To: Autism Support Centers, Autism Clinical Managers

From: The DDS Children’s Autism Waiver Program

Date: June 28, 2021

RE: Summary of 2020 Renewal Changes

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This memo provides a high-level outline of the significant changes to the Autism Wavier Program based on the 2020 Renewal. Some of these changes were previously introduced as part of the Appendix K approvals during the declared medical emergency due to COVID-19 (e.g., raised caps). Others are being introduced here for the first time. For the changes that are new, the effective date will be July 1, 2021.

**Waiver Cap Changes:**

* The overall spending cap per waiver year is now $28,000, and the annual cap for a Stepdown participant is $8,500.
* The Ancillary cap is now $6,000.
* The Individual Goods and Services Cap is now $1,700 per waiver year.
* The cost of fences, large ticket Home Modifications, or Vehicle Modifications will not count against the participant’s annual cap.
* The Home Modification lifetime cap is now $15,000, but the $5,000 annual cap remains.
* The Vehicle Modification lifetime cap is still $10,000, but there is no longer an annual cap.
* The Home Delivered Meal cap is no longer applicable, but it is limited to the equivalent of one meal per day.

**Service Changes:**

* Homemaker is now paid through invoice. Hourly Homemaker services are no longer available.
* Family Training has been expanded to include two additional levels to focus on identifying and addressing barriers, facilitating readiness, and, thereby, enhancing family engagement in core waiver services. The new levels are Senior Therapist and Therapist, in a structure like our Expanded Habilitation and Behavioral Consultation services but with **different** credentialing requirements.
* Direct Support level Family Trainers must have oversight by a Family Trainer - Senior Therapist.
* Home Delivered Meals has been approved as a permanent service.
* Registered Behavioral Technicians (RBTs) will become an available service level under Expanded Habilitation, Behavioral Consultation, and Community Integration for *Agency providers* ***only*** in the Fall of 2021.

**Rate Changes:**

* All our timesheet-paid services have increased rates of pay. The new rates are currently available to providers. Rather than waiting until contracts expire before making changes by policy, the decision to increase rates will rest with the families and providers. We will publicize the information and assist in updating contracts as needed. We understand this will mean re-contracting with many providers in what will likely be a short period of time.

**Other changes of note:**

* Both Provider applications have been updated to reflect the changes in approved waiver services.
* There is a renewed focus on our responsibilities for monitoring the Health and Welfare of our participants. While flexibility for some meetings and contacts with families is possible via electronic means, there is also an increase in the need to have eyes directly on the participant, ideally in their home. The general rule of thumb should be that in-person meetings are preferred, and, when that is not possible, discussions between the ACM and broker are needed to ensure that the minimum monitoring requirements are being met.

**Reminders:**

* All program staff, including the providers, support brokers, and the ACMs are mandated reporters. When there is a concern about the health and welfare of a program participant or any other child within the home, it is our obligation to file a 51A with DCF.
* The providers, support brokers, and ACMs should take and regularly review the 51A training offered by the Middlesex Children’s Advocacy Center at <http://51a.middlesexcac.org/> as well as through the DCF publications which can be found at <https://www.mass.gov/service-details/reporting-alleged-child-abuse-or-neglect-filing-a-51a-report>
* Telehealth remains an option for participants as long as it is effective for the participant. As providers and families continue to become fully vaccinated, more services should be delivered in person.
* Annual Autism Support Plans (ASPs) are required for all participants. Planning for ASPs should begin the month prior to the anniversary of the current ASP, and the new ASP planning meeting should, ideally, occur before the anniversary.
* All parts of the ASP need to have information included (i.e., no “blanks”). N/A is not an appropriate response to any of the sections on the ASP, so please use a short phrase like, “There have been no changes,” instead of “N/A.”
* Any service that is in the budget must also be reflected on the goals and objectives grid of the ASP. Each service should be included in the same row as the objective that the service is meant to address.
* Be aware as you re-enter in person visits. Keep your eyes open and be safe.
* Brokers will be responsible for seeing our participants every other month, coordinated around the ACM’s visit schedule