

STATE OF MONTANA
Department of Health and Human Services
Developmental Disabilities Program

For Office Use Only:

- Demographics
- Eligibility
- ASD Waiver Program Information
- Parental Agreement
- Reviewed by Program Representative

Children's Autism Waiver Referral and Application Form

Referral Date:	Referral Taken By:
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DEMOGRAPHICS		
Child's Name:	Date of Birth:	Chronological Age:
Social Security Number:	Gender:	E-Mail:
Parent(s):		Phone(s):
Parent's Address:		
Resides With:	Relationship:	
Address:		
Home Phone:	Cell Phone:	Work Phone:
Others in the Home:		
Legal Guardian If Not Parents (CFS, Tribal, etc.):		
Medical Diagnosis(es):		
Receiving Early Intervention Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what agency and who is FSS?	

Developmental Disabilities Program
 111 Sanders, Room 305
 PO Box 4210
 Helena, MT 59634-4210
 Phone: (406) 444-2995
 FAX: (406) 444-0230

Revised 07/28/11

ELIGIBILITY

ELIGIBILITY		
Child's Name:	DOB:	
Diagnosed with ASD? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Who Diagnosed and When:	
Instrument/Procedures Used:		
<input type="checkbox"/> Report/Documentation is Attached (not required to be sent to DDP Central Office)		
Adaptive Behavior Assessment Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, What Instrument and When:	
Criteria 1:	For Children <u>OVER</u> Age 3 (using only the <i>Vineland-II Survey Interview Form</i>):	
	A. Score of 70 or less in one or more domains (excluding Motor) plus an Adaptive Behavior Composite of 70 or less, OR	
	B. Scores of 85 or less in two out of three domains (excluding Motor), with a Maladaptive Behavior Index V-Scale score of between 21-24.	
	Communication	Daily Living Skills
Vineland-II Domain Scores:	Adaptive Behavior Composite Score:	
	Maladaptive Behavior Index V-Scale Score:	
Criteria 2:	For Children <u>UNDER</u> Age 3 (using the <i>Vineland-II Survey Interview Form</i> and the <i>TABS</i>):	
	A. On the <i>Vineland-II</i> , a score of 70 or less in one or more domains (excluding Motor) plus an Adaptive Behavior Composite of 70 or less, OR	
	B. On the <i>Vineland-II</i> , scores of 85 or less in two out of three domains (excluding Motor), with a <i>TABS</i> Temperament and Regulation Index (TRI) score of 8 or greater than 8.	
	Communication	Daily Living Skills
Vineland-II Domain Scores:	Adaptive Behavior Composite Score:	
TABS Score:	Temperament & Regulation Index (TRI) Score:	
<input type="checkbox"/> Reports/Documentation Are Attached		
Medicaid Eligibility Determination: In order for a child to qualify for Medicaid benefits that are included with this program, they must not have any financial assets in their name. If your child has financial assets, they may need to be moved into a Medicaid-qualifying trust. Does child currently have any financial resources in their own name that could preclude Medicaid eligibility (e.g., trust fund, land, inheritance, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		
Comments:		
<input type="checkbox"/> Eligibility Approved By Eligibility Team		<input type="checkbox"/> Eligibility Not Approved by Eligibility Team
Signature of Eligibility Team Representative		Date

DESCRIPTION OF CHILDREN'S AUTISM WAIVER PROGRAM

The Children's Autism Waiver Program is a direct training service provided to a child with an autism spectrum disorder (ASD). This service is designed to assist in acquiring, retaining, improving, and generalizing the self-help, socialization, cognitive, communication, and organizational skills, as well as the positive behaviors necessary for the child to function successfully in home and community-based settings. Services will be provided using evidenced-based practices and methods. Training goals will be outcome-based and progress toward goals will be evidenced by training data. Services provided through the Children's Autism Waiver program include:

- Case Management and Program Design and Monitoring provided by a Family Support Specialist
- Children's Autism Trainer
- Therapy Services (occupational therapy, physical therapy, speech therapy)
- Adaptive Equipment/Environmental Modifications
- Goods and Services
- Transportation Services

Approved Evidenced-Based Practices for Teaching: Evidence-based means there is scientific research supporting the effectiveness of an intervention method. Some of the recommended intervention methods include Discrete Trial Training (DTT), Pivotal Response Training (PRT), and Learning Experiences: An Alternative Program for Preschoolers and Parents (LEAP). All of these practices are based on systematic teaching methods using applied behavior analysis. See the Children's Autism Waiver Handbook for more information.

Eligibility Criterion: Children between the ages of 15 months through age four (up to their 5th birthday) may be eligible to apply for the Children's Autism Waiver if they meet the following criteria:

- 1) Have a diagnosis of autism/autism spectrum disorder diagnosed by a licensed clinical psychologist or medical doctor using an approved diagnostic assessment tool, AND
- 2) Demonstrate significant adaptive behavior deficits in the areas of communication, daily living skills, socialization, and/or maladaptive behaviors.

Selection Process: Applications will be forwarded to the assigned Children's Waiver Services Liaison in the DDP central office in Helena. A number will be assigned to the child's application. Service opportunities for the Children's Autism Waiver Program will be awarded via a computer program that generates a random number. The Children's Waiver Services Liaison can be reached at the DDP Central Office phone number: 406-444-2995.

Medicaid Eligibility Criterion and the MEDS Process: Families are required to complete an application for Medicaid. Medicaid eligibility is based on financial assets listed in the child's name. Although parents' income will be waived, they will be asked to provide comprehensive financial and medical documentation as a part of the application process.

Length of the Program/Exit Criterion: *Children's Autism Waiver services are not entitled.*

When a child is selected to receive a slot in the Children's Autism Waiver, they can be served for a maximum of 36 months, or until the child's 8th birthday (whichever is sooner). The program is designed for children to enter before turning 5 years of age, and exit prior to turning 8 years of age.

Families may choose to exit this waiver at any time.

Provider agencies may discontinue services to a family if they fail to participate in the program as outlined in the Parent Agreement or the child's plan of care requirements. Provider agencies may discontinue these services if it is determined by the planning team that the health and safety needs of the child cannot be met.

Upon completion of the Children's Autism Waiver services, a child may be placed on the waiting list for the DD 0208 Comprehensive Services Waiver if they meet the eligibility requirements. The DD 0208 Waiver is the DDP Comprehensive Medicaid waiver program serving children and adults with developmental disabilities.

Portability: The Montana Children's Autism Waiver is a statewide waiver, so families may continue to participate in the program if they change locations within the state. Families have the option of choosing their qualified Children's Autism Waiver Provider with whom they want to work within the region in which they reside.

Rate System: All services provided will be charged to a child's cost plan using an established statewide rate system. The service provider will fully explain this process upon entry into the program.

Qualified Children's Autism Waiver Providers: In order to provide Children's Autism Waiver services, agencies must achieve qualified provider status according to standards mandated by Montana's Developmental Disabilities Program. Information on qualified providers is available on the website, http://www.mtccd.org/pdf_files/Directory-2010-9-15.pdf. Additional information can be found on the Developmental Disabilities Program website at www.ddp.mt.gov.

Parental Agreement for Participation in the Children's Autism Waiver Program:

This agreement outlines the parental obligations and responsibilities for a child's participation in the Children's Autism Waiver Program.

Parent choice of Evidence-Based Practices:

- I agree to work with my qualified Children's Autism Waiver provider agency and my child's planning team to choose one or more evidence-based treatment methods that will best meet my child's needs and match our families' lifestyle. The treatment methods recommended may include:
- Applied Behavior Analysis (ABA)
 - Discrete Trial Training (DTT)
 - Pivotal Response Training (PRT)
 - Learning Experiences: An Alternative Program for Preschoolers and Parents (LEAP)
- I agree to review additional approved strategies and interventions that my Children's Autism Waiver provider and our team can choose from to use as a part of my child's treatment plan.
- I understand that the Montana Children's Autism Waiver program will not pay for unproven or experimental treatments for autism.

Parent Obligation to Participate in Team Meetings and Program Planning:

- I understand that I will be expected to participate in regular team meetings to develop and monitor an individualized plan for my child.

Obligation for 20 Hours of Training:

- I agree to allow my child to participate in a minimum of 20 hours of training per week. I realize that some or all of this training will occur in our family home.
- I am willing to provide space in my home and set up acceptable working conditions for the autism trainers teaching my child.

Parental Involvement In Teaching Their Child:

- I agree to participate in my child's training to the best of my ability and assist others working with my child as needed.

Possible Videotaping of Teaching Sessions:

- I agree to allow teaching sessions to be videotaped to provide valuable information for staff training, behavioral observations and documentation of progress.

Data Collection Requirements:

- I understand that the staff working with my child will be collecting written data on my child's behavior and progress toward goals.
- I will allow this data collection to occur and I will participate as requested in the data collection process.

Participation in Quality Assurance Measures:

- I have been informed that the State of Montana has designed Quality Assurance measures to ensure that my child's program is carried out according to the Children's Autism Waiver guidelines.
- I agree to participate in interviews and home visits by staff from the Developmental Disabilities Program as required.

Participation in Accountability Measures (Pre and Post Testing):

- I understand that the State of Montana has requirements built into this waiver program to monitor the effectiveness of the training my child receives. I agree to allow my child to be assessed and evaluated when required to provide accountability measures.

Financial Accountability:

- I will allow the financial information contained in my child's Children's Autism Waiver Cost Plan (goods and services provided) to be reviewed for financial accountability measures by the State of Montana.

Transition upon Completing the 36 Month Program:

- I understand that when my child completes the 36 month Children's Autism Waiver program he/she will be exited from this program. If my child meets the entrance criteria for the DD 0208 Comprehensive Services Waiver, he/she may be placed on the waiting list for that Waiver program. The child may also be transitioned into appropriate school and community programs. For information on the 0208 Waiver, visit the DDP website at <http://www.dphhs.mt.gov/dsd/mt020880r3waiver/index.shtml> or contact the DDP office in Helena at 406-444-2995.
- I will participate in the transition planning process.

I understand that if I do not comply with the waiver participation requirements, my child's waiver services may be terminated. My signature below verifies that I have been informed of my parental obligations and responsibilities for my child's participation in the Children's Autism Waiver and that I agree to participate as required.

Parent/Guardian Signature	Date	Children's Autism Waiver Provider Rep.	Date
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Child's Name: