

**State of Kansas Department of Social and Rehabilitation Services**  
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**Economic and Employment Support - Bobbi Mariani, Director (785) 296-3349**  
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**MEMORANDUM**

TO:	EES Program Administrators All Asst. Regional Directors	DATE:	12/14/2007 Revised 12/20/07
FROM:	Bobbi Mariani, Director Economic and Employment Support	RE:	Implementation Instructions - KEESM Revision 34 Effective January 1, 2008

This memo provides implementation instructions and information for the following January 1, 2008 policy changes in the Kansas Economic and Employment Support Manual (KEESM):

**I. MEDICAL**

**A. Autism Waiver (HCBS/AU)** - The new HCBS Autism Waiver is being implemented effective January 1, 2008.

1. **Background** - A series of focus group meetings with stakeholders and parents of children with autism spectrum disorders to discuss the need for services in the community were held across the state. It was determined that the best way to meet the needs of these special children is through a home and community based services waiver. In September 2007, the Centers for Medicare & Medicaid Services (CMS) approved the implementation of an HCBS Autism Waiver. The goal of the waiver is to provide a high quality, community based, individualized family choice system of care in which children with autism spectrum disorders receive support to live in their home community. The focus of this waiver is on early intensive intervention in order to have a greater impact on the lives of these children. Studies have shown that systematic early intensive intervention is the most effective method for increasing functional skills, replacing challenging behavior and improving quality of life.
2. **Target Population** - The Autism Waiver will serve children meeting the following criteria:
  - a. **Diagnosis** - The child must have a diagnosis of Autism Spectrum Disorder (ASD), including Autism, Asperger Syndrome or Other Pervasive Developmental Disorder from a Medical Doctor or Ph.D Psychologist using an approved autism specific screening tool.
  - b. **Age** - The child must be under the age of 6 years old at the time of approval for the waiver services.

- c. **Institutionalization** - The child must be determined as likely to need a state hospital level of care in the absence of waiver services.

### 3. Eligibility Process

- a. **Preliminary Application** - A request for services under the Autism Waiver will be completed by filing a preliminary application which is separate from the Medicaid application. The application shall be mailed or faxed directly to the waiver Program Manager (PM) in Topeka. The application may also be delivered to the local SRS office or HealthWave Clearinghouse, time and date stamped by staff and then faxed to the waiver Program Manager (PM).

The preliminary application is attached to this memo and should be reproduced locally for use in the regional offices. The application is also available on the SRS Community Supports and Services home page at [www.srskansas.org/hcp/css/Autism/Autism\\_Preliminary\\_Application.pdf](http://www.srskansas.org/hcp/css/Autism/Autism_Preliminary_Application.pdf).

The application must be fully completed or it will not be accepted. This includes either the signature of the doctor making the diagnosis or attached documentation of the Autism diagnosis. The application must be received or postmarked no later than January 11, 2008.

The number of children served under the waiver will be limited to a total of 25 the first year, 50 the second year, and 75 the third year. Eligibility for the program is limited to a maximum of 3 years, with the potential of 1 additional year if determined medically necessary by a review team.

On January 17, 2008, a random selection process will be used to number all applications received by the above date. Applications numbered 1 through 25 will be offered a potential position on the waiver. Applications number 26 and above will be placed on the Proposed Waiver Recipient List. Applications received after January 11, 2008 will not be included in the initial selection process, but will be placed on the list in the order received on a first come first serve basis.

- b. **Assessment** - Those applicants offered a position on the waiver will be referred by the Program Manager (PM) to a Functional Eligibility Specialist (FES) for assessment. The FES will schedule a home visit and complete the functional eligibility assessment within 5 working days to determine if the child meets the established criteria.

If the screening criteria is met, the family will be provided a provider choice list from which to select an Autism Specialist (AS). The FES will also complete the ES-3160 referral form indicating the child has been screened eligible for the Autism Waiver with the effective date. The assessment date is the effective date for this waiver. The FES will also assist the family in completing a Medicaid application if necessary.

- c. **Plan of Care** - The Autism Specialist (AS) will contact the family within 5 working days to begin development of the child's Individualized Behavioral Plan/Plan of Care (IBP/POC). Actual services cannot begin until the IBP/POC has been entered into the MMIS system and approved by the Program Manager (PM). And the IBP/POC cannot be entered into MMIS until that system correctly reflects both medicaid and HCBS coverage for the child.

What this means then is that the EES eligibility worker must have approved Medicaid and HCBS coverage, which is properly entered into MMIS, before waiver services can begin for the child. Thus processing new applications and updating existing eligibility on these cases should be considered a priority.

- d. **LOTG Coding** - The Living Arrangement (LA) and Level of Care (LOC) coding for the Autism Waiver is HC/AU. As mentioned previously, the payment effective date for this waiver is the date of assessment.

**NOTE:** The new AU code will not be available until January 29, 2008. No processing of the LOTG screen should be completed prior to this date.

- e. **Communication** - All communication between the Autism Specialist (AS) and the EES eligibility worker will be via the existing ES-3160/3161 forms. The forms should be sent by fax to expedite delivery.

**NOTE:** EES eligibility workers should not use the ADAD screen as an alternate means to communicate with the AS.

- f. **Medical application** - As mentioned earlier, the preliminary application that is submitted to the Program Manager (PM) is separate from the actual Medicaid application filed in the local office. The preliminary application is a request for HCBS services and is used to initiate the clinical eligibility process. The separately filed medical application will determine the financial eligibility for Medicaid.

Filing of the preliminary application is not considered an application for medical assistance. In many instances, a medical application should not even be taken until the child has been clinically approved for services since they would not otherwise be eligible for medical assistance.

#### **Attachments:**

Attachment A: [Autism Waiver Preliminary Application](#)