match with the SSIS system and MOIEP and is integrated into the online AW database;
- Obtain, review and screen documents to verify whether the child has an IFSP/IEP; an approved eligibility code on their IEP; at least 15 hours of special education and health related services (HRS); or if they have exited special education;
- Provide case consultation services regarding AW registrants who require an ASD diagnosis;
- Determine technical eligibility and maintain the AW waitlist;
- Manage the eligibility process of each child as they exit the AW waitlist and enter the application process at the LEA;
- Provide technical assistance to families and AW SCs regarding the AW registry, eligibility determinations, the AW waitlist, and the AW application and onboarding process through statewide workshops, site meetings, written correspondence, and telephone assistance;
- Refine and manage the tracking of Statewide AW application letters in the AW online database;
- Generate formative and summative reports on the status of AW eligibility determinations and applications; and
- Monitor and track AW SC compliance with the AW application process and COMAR regulations.

Additionally, the MSDE anticipates administrative costs related to developing a tracking system for the AW waitlist within the existing online AW database that would have the capability to link and transfer data to the existing AW Application Tracking database. This will require a procurement solicitation for an information technology vendor. It is anticipated that the contract award would be approximately \$50,000-\$75,000.

There are anticipated costs associated with the ongoing review of technical eligibility for those interested in receiving AW services. For example, in fiscal 2022, 1147 children were added to the AW registry. There is a significant amount of intensive support provided for each interested individual; the AW Specialist must conduct a hands-on thorough review of each submitted document, verify information by checking databases at the MSDE, seek additional information, and maintain documentation in a tracking system to ensure those waiting for an opportunity to apply for the AW do not lose their current place in line.

Furthermore, several of these individuals may not be found to meet technical criteria for the AW and those families must receive support to obtain resources.

The current AW registry vendor's contract expires at the end of calendar year (CY) 2022, making it complicated to accurately project costs of planned updates to operations with the AW registry vendor at this time, although the MDH is currently working with the AW registry vendor to determine projected costs. Considering the expected increase in data collection, data fields, communication with registrants (written and otherwise) and the contract billing policy; the vendor costs are expected to significantly increase for the MDH. The MDH requires the vendor to communicate through incoming phone calls, outgoing messages, and written notices under its direction and at certain periods of the CY (i.e., when someone ages off, a wave of notices at the end of the school year, etc.).

Part II Enrollment and Projected Costs

SNAPSHOT OF AUTISM WAIVER (AW) ENROLLMENT:

Throughout fiscal 2022, the State served a total of 1471 participants through the AW. Table #3 provides a snapshot of the number and percentage of participants and families served throughout fiscal 2022, by county.

Table #3

Snapshot of Statewide AW Participants as of June 30, 2022		
County/City	Number of AW Participants	Percentage of AW Participants
Allegany	<10	.2%
Anne Arundel	107	7.3%
Baltimore City	83	5.6%
Baltimore	293	19.9%
Calvert	14	1.0%
Caroline	<10	0%
Carroll	42	2.9%
Cecil	13	.9%
Charles	18	1.2%
Dorchester	<10	.1%
Frederick	80	5.4%
Garrett	<10	0%
Harford	80	5.4%
Howard	131	8.9%
Kent	<10	.1%
Montgomery	353	24%
Prince George's	191	13%
Queen Anne's	<10	.1%
St. Mary's	18	1.2%
Somerset	<10	.1%
Talbot	<10	.3%
Washington	23	1.6%
Wicomico	<10	.5%
Worcester	<10	.2%
Statewide	1471	100%

Data Source: AW Database ADHOC Report

PROJECTED COSTS FOR AW SERVICES:

To project costs for AW services in fiscal 2023 through fiscal 2027, consideration must be given to onboarding at least 50% of those on the AW registry found eligible for AW services beginning in fiscal 2024. To make this projection, the MSDE and MDH examined enrollment data over the past five years and found that approximately 40% of the opportunities offered to families on the AW registry resulted in enrollments. As of June 30, 2022, 6274 names were on the AW registry. Using historical data of 40%, it is estimated that 2510 children would be deemed eligible for the AW. Offering services to half of these individuals would result in an additional 1255 children invited to apply to the AW in fiscal 2024. The State

anticipates adding 100 opportunities each fiscal year after, through fiscal 2027, to continue to meet the needs of children in Maryland with ASD. With this in mind, the State anticipates that the following number of children will be offered opportunities to apply to the AW for fiscal 2023 through fiscal 2027:

- Fiscal 2023: 1500 (currently approved)
- Fiscal 2024: 2755
- Fiscal 2025: 2855
- Fiscal 2026: 2955
- Fiscal 2027: 3055

Using fiscal 2022 figures, the average cost per participant was \$18,300.00. Using this figure as a base cost per participant, and adding known or anticipated rate increases, the projected costs for AW services for fiscal 2023 through fiscal 2027 are as follow:

- Fiscal 2023: \$30,744,000.00 (1500 anticipated participants). Anticipated cost per participant is \$20,496.00. Calculations included a 12% rate increase which was effective July 1, 2022. This rate increase included a temporary 4% increase authorized by the American Rescue Plan Act, which was for fiscal 2023 only;
- Fiscal 2024: \$56,466,480.00 (2755 anticipated participants). Anticipated cost per participant is \$20,496.00; cost per participant remains the same as fiscal 2023. Although the fiscal 2023 rates included a 4% temporary increase, the projected costs include this as a fixed increase;
- Fiscal 2025: \$60,856,723.20 (2855 anticipated participants). Anticipated cost per participant is \$21,315.84. Calculations include an additional 4% rate increase in addition to the previous fiscal year figures;
- Fiscal 2026: \$65,507,839.49 (2955 anticipated participants). Anticipated cost per participant is \$22,168.47. Calculations include an additional 4% rate increase in addition to the previous fiscal year figures; and
- Fiscal 2027: \$70,433,674.32 (3055 anticipated participants). Anticipated cost per participant is \$23,055.21. Calculations include an additional 4% rate increase in addition to the previous fiscal year figures.

Table #4

Projected Costs for AW Services: Fiscal 2023 through 2027					
Fiscal Year	Base Cost per Participant	Percent Increase	Total Cost per Participant	Number of AW Participants	Total Cost per Fiscal Year
Fiscal 2023	\$18,300.00	12%	\$20,496.00	1500	\$30,744,000.00
Fiscal 2024	\$20,496.00	0%	\$20,496.00	2755	\$56,466,480.00
Fiscal 2025	\$20,496.00	4%	\$21,315.84	2855	\$60,856,723.20
Fiscal 2026	\$21,315.84	4%	\$22,168.47	2955	\$65,507,839.49
Fiscal 2027	\$22,168.47	4%	\$23,055.21	3055	\$70,433,674.32

Data Source: Projections based on Fiscal 2022 MDH Aut Gray Area Summary Report & MDH Transmittal No. 30 Fiscal 2023 Rates for AW Services

There are additional costs for each LEA associated with the provision of AW services that are not factored in above. As mentioned previously, AW service coordination is a critical component of the AW service delivery model. Per COMAR 10.09.56, each AW participant is required to be assigned an AW SC; their role is vital to AW service access and ongoing case management. Even with anticipated changes in the management of the AW program in relation to the State determining technical eligibility, AW SCs remain charged with numerous responsibilities relating to onboarding and ongoing support to AW participants and their families.

AW SC responsibilities begin with making contact with the family and working with them to facilitate the family's submission of all required documents to verify that the child meets medical and financial eligibility. This screening for eligibility includes coordination of a comprehensive Level of Care (LOC) assessment, currently completed by a certified school psychologist or licensed psychologist employed by the LEA, and determination of the child's financial resources and assets via a financial application packet submitted to the MDH Eligibility Determination Division (EDD). Once a participant is enrolled, the AW SC performs several tasks, including:

- Completes Risk Assessment with family within 45 days of enrollment;
- Completes at least 4 quarterly visits, one of which must be in the participant's home;
- Provides monthly contact with family;
- Conducts annual AW reassessment meetings of all 3 areas of eligibility;
- Creates and modifies the participant's Plan of Care (POC), as needed;
- Maintains treatment plans;
- Reviews monthly service logs for each AW participant to determine service utilization;
- Collaborates with other state and local agencies;
- Connects families to available resources within and outside of the AW;
- Ensures that AW services are provided as intended;
- Implements the MDH Reportable Events policy and procedure; and
- Completes administrative requirements including AW registry and Transitioning Youth tracking logs.

It is important to mention that the pay rate for AW SC services have not changed since 2000. Moreover, the LEA receives Medicaid reimbursement for AW SC services only upon the determination of Medicaid eligibility by the MDH/EDD and the AW SC will not be reimbursed for time spent during the application process if the child is determined ineligible. Verifying technical eligibility in advance will eliminate some of these missed billing opportunities, but the risk remains.

The number of AW SCs in any given county is determined by the LEA and is not proportionate to the number of AW participants enrolled in that county. Some LEAs have full-time staff who are dedicated or contracted to provide initial assessments, reassessments, and ongoing service coordination, while other LEAs have staff whose AW responsibilities are only a part of their overall role within the agency. In fiscal 2022, LEAs provided AW Service Coordination to nearly 1500 children and families. Although the number of AW participants have steadily increased over the years, in many cases, the number of AW SCs have remained the same. Increasing AW SC caseloads, without acknowledging increased demands, will create undue hardship for LEAs. The addition of nearly 1300 more participants will essentially double the workload of the staff at the LEAs serving the AW.

Table #5 provides a snapshot of the number of AW participants in fiscal 2022 by county/city, a breakdown of anticipated AW participants in fiscal 2024 based on the calculations identified above, and the percentage increase between the two numbers. All counties will see an increase in numbers and nearly half of them will have an increase of 100% or more. Knowing this information may help LEAs to project costs for AW SCs given the anticipated increase of 85% more AW participants by fiscal 2024.

Table #5

Statewide Current and Anticipated AW Participants and Percent Increase			
County/City	Number of AW Participants (as of June 2022)	Anticipated AW participants (Fiscal 2024)	Percent Increase
Allegany	3	10	233%
Anne Arundel	107	206	92%
Baltimore City	83	187	125%
Baltimore County	293	474	62%
Calvert	14	25	81%
Caroline	0	3	*
Carroll	42	71	70%
Cecil	13	30	131%
Charles	18	47	159%
Dorchester	2	6	210%
Frederick	80	144	80%
Garrett	0	2	*
Harford	80	129	62%
Howard	131	226	72%
Kent	1	4	300%
Montgomery	353	654	85%
Prince George's	191	388	103%
Queen Anne's	2	6	200%
St. Mary's	18	29	59%
Somerset	2	4	90%
Talbot	4	8	95%
Washington	23	46	100%
Wicomico	8	16	100%
Worcester	3	12	287%
Statewide	1471	2726	85%

*Undefined

Data Source: AW Database ADHOC Report

Summary and Closing Remarks

For reference, in 2018, the Maryland General Assembly tasked the MSDE and the MDH to report on the capacity of Autism Waiver (AW) providers to serve current and additional AW participants and their families. Specifically, the [AW Capacity JCR Report](#) included a breakdown of the number of AW providers for each service provided through the program for fiscal 2014 to 2018, and actions to increase provider capacity for the additional 100 slots.

In 2020, pursuant to the 2020 Legislative Session, the MSDE and the MDH prepared an [Autism Waiver \(AW\) Capacity Update JCR](#) to inform the General Assembly of progress made since the submission of the 2018 JCR. The report included AW provider capacity challenges, strategies to increase provider capacity, fiscal 2019 and 2020 expenditures, fiscal 2021 allowances, a review of AW provider rates, and an update on the AW registry.

In 2021, an [Autism Waiver \(AW\) Update JCR](#) was submitted by the MSDE and the MDH to provide information on the AW registry process, progress with provider capacity, provider rates, and modifications that occurred due to the coronavirus pandemic. The report also identified AW expenditures for fiscal 2021 and budget projections for fiscal 2022.

The current report, ***Autism Waiver Program JCR***, dated September 1, 2022, includes an overview of AW services and the AW registry; plans and procedures to determine eligibility for individuals on the AW registry; timeline and anticipated administrative costs for an AW waitlist; a snapshot of AW participants; and projected costs for AW services through fiscal 2027.

Bibliography

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