



Autism (AU) HCBS Waiver

1. What are Home and Community Based Services (HCBS)?

Home and Community Based Service (HCBS) waivers are KanCare (Kansas Medicaid) programs that provide services to a person in their community instead of an institution, such as a nursing home or state hospital. In Kansas, the Kansas Department for Aging and Disability Services (KDADS) oversees the HCBS waivers. There are currently seven HCBS waivers in the state of Kansas. The services you receive will vary depending on the waiver you qualify for and your individual needs. **HCBS services do not pay for living expenses, or room and board.**

2. What is the AU Waiver Program?

The AU Waiver provides support and training to parents of children with an Autism Spectrum Disorder (ASD) diagnosis to help ensure children with ASD can remain in their family home. Its services include family adjustment counseling, parent support and training (peer-to-peer) and respite care.

3. Program Eligibility:

To be eligible for the AU Waiver, an individual must meet the following criteria:

- Be 0-5 years old (at time of application).
- Be diagnosed with an Autism Spectrum Disorder, Asperger's Syndrome or a Pervasive Developmental Disorder – Not Otherwise Specified.
- Be financially eligible for Medicaid

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4. Age Clarification:

- Children must be 5 years old or younger at the age of application (they can apply **until their 6th birthday**).
- At whatever age they begin receiving services, those services are limited to 3 years.
- However, an additional year of service is available in some cases based upon a review process. Requirements for this 1-year extension of services beyond the 3-year initial limit include the following:
 1. The child must meet eligibility based on the Level of Care assessment at the annual review on the 3rd year of services, **and**
 2. Data collected by the Managed Care Organization (Aetna, Sunflower, United) must demonstrate a need for continued Autism Waiver services.

5. AU Waiver Services:

Below are the services you may qualify for on the AU waiver. Your final services will be determined by you and your Managed Care Organization (MCO) and will be based on your assessed needs.

Family Adjustment Counseling: Family Adjustment Counseling offers guidance and assistance for family members of a child with Autism Spectrum Disorder (ASD). These services are provided by a Licensed Mental Health Provider (LMHP) and help the family in coping with the child's diagnosis and daily needs, by offering a safe and supportive environment to express emotions and ask questions.

Parent Support and Training (Peer to Peer): Parent Support and Training assists family members to acquire the knowledge and skills needed to understand and address the specific needs of and treatment for the child in relation to ASD and develop the family's specific problem-solving skills, coping mechanisms, and strategies for the child's symptom and behavior management.

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Respite Care: Respite Care offers temporary direct care and supervision of the child to provide relief to families and caregivers of a child with ASD. A respite care provider assists with normal activities of daily life in order to meet the needs of the primary caregiver as well as the child.

Other Services:

The following 3 services were previously a part of the Autism Waiver. They are now a part of state plan services that a child can access with a medical card. They do not need to be on a waiver to begin or to continue to receive these services.

- 1. Consultative Clinical and Therapeutic Services (provided by an autism specialist):** Consultative Clinical and Therapeutic Services focus on improving of behavioral challenges related to the diagnosis of autism spectrum disorder (ASD). They teach skills to help the family and paid support staff or other professionals with meeting the needs of the child with ASD. The autism specialist assesses the child and family's strengths and needs, develops the Individual Behavior Plan/Plan of Care (IBP/POC), coordinates services, provides training and technical assistance, and monitors the child's progress within the program.
- 2. Intensive Individual Supports:** Intensive Individual Supports services are provided to a child with autism spectrum disorder (ADS) to assist in acquiring, retaining, improving, and generalizing skills needed to successfully function in their home and community. This may include development of skills such as social skills, language and communication, motor skills, engagement, cognitive skills, and behavior skills.
- 3. Interpersonal Communication Therapy (ICT):** Interpersonal Communication Therapy (ICT) works to improve social communication symptoms related to the diagnosis of an autism spectrum disorder (ASD). ICT includes the development of skills such as conversation, unplanned communication, understanding of verbal and nonverbal communication.

6. How many hours of service can I have once I am approved for AU Waiver services?

Not all individuals who receive AU Waiver services will receive the same services or the same amount of services. Service hours are based on the assessed needs of the individual. The Managed Care Organization will meet with you and create an individualized, Person-Centered Service Plan based on your assessed needs.

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7. What are the income and asset guidelines for HCBS Waiver programs?

Once you have been approved for functional eligibility for an HCBS waiver, KanCare will look only at the income of the person who will receive services, even for children (no asset test on this program because it covers children only).

- **Assets:** For any HCBS program for children, there will be no assets test.
- **Income:** You may have to help pay for part of your services if you (the person who receives the services) have income of more than \$2543 per month in the form of a monthly premium called a “Client Obligation.”

8. How do you calculate the monthly premium (Client Obligation)?

Take the KanCare Member’s total monthly income - \$2543 = Monthly Client Obligation

- **Example 1:** Monthly income of \$2700 - \$2543 = \$157 Monthly Client Obligation
- **Example 2:** Monthly income of \$900 - \$2543 = \$0 Monthly Client Obligation

What if my gross income is \$3,220 or higher (300% or more above the federal poverty level)?

- **Cost of Care Determination:** The expected monthly cost of your care (determined by the Person-Centered Service Plan, set by the MCO) must be higher than your Client Obligation, or you may be ineligible for this program.
- If your gross monthly income is less than \$2543, the cost of care determination does **not** apply to you.

9. Can I reduce my monthly premiums?

Participants may be able to reduce the amount they owe on their Client Obligation by submitting receipts for medical costs not covered by insurance for member (out-of-pocket medically necessary expenses). These receipts must be submitted to the KanCare Clearinghouse.

Examples of Allowable Expenses:

- Health Insurance Premiums (Medicare, Medicare Supplemental, Private Insurance)

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- Medically necessary expenses that Medicaid, Medicare and other health insurance does not cover

The example below repeats the Client Obligation calculation from Question 8 (Example 1), but reduces that monthly premium by the amount the individual is paying out-of-pocket for a separate health insurance premium (for example, **an out-of-pocket Blue Cross Blue Shield (BCBS) insurance premium of \$200/month**).

Take the KanCare Member's total monthly income - \$2543 - Premium for other health insurance paid out-of-pocket = Monthly Client Obligation.

- **Example:** Monthly income of \$2850 - \$2543 - **\$200** = \$107 Monthly Client Obligation

10. How do I apply for AU Waiver services?

- 1) **Submit the [Autism Application](#) or contact the Autism Program Manager** at (785) 296-6843. The fully completed application can be submitted in 3 ways:
 - **Fax to:** KDADS Autism Waiver Program Manager at 785-296-0256.
 - **Hand deliver to:** Your local KDADS office to be time/date stamped, or
 - **Mail to:** Kansas Department for Aging and Disability Services (KDADS)
Attention: Home and Community Based Services
503 S. Kansas Ave.
Topeka, KS 66603-3404
- 2) **Watch your mailbox and reply on time (Proposed Recipient List & Offer Letter):**
 - a. Once an Autism Application has been submitted, a child [that meets the Autism waiver program criteria] will receive a letter from the AU Waiver Program Manager informing them they have been placed on the Proposed Recipient List and their numerical position on the list.
 - b. When a position on the program becomes available, the program manager will contact the family to offer them the potential position. (Important note: It is important to keep your address current (with the KanCare Clearinghouse and with the AU Waiver Program Manager) because the offer letter will not be

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forwarded.

- c. You will need to mail the completed offer letter back to KDADS within 15 days.
 - d. After you have submitted the offer letter, the Autism Program Manager will make the referral to KVC Health Systems for a functional assessment.
- 3) **Complete a Functional Assessment** - Once a child has been referred by the AU Waiver Program Manager for functional assessment, a Functional Eligibility Specialist from KVC Health Systems (1-855-200-2372) will have 5 working days to schedule a home visit to complete the functional eligibility assessment. The functional assessment tool will determine if the child meets functional eligibility criteria for the AU program.
- o If the child is **not** found functionally eligible: You will also be told about your rights and what to do if you disagree with the decision.
- 4) **Apply for Financial Eligibility** (through the KanCare Clearinghouse). Do not wait for Functional Eligibility approval before you start the application for **Financial Eligibility**. You want to apply as early in the process as possible. Be sure to ask for HCBS services. If using a paper KanCare application, check the “HCBS” box on page 3. The KDHE Eligibility Team recommends that anyone interested in an HCBS waiver should apply for KanCare right away, waiting list or not. If you apply for HCBS before your position is ready, your application will still be worked for any programs the eligibility team can give them, such as Children’s Medicaid, CHIP, Medically Needy, etc.
- 5) **Choose the managed care organization (MCO)** that fits your needs best. You can select an MCO at the time of application or within 90 days from your initial enrollment date. (This is true for new applicants only. For ongoing beneficiaries, switching program types or adding on HCBS waiver services doesn’t allow you to choose a new MCO; you will need to wait until your annual open enrollment period.) See the [Selecting and Changing an MCO Fact Sheet](#) on the KanCare Ombudsman webpage.

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11. What happens once I'm approved for HCBS Services (Starting HCBS Services)?

- a. Once approved for the HCBS waiver (functionally and financially) you'll be informed of your monthly Client Obligation (by KDHE and the KanCare Clearinghouse.)
- b. An MCO Care Coordinator will also be assigned to you. This MCO's Managed Care Coordinator will meet with you (and your family if appropriate) to talk about your needs, service options, and how much help you can expect to get. They will create an individualized, Person-Centered Service Plan based on your assessed needs.
- c. For the AU Waiver, all services are agency-directed.
 - **Agency Directed Care:** Agency directed services typically have an agency hiring, firing and scheduling staff to come to a person's home to assist them with activities of daily life.

12. How to avoid losing services (Maintaining Services)?

- a. Participate in annual functional assessment.
- b. Participate in updating your Person-Centered Service Plan at least annually.
- c. Quarterly contact with your MCO Care Coordinator (face-to-face).
- d. Turn in your KanCare renewal (plus any requested documents) annually and **on time**.
- e. Notify the KanCare Clearinghouse **and** your managed care organization (Aetna, Sunflower, UnitedHealthcare) if you move or information changes (including income changes).
- f. Read any notices from KanCare carefully and right away. Respond to all requests for information in a timely manner.

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13. Does the AU Waiver have a Wait List? The AU waiver currently has a Proposed Recipient List (PRL).

How does the Proposed Recipient List work?

1. A child who has applied for and meets the Autism waiver program criteria will be placed on the Proposed Recipient List.
2. The child will receive a letter from the AU Waiver Program Manager informing them they have been placed on the Proposed Recipient List and their numerical position on the list.
3. When a position on the program becomes available, the program manager will contact the family to offer them the potential position. (Important note: It is important to keep your address current (with the KanCare Clearinghouse and with the AU Waiver Program Manager) because the offer letter will not be forwarded.
4. You will need to mail the completed offer letter back to KDADS within 15 days. For help with your offer letter contact the AU Program Manager.
5. The Autism Program Manager will make the referral to KVC Health Systems (1-855-200-2372) after parents respond to the offer letter.
6. Your information will then go to the Kansas Department of Health and Environment (KDHE) and the KanCare Clearinghouse to confirm your HCBS Medicaid eligibility.
7. After you are approved for HCBS Medicaid, the Clearinghouse will provide your information to the Managed Care Organization of your choice.
8. You will be contacted by your chosen MCO to complete an assessment (Person-Centered Service Plan) and begin your authorized services.

14. Crisis and Exception: There is no crisis and exception process for the AU waiver.

15. Frequently Asked Questions

What is an MCO?

Kansas contracts with three health plans or Managed Care Organizations (MCOs) which are: Aetna, Sunflower, and United Healthcare. These are the 3 health plans you can choose from under KanCare.

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When do I select a Managed Care Organization (MCO)?

You can [select an MCO](#) at the time of application or within 90 days from your initial enrollment date. (This is true for new applicants only. For ongoing beneficiaries, switching program types or adding on HCBS waiver services doesn't allow you to choose a new MCO; you will need to wait until your annual open enrollment period.)

How to make sure I'm choosing the Managed Care Organization (MCO) that's best for me?

- Make sure your critical or favorite providers are in the MCO's provider network. Check to make sure the providers you use for all services are listed with the MCO you choose.
- Look at the [2019 Health Plan Highlights](#) (MCO Differences Chart) to view the extra services provided by each MCO.
- Review the [Selecting or Changing an MCO Fact Sheet](#).

What can I do if I receive a letter from the MCO saying the waiver services are being changed and I don't agree with the changes?

- You have the option of filing an appeal with the MCO. For more information on filing an appeal, go to the [KanCare Ombudsman webpages for Appeals and Fair Hearings](#) and scroll to the Managed Care Organization section.
- If the appeal is denied, you have the option of filing a fair hearing. For more information on filing a fair hearing, go to the [KanCare Ombudsman webpages for Appeals and Fair Hearings](#) and scroll to the Managed Care Organization section.

16. Who do I contact when I have questions?

- **Point of Entry (Autism Application and Functional Eligibility)**
 - Submit the **Autism Application** to the AU Waiver Program Manager which can be found online: <http://bit.ly/ksauwaiver>, or contact the Autism Program Manager at (785) 296-6843 or General Admin Line at (785) 296-4983.
 - *KVC Health Systems* (1-855-200-2372) will complete the **functional assessment** once a child has been referred by the AU Waiver Program Manager

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- **AU Waiver Program Manager**
 - For questions about the Proposed Recipient List
 - To receive additional information about the HCBS AU Program please contact:
 - **Phone** (General HCBS Admin Line): (785) 296-4983

- **KanCare Clearinghouse**
 - For questions about initial eligibility or status of application, annual renewals, and calculating or lowering client obligations.
 - **Customer Service:** 1-800-792-4884
 - **Mailing Address:** P.O. Box 3599, Topeka, KS 66601-9738
 - **Fax #s:** 1-800-498-1255 or 1-844-264-6285
 - **Apply online:** www.kancare.ks.gov/consumers/apply-for-kancare

- **Managed Care Organization** – For questions about specific benefits and services, contact the MCO Care Coordinator.
 - **Aetna:** (1-855-221-5656) (Relay:711)
 - **Sunflower:** (1-877-644-4623) (TTY: 1-888-282-6428)
 - **United Healthcare:** (1-877-542-9238) (Relay: 711)

- **KanCare Ombudsman’s office** – When other assistance is not working out, the KanCare Ombudsman’s office helps in resolving problems regarding services, coverage, access and rights.
 - **Phone:** 1-855-643-8180
 - **Relay:** 711
 - **Email:** KanCare.Ombudsman@ks.gov

This fact sheet was created in partnership with the Kansas Department for Aging and Disability Services (KDADS) and the Kansas Department for Health and Environment/Health Care Finance (KDHE/HCF).