

Home and Community-Based Waiver for Children with Autism Spectrum Disorder Amendment #1

The Department of Health and Mental Hygiene (DHMH) is proposing an amendment to the Home and Community-Based Waiver for Children with Autism Spectrum Disorder application. The amendments are based on new federal rules and requirements from the Center for Medicare and Medicaid Services (CMS). Requests to make changes to the waiver program are made by submitting a Waiver Amendment to CMS.

Proposed Updates:

- 1) Update to Appendix I.2.a - Include specific information gathered in the Autism Waiver Rate Methodology Study conducted to ensure that Maryland rates are both economical and efficient. Following is the link to the Rate Methodology Study:

<https://dhmh.maryland.gov/waiverprograms/Pages/Home.aspx>

- 2) Update to Appendix C.5 - Explain how residential and non-residential settings in this waiver comply with federal Home and Community-Based Settings requirements at 42 CFR 441.301(c)(4)-(5) and associated CMS guidance. Following is the link to the full Transition Plan:

<https://mmcp.dhmh.maryland.gov/waiverprograms/pages/Community-Settings-Final-Rule.aspx>

- 3) Update to Appendix G.2.c - Specify the State agency responsible for detecting the unauthorized use of seclusion and how oversight is conducted and its frequency.

The OSA, MSDE, is responsible for detecting the unauthorized use of seclusion. Providers must report any incidents of seclusion through the reportable event process. These incidents must be reviewed and may be investigated by MSDE, followed by a Corrective Action Plan and technical assistance, as needed.

Additionally, the OSA, MSDE and the SMA, OHS conduct annual audits. During the annual audits, Autism Waiver documentation is reviewed to identify the unauthorized use of seclusion. As a result of the monitoring, MSDE may initiate an investigation or request a Corrective Action Plan and OHS may request sanctions or repayment of Medicaid funds from providers when appropriate.

Next Steps:

Public comment period December 23, 2016 through January 23, 2017

State review of comments and consideration for revisions to amendment – February 2017

Waiver Amendment Submission to CMS – February 2017

Respond to CMS Questions – March 2017

Projected CMS Approval – April 2017

Projected effective Date – May 2017