



Mohammed Choudhury
State Superintendent of Schools

November 1, 2021

The Honorable Guy J. Guzzone, Chair
Senate Budget and Taxation Committee
Miller Senate Office Building
11 Bladen Street
Annapolis, Maryland 21401

The Honorable Maggie McIntosh, Chair
House Appropriations Committee
House Office Building
6 Bladen Street
Annapolis, Maryland 21401

Re: Autism Waiver Update (2022_JCR_p166-167)

Dear Chair Guzzone and Chair McIntosh:

Pursuant to the Joint Chairmen's Report (2021 Session), the Maryland State Department of Education (MSDE) is pleased to submit this Autism Waiver Update. The MSDE and the Maryland Department of Health (MDH) produced this report in collaboration with the Autism Waiver Advisory Committee responding to concerns identified by the Senate Budget and Taxation Committee and the House Appropriations Committee of the Maryland General Assembly and providing requested information on the Autism Waiver registry. The report includes: the closeout data for fiscal 2021 and budget for 2022; the number of individuals served in fiscal 2021 and anticipated number of individuals served in fiscal 2022; capacity challenges and how MSDE and MDH are working to increase provider capacity; a summary of provider rate increases; and modifications to fiscal 2021 expenditures and the fiscal 2022 budget that occurred due to the coronavirus pandemic.

Should you have questions or need additional information, please contact Ary Amerikaner, Chief of Staff, at (410) 767-0090 or by email at ary.amerikaner@maryland.gov.

Regards,

Mohammed Choudhury
State Superintendent of Schools

Autism Waiver Update
Joint Chairmen's Report

(2021_JCR_p166-167)

Submitted to:
The Senate Budget and Taxation Committee
&
The House Appropriations Committee
Maryland General Assembly

November 1, 2021



Submitted by:
Maryland State Department of Education
Division of Early Intervention and Special Education Services
and
Maryland Department of Health
Division of Community Long-Term Care
in collaboration with the
Autism Waiver Advisory Committee

INTRODUCTION

The Maryland Medicaid Home and Community-Based Services (HCBS) Waiver for Children with Autism Spectrum Disorder (ASD), otherwise known as the Autism Waiver (AW), is a partnership between the Maryland State Department of Education (MSDE) and the Maryland Department of Health (MDH). The MSDE serves as the Operating State Agency (OSA) and is responsible for the day-to-day implementation of the AW. The MDH Office of Long Term Services and Supports (OLTSS), Division of Community Long Term Care (Division) is the single State Medicaid Agency (SMA) charged with the administrative oversight of the AW and the AW registry. The MSDE and MDH engage in ongoing interagency efforts to implement and provide oversight through collaboration on AW policies and procedures, operational issues, performance measures, monitoring findings, AW registry updates, and the enrollment process for eligible applicants.

In response to the Joint Chairmen's Report (JCR) – Operating Budget, April 2021 (p.166-167), the MSDE and the MDH, in collaboration with the AW Advisory Committee, is pleased to submit this report on the AW registry and program.

An overview of AW services is provided and, as outlined in the JCR, this report will address the requested information in two parts:

The first part (Part I) of the report focuses on the AW registry, including:

- 1) the number of individuals on the registry as of September 30, 2021;
- 2) the process by which individuals are added or removed from the AW registry;
- 3) the verification of information obtained by families on the AW registry;
- 4) timelines and procedures for updating and sharing registry information;
- 5) actions taken to refine the registry process; and
- 6) whether or not processes were modified due to the coronavirus pandemic.

The second part (Part II) of the report provides an update on the AW program in fiscal 2021 and 2022, including:

- 1) a closeout statement by object for fiscal 2021; including the number of individuals served;
- 2) a budget by object for fiscal 2022, including anticipated number of individuals served in fiscal 2022;
- 3) provider capacity challenges and ongoing efforts to address provider capacity;
- 4) provider rates for fiscal 2021 and 2022; and
- 5) modifications that occurred due to the coronavirus pandemic.

OVERVIEW OF AUTISM WAIVER SERVICES

House Bill 99 was proposed by Delegate John Hurson during the 1998 legislative session. The General Assembly approved and required the Maryland Department of Health (MDH) to apply to the Centers for Medicare and Medicaid Services (CMS) for a Home and Community-Based Services Waiver under Section 1915(c) of the Social Security Act, to serve children with autism. In August 1998, the MDH applied for this Waiver to allow children with autism, determined to be eligible for institutional services in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID), to receive AW services in their home and community. The AW was approved in 2000 by the CMS and participants began receiving services designed to provide long-term, person-centered therapeutic services and supports designed to enable home and community living as an alternative to institutional care in 2001.

The AW qualifies the participant for full benefits through Medical Assistance, to include health insurance, prescription coverage, and dental care. Provider agencies who demonstrate the capacity and qualifications to serve children with ASD are approved to provide therapeutic services for AW participants. The following services are offered to eligible participants from age one through the end of the school year in which the individual turns twenty-one:

- **Adult Life Planning (ALP):** Family-centered and focused on educating and supporting the family to access adult community services on behalf of the participant, this service emphasizes the development of a plan for decision making in the autism/developmental disabilities system.
- **Environmental Accessibility Adaptations (EAA):** Funding towards making physical adaptations to the home that are necessary to ensure the health, welfare, and safety of the participant in the home environment and enable the participant to function with greater independence.
- **Family Consultation (FC):** Consultation, education, and counseling services for the families of participants served on the AW.
- **Intensive Individual Support Services (IISS):** One-on-one assistance based on the participant's need for interventions and support, as identified in an individualized treatment plan. These services use the home and community environment as a learning opportunity.
- **Residential Habilitation (Regular or Intensive):** Community-based placement for participants who cannot live at home because they require highly supervised and supportive environments. Services are designed to assist participants to acquire, retain, and improve self-help, socialization, and adaptive skills necessary to successfully return home. Intensive services require awake overnight and one-to-one staffing.
- **Respite Care:** Short-term supervision and assistance with activities of daily living that are provided to participants because of the absence or need for relief of those persons normally providing care.
- **Therapeutic Integration (TI: Regular or Intensive):** A structured program during after-school hours, weekends, and non-school days that provides therapeutic services specially designed for participants who have problems with socialization, isolation, hyperactivity, impulse control, and behavioral or other related disorders. Intensive TI services require one-to-one intervention, whereas regular TI requires one staff for every three participants.

Since its inception, the AW service delivery model has followed an integrated care approach. The MSDE requires that each local school system (LSS) designate an AW Service Coordinator (SC). The AW SC serves as the main point of contact and coordination for MSDE, AW participants, and their families in all aspects of the AW, to include engaging families and assisting them through the eligibility process. AW SCs are representatives from each LSS who work directly with families to assist in the eligibility process and provide service coordination, including targeted case management. The AW SC leads the multidisciplinary team, a group of individuals invited to collaborate because of their expertise and knowledge about the participant. Each member of the individual's multi-disciplinary team works together through the coordination of the participant's AW SC and with support and guidance from representatives at the MSDE and the MDH.

PART I

AUTISM WAIVER REGISTRY

Overview

The MDH is the State agency responsible for maintaining and managing the AW registry, a list of individuals interested in applying for the AW when a vacancy is available. The MDH manages the AW registry through a contract with [CMD Outsourcing Solutions \(CMD\)](#); CMD is a Maryland based, professional call center with services that cover inbound and outbound calls, emails, live chats, and text messages. In their capacity as the vendor for the AW registry, CMD is the initial contact for entry onto the AW registry and is responsible for managing all updates to the AW registry. Any family interested in adding their child to the AW registry is asked to provide the information identified below; all information is entered into a database maintained by CMD.

Registrants are asked for the following information:

- Individual's/child's name
- Date of birth
- Age
- Last four digits of social security number
- Medical Assistance number, if applicable*
- Address
- County
- Phone number
- Contact person's name
- Phone number
- Address
- Email
- Preferred language*
- Special circumstances (i.e. parent is member of the armed forces, child is in foster care...)
- Contact information for special circumstances

Items with an asterisk above were added in fiscal 2022 as a result of recommendations from the AW Advisory Committee. The Medical Assistance number and the preferred language are requested to assist the AW SC to expedite the AW application process.

The date and time of entry onto the AW registry is logged as it becomes the basis for the individual's placement on the registry. The AW registry does not prescreen individuals prior to adding them to the AW registry; eligibility requirements are first considered during the application process. Opportunities to apply for the AW are offered on a first come, first serve basis and enrollment in AW services is offered if the child meets financial, technical, and medical eligibility. Any individual may be added to the AW registry by calling 1-866-417-3480. When an individual is added to the AW registry, the registrant receives an **Initial Letter Packet** providing information on the AW, parental rights, and other resources.

As of September 30, 2021, 6233 individuals are on the AW registry. Currently, 296 individuals are in the process of review. These individuals have entered the AW registry approximately eight years before their screening and eligibility determination began. The table on the following page provides a snapshot of the Statewide AW registry, including the number of and percentage of individuals on the registry by county of residence.

Snapshot of Statewide Autism Waiver (AW) Registry		
County	Number of AW Registrants as of September 30, 2021	Percentage of AW Registrants in each County
Allegany	35	0.56%
Anne Arundel	491	7.88%
Baltimore City	518	8.31%
Baltimore	916	14.70%
Calvert	58	0.93%
Caroline	12	0.19%
Carroll	136	2.18%
Cecil	83	1.33%
Charles	135	2.17%
Dorchester	15	0.24%
Frederick	334	5.36%
Garrett	<10	0.11%
Harford	256	4.11%
Howard	450	7.22%
Kent	10	0.16%
Montgomery	1493	23.95%
Out of State	20	0.32%
Prince George's	958	15.37%
Queen Anne's	21	0.34%
Somerset	11	0.18%
St. Mary's	54	0.87%
Talbot	22	0.35%
Washington	119	1.91%
Wicomico	44	0.71%
Worcester	35	0.56%
Statewide	6233	100%

Data Source: CMD Active Records Report

AW Registry: Additions, Removals, and Verification of Information

In an effort to maintain accurate and up-to-date information, as individuals and their families await the opportunity to apply, and to confirm their interest to remain on the registry, CMD sends out **Verification Letters** asking families to verify or update contact information. Historically, these letters have been sent to the first 500 families on the AW registry on an annual basis in anticipation of the next wave of applicants. Families are informed upon registration that in the event of demographic information changes, they are required to contact CMD who updates the information.

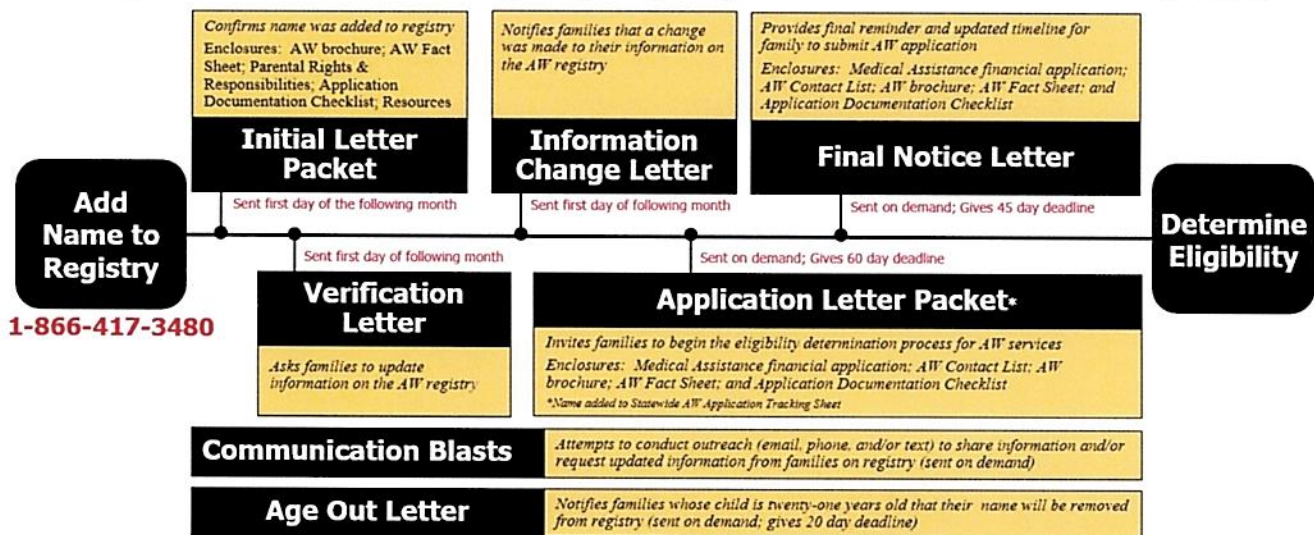
When a family updates their information on the AW registry, CMD mails an **Information Change Letter** providing written confirmation of the changes requested. These letters are sent at the beginning of each month at the request of the MDH; the MDH receives copies of all letters sent to families and shares these letters with the MSDE. Additionally, effective fiscal 2022, CMD also began sending periodic email, phone, or mailing **Communication Blasts** to registrants requesting updated demographic information.

At the direction of the MDH, CMD also manages the removal of individual names from the AW registry. CMD reviews the AW registry for duplicate names and contact information on an ongoing basis. CMD screens for registrants over the age of 21, using the provided birthdate, as they will have aged-out of eligibility. The MDH advises CMD to send **Age Out Letters** to those families to verify the birthdate on record. The letter provides families 20 calendar days to notify CMD before the registrant is removed from the AW registry, as requested by the MDH. Lastly, the University of Maryland Baltimore County’s (UMBC) Hilltop Institute supplies an annual death match report notifying the MDH of deceased registrants. Deceased individuals are removed from the AW registry.

The majority of individuals are removed from the AW registry by the opportunity to apply for AW services. The MSDE monitors AW enrollment and notifies the MDH of vacancies as they arise when participants aging out of the waiver at age 21, permanently residing in another state, passing away, or voluntarily disenrolling from the waiver. The MSDE recommends application packets be sent to families on the AW registry to fill identified vacancies. Letters are mailed to registrants in batches or “waves” based on the date and time order they were added to the registry. Once an application letter is sent, the child’s name is removed from the AW registry.

The MDH notifies CMD to offer registrants an opportunity to apply for the AW by sending **Application Letter Packets**; if there is no response, a **Final Notice Letter** is mailed as the last reminder to apply to the AW. Upon removal from the AW registry, the MSDE and AW SC’s involvement with a potential AW participant begins to support eligibility determination.

Maryland’s Autism Waiver (AW) Registry Process to Determine Eligibility



All process steps are referenced in bold throughout this part of the report.

Timelines and Procedures for Updating and Sharing Registry Information

There are procedures and protocols in place for sharing registry information between CMD, MDH, and MSDE. Using a secure server, CMD provides an updated AW registry list to the MDH and the MSDE on a monthly basis, including all new entries, changes to information, and/or name removals. The MSDE and the MDH share the most up to date summary of the AW registry at every Statewide AW provider and SC workshop and at quarterly AW Advisory Committee meetings. The information is also shared, when applicable, during training, focus groups, and technical assistance meetings related to the AW. The information shared identifies, by county: the number and percentage of individuals on the AW registry, the number of individuals enrolled in the fiscal year, and the number disenrolled during the same time period.

Actions Taken and Recommendations to Refine the AW Registry Process

Refining the AW registry process is an ongoing process involving the MSDE, MDH, and the AW Advisory Committee. The MSDE is also an active participant in the HCBS Council, that meets quarterly and is established to enhance collaboration between State Plan and Waiver programs, break down departmental silos, encourage cross-departmental implementation of best practices, and create an open forum to troubleshoot concerns and seek feedback on topics impacting waiver administration. The MSDE sought feedback from Council members regarding other waiver registry processes, streamlining the registry processes, decreasing wait time, and expediting the onboarding of participants. HCBS Council members reported that eligibility screening occurs prior to placement on their wait lists. The AW was the only represented waiver program that maintains a registry and does not determine eligibility in order to have a name added to the list. HCBS Council members recommended consideration of screening for eligibility prior to placement on the AW registry. These recommendations were brought to the AW Advisory Committee for further discussion.

Additionally, throughout FY2021, the AW Advisory Committee facilitated an AW Registry Focus Group with representatives from MSDE, MDH, SCs, and the Kennedy Krieger Institute (KKI), to offer recommendations to refine the AW registry process. The group met multiple times and made a number of proposed changes to the MSDE and MDH; progress was reported to the AW Advisory Committee during quarterly meetings. The following actions have been taken by the MSDE and the MDH based on recommended changes to refine the registry process and recommendations that are in process of being vetted.

Actions Taken

- Conducted outreach with registrants resulting in 525 updates to registrant records, including 8 removals.
- Automated the **Statewide AW Application Tracking Sheet** by incorporating it into the online database used by MSDE and AW SCs. This sheet tracks the status and outcome of every application letter sent to families in each wave. Automating the tracking sheet allows the AW SC to input information on each child directly into the database; MSDE has immediate access to the data, eliminating the manual process. This database will allow MSDE to identify opportunities for additional families to apply for the AW more quickly.
 - MSDE worked with their database vendor to create fields, programming, and reports in the online database and tested these new applications.

- AW SC training on the features of the automated registry tracking system will take place on December 1, 2021.
- Use of the automated tracking system will be phased in by the end of 2021.
- Verified AW financial application and updated AW Application Documentation Checklist to mirror required documentation.
- Updated the following documents to align with current guidelines and practices:
 - AW Brochure
 - AW Parental Rights & Responsibilities
 - AW Fact Sheet
 - AW Application Documentation Checklist
 - AW Contact List

Recommendations in Process or Under Consideration

- Engage with registrants more frequently to prompt families to ensure contact information is updated, inform them of what to expect when their child is eligible to apply, and encourage families to remove their child from the registry if they are no longer interested in pursuing AW services due to being enrolled in another waiver program or their child no longer meeting eligibility requirements.
 - Send annual email or phone communications with prompts to update demographic information.
 - Send annual reminders about what is needed to apply when they become eligible.
- Offer an electronic means for families to add their child's name to the registry and make changes to their contact information.
 - Implement [The Maryland Autism Waiver Registry Sign Up Form](#).
 - Implement [The Autism Waiver Registry Change of Information Form](#).
 - Once approved and tested, the forms will be shared as active links.
- Update the **Initial Letter Packet** sent to families upon entry onto the registry to provide written confirmation that a child has been added to the registry. The packet currently includes an AW Fact Sheet, Parental Rights and Responsibilities Form, and a list of MDH waivers and programs that could be resources while waiting for the AW.
 - Add the AW Brochure and the Application Documentation Checklist to enclosures as part of the packet.
 - Expand the existing MDH resource list by adding information on how to obtain the MDH [Bluebook Guide to Home and Community Based Programs](#) and by providing additional [resources](#) from MSDE's Division of Early Intervention and Special Education Services Maryland Learning Links.
 - Embed the links to online resources and to the AW Registry Change of Information Form once it is made active.
- Update the **Verification Letter** sent to families asking them to verify their information on the AW registry.
 - Include the web link to the AW Registry Change of Information Form along with the AW Registry Help Line phone number.
 - Include the AW Application Documentation Checklist as an enclosure when sending this letter and instruction to begin gathering requested materials for when their child becomes eligible to apply.
 - Add the AW Brochure and the Application Documentation Checklist to enclosures as part of the packet.
 - Expand the existing MDH resource list by adding information on how to obtain

- the MDH [Bluebook Guide to Home and Community Based Programs](#) and by providing additional [resources](#) on Maryland Learning Links.
- Send letters more frequently to families as they await an opportunity to apply.
 - Update the **Information Change Letter** sent to families confirming changes made to their information on the AW registry.
 - Confirm each change made to their demographic information on the AW registry.
 - Add a checklist for CMD to indicate the reason for the reported change: parent contact information updated, preferred language updated, alternate contact information added or updated, and if the child’s name was removed from the registry.
 - Update content of letter to reflect updates to process.
 - Update the **Application Letter Packet** sent to families when they are invited to begin the eligibility determination process, including: Medical Assistance financial application, AW Contact List, and AW brochure.
 - Add AW Fact Sheet and AW Application Documentation Checklist.
 - Hold families to a 60 calendar day requirement from the date of the letter, instead of 30 calendar days. The letter notifies the family that they have a timeline in which to contact the AW SC for submission of required eligibility determination documents.
 - Update the **Final Notice Letter** mailed to the family, after the Application Letter Packet, as a final reminder to apply to the AW. The family is provided a new timeline in which to submit a completed AW application.
 - Change the timeline for a response from 30 days to 45 days from the date of the letter. This gives family members additional time to forward their application and supporting documentation to the AW SC.
 - Update the wording of the letter to clarify the steps families must follow to complete the application.
 - Train SCs statewide on methods for holding families accountable to meet set deadlines.
 - MSDE will conduct a Statewide AW SC workshop on December 1, 2021 and at least annually, thereafter.
 - Employ an intern to work with CMD to “clean up” the registry and prepare parents to engage in the application process.
 - The Maryland Center for Developmental Disabilities (MCDD) at Kennedy Krieger Institute is willing to offer an internship experience for a graduate student from the Wendy Klag Center for Autism and Developmental Disabilities. The graduate student could engage in the following activities: review the AW registry; contact families to ensure they wish to remain on the AW registry; recommend removal of any families who do not wish to remain on the AW registry; update demographic information for families; and help families to understand the application process. MCDD faculty and staff would provide supervision for the graduate student for the duration of the internship. A stipend may be required for this work.

Modifications Due to the Coronavirus Pandemic

CMD has remained operational during the coronavirus pandemic; all CMD agents were equipped with the capability to work from home so that there would be no interruptions with their ability to handle calls. As a result, no functions of the operation of the AW registry have been altered or modified. The MSDE has continued to hand-deliver materials, that include brochures and updated contact lists, for enclosures in correspondence to families.

PART II

AUTISM WAIVER PROGRAM UPDATES FOR FISCAL 2021 AND 2022

Overview

AW provider agencies serve children and families approved to receive AW services, as detailed through a plan of care, and often provide services across several Maryland counties. Each provider agency bills Medicaid directly for the type of service(s) provided and they receive payment directly from Medicaid. The MSDE receives quarterly cost data and an accompanying quarterly bill for the State portion of AW Medicaid costs from the MDH. The MSDE facilitates a quarterly interagency transfer of funds to the MDH utilizing the funds appropriated to the MSDE for the AW; the total quarterly amount is charged to Object 1207, *Grants to Other State Government Programs*. The State share of Medicaid costs associated with AW participants are paid by the MSDE through AW funds allocated by the Governor and the Maryland General Assembly.

Fiscal 2021 Budget Closeout

In fiscal 2021, Governor Hogan and the Maryland General Assembly allocated \$25,180,417.00 to the MSDE for implementation of the AW, adding 100 additional slots, which was in alignment with the CMS application to serve a total of 1300 children and youth with ASD.

The table below, charged to Object 1207, provides a breakdown of the fiscal 2021 AW costs (State Plan, Pharmacy, Gray Area Services, Non-Gray Area Services, and Provider Recoveries) per quarter:

- State Plan: Medical costs for participants who would not qualify for Medicaid if they were not on the Autism Waiver.
- Pharmacy: State pharmacy costs for participants who would not qualify for Medicaid if they were not on the Autism Waiver.
- Gray Area Services: Costs for Autism Waiver Services for participants not previously enrolled in Medicaid; they are eligible for Medicaid only because they are enrolled on the Autism Waiver.
- Non-Gray Area Services: Costs for Autism Waiver services for participants who were already enrolled in Medicaid prior to receiving the Autism Waiver.
- Provider Recoveries: State funds returned to Medicaid from Autism Waiver providers due to monitoring findings and/or billing errors.

Fiscal 2021 AW Costs by Quarter							
	State Plan	Pharmacy	Gray Area Services	Non-Gray Area Services	Total of State Plan+ Pharmacy+ Services	Provider Recoveries	Amount Charged by MDH
Q1	\$306,871.74	\$39,035.94	\$2,122,687.06	\$3,423,014.54	\$5,891,609.28	\$2,924.21	\$5,888,685.07
Q2	\$298,339.55	\$37,841.29	\$2,355,056.37	\$3,661,304.83	\$6,352,542.04	\$6,549.92	\$6,345,992.12
Q3	\$231,857.56	\$42,045.29	\$2,698,846.92	\$4,058,307.18	\$7,031,056.95	\$44,006.08	\$6,987,050.87

Fiscal 2021 AW Costs by Quarter							
Q4	\$168,460.14	\$40,728.64	\$2,377,397.57	\$4,049,510.71	\$6,636,097.06	\$17,764.64	\$6,618,332.42
Total	\$1,005,528.99	\$159,651.16	\$7,176,590.35	\$15,192,137.26	\$23,533,907.76	\$71,244.85	\$25,840,060.48*

Data Source: MDH Aut Gray Area Summary Report

Note: The MSDE had no reversions or encumbrances in fiscal 2021.

*The total amount of expenditures for the implementation of the AW in fiscal 2021 was \$25,840,060.48; this amount is \$659,643.48 over the appropriated budget.

Throughout fiscal 2021, the State served a total of 1338 participants through the AW. The table below shows the number of participants and families served throughout the fiscal year, as well as the number of participants disenrolled during the same time period.

Fiscal 2021 Autism Waiver Participants		
County	Number of Autism Waiver Participants as of June 30, 2021	Number Disenrolled as of June 30, 2021
Allegany	<10	<10
Anne Arundel	97	<10
Baltimore City	70	<10
Baltimore	266	17
Calvert	10	
Caroline	<10	
Carroll	37	<10
Cecil	12	
Charles	19	<10
Dorchester	<10	
Frederick	81	10
Garrett	<10	
Harford	71	<10
Howard	116	13
Kent	<10	
Montgomery	328	26
Prince George's	165	<10
Queen Anne's	<10	<10
St. Mary's	14	<10
Somerset	<10	
Talbot	<10	<10
Washington	25	<10
Wicomico	<10	
Worcester	<10	<10
Statewide	1338	102

Data Source: AW Database ADHOC Report

Fiscal 2022 Budget Projections

Governor Hogan’s fiscal 2022 budget appropriation, approved by the Maryland General Assembly, totals \$27,935,830.00. The fiscal 2022 budget appropriation includes an additional \$2,000,000, allowing for the AW to serve an additional 100 participants, not including the transitioning youth (TY). At this time, the AW Application, approved by the CMS, allows the State to enroll 1300 participants in fiscal 2022, and up to 1500 given the flexibility to continue serving TY. The MDH is submitting an amendment to CMS to increase the number of participants by 100 in fiscal 2022 (to align with the Governor's budget), as well as the option to allow up to an additional 100 seats each fiscal year through fiscal 2024, when the application is due for renewal.

The following projections for fiscal 2022 are based upon the appropriation totaling \$27,935,830.00. The MSDE projects the following total quarterly amounts to be charged to Object 1207 for the AW:

- Quarter 1, \$6,425,240.90
- Quarter 2, \$6,704,599.20
- Quarter 3, \$7,542,674.10
- Quarter 4, \$7,263,315.80

The State anticipates serving a minimum of 1400 participants in fiscal 2022.

Fiscal 2022 total estimated quarterly amounts were determined using the distribution of charges for each quarter of the total from fiscal 2021: Quarter 1 is 23% of the total; Quarter 2 is 24% of the total; Quarter 3 is 27% of the total, and Quarter 4 is 26% of the total. The table below provides a further breakdown of quarterly costs. The quarterly amounts are distributed across these categories based on the average of fiscal 2021 distributions for each quarter:

- State Plan: 4%
- Pharmacy: 1%
- Gray Area Services: 36%
- Non-Gray Area Services: 59%
- Provider Recoveries: (To factor in provider recoveries, the MSDE utilized the average amount recovered by providers in fiscal 2019 through fiscal 2021 totaling \$46,020.00 and divided this number by four to obtain the quarterly amount of \$11,505.00)

Fiscal 2022 AW Costs by Quarter - Projections							
	State Plan	Pharmacy	Gray Area Services	Non-Gray Area Services	Total of State Plan+ Pharmacy+ Services	Provider Recoveries	Total Amount
Q1	\$257,469.84	\$64,367.46	\$2,317,228.52	\$3,797,680.08	\$6,436,745.90	\$11,505.00	\$6,425,240.90
Q2	\$268,644.17	\$67,161.04	\$2,417,797.51	\$3,962,501.48	\$6,716,104.20	\$11,505.00	\$6,704,599.20
Q3	\$302,167.16	\$75,541.79	\$2,719,504.48	\$4,456,965.67	\$7,554,179.10	\$11,505.00	\$7,542,674.10
Q4	\$290,992.83	\$72,748.21	\$2,618,935.49	\$4,292,144.27	\$7,274,820.80	\$11,505.00	\$7,263,315.80
Total	\$1,119,274.00	\$279,818.50	\$10,073,466.00	\$16,509,291.50	\$27,981,850.00	\$46,020.00	\$27,935,830.00

Data Source: Projections based on Fiscal 2021 MDH Aut Gray Area Summary Report

Annual costs related to the AW present a challenge to provide an accurate projection; there are many factors that affect service utilization and Medicaid billing:

- Total costs vary predominantly due to factors such as utilization of AW or State plan services. Service utilization may be impacted by a number of factors including, but not limited to: individual family needs, willingness or ability to access service, geographical accessibility, provider capacity to provide service, etc. Some children use as few as one AW service per month, while others maximize their AW and State plan services usage.
- If a participant requires inpatient hospitalization, their AW services are suspended during the length of their hospital stay. Once stabilized and discharged from the hospital, the participant’s AW services are reactivated.
- Provider agencies have up to 12 months to bill for services provided; therefore, the date of service could occur in fiscal 2021, but the provider may bill and receive payment in fiscal 2022.
- Reaching out and locating families for enrollment can hinder expedited access to services. AW SCs, in collaboration with staff at MSDE and MDH, when needed, are diligent in their efforts to reach families; this may take several months and multiple notifications to the family before the State makes the decision to no longer hold a possible slot for the individual.
- Parents who seek a private psychologist for a diagnosis often find that certified and licensed psychologists, who must complete a portion of the AW application process, have waitlists to schedule evaluations impacting eligibility determination.
- Provider agencies, nationally and in Maryland, are reporting increased difficulty finding and retaining qualified direct care staff.
- At times, eligible youth with significant needs, who have not previously accessed home-based training or support, may have increased needs and families may be less receptive to in-home services; providers may have to slowly introduce services as they build rapport.
- The present and ongoing impact of the coronavirus pandemic on service utilization.

Provider Rates for Fiscal 2021 and 2022

The table below depicts AW provider reimbursement rates for each AW service. Medicaid provider rates were increased two times in fiscal 2021. The first 4% provider rate increase became effective July 1, 2020. During the 2019 General Assembly session, Maryland passed legislation to raise the state’s minimum wage from \$9.25 to \$15 per hour by 2025 for companies with more than 15 employees, with all employees reaching \$15 per hour by 2026. As a result of the [Fight for Fifteen](#) bill, the second 4% provider rate increase became effective January 1, 2020. MDH and MSDE are seeking to increase rates by accessing the enhanced federal match funding opportunity outlined in the [American Rescue Plan Act of 2021](#).

Provider Rates for Fiscal 2021 and 2022			
Service	Procedure Code	Payment Rate - Effective July 1, 2020	Payment Rate - Effective January 1, 2021
Residential Habilitation – Regular	Z9300	\$231.52 per unit	\$240.78 per unit
Retainer Payment – Regular	W9304	\$231.52 per unit	\$240.78 per unit
Residential Habilitation – Intensive	Z9301	\$463.09 per unit	\$481.61 per unit

Provider Rates for Fiscal 2021 and 2022			
Service	Procedure Code	Payment Rate - Effective July 1, 2020	Payment Rate - Effective January 1, 2021
Retainer Payment – Intensive	W9305	\$463.09 per unit	\$481.61 per unit
Intensive Individual Support Services	W9306	\$17.54 per unit	\$18.24 per unit
Regular Therapeutic Integration	W9307	\$14.03 per unit	\$14.59 per unit
Intensive Therapeutic Integration	W9308	\$17.54 per unit	\$18.24 per unit
Adult Life Planning	W9311	\$57.58 per unit	\$59.88 per unit
Respite Care	W9314	\$13.71 per unit	\$14.26 per unit
Family Consultation	W9315	\$57.58 per unit	\$59.88 per unit
Environmental Accessibility Adaptation*	W9320	\$2,000 per 36-month period	\$2,000 per 36-month period

Data Source: MDH Rates for AW Services Transmittal No. 26 & No. 27

The MSDE and the MDH continue to work collaboratively with the AW Advisory Committee and stakeholders to maximize the services available for AW participants and families while reimbursing provider agencies with a payment rate that is comparable to national and State averages for similar service provision. In fact, in 2016, the MDH contracted with the Hilltop Institute to conduct a rate study, utilizing the results of that study as the basis for justification of AW rates to the CMS. As a result of the MSDE and MDHs continued commitment to the ongoing review of provider rates, the MDH has included a second rate study within the scope of work between the MDH and the Hilltop Institute.

AW Provider Capacity

AW provider capacity involves a number of components that include: the number of AW providers; services they provide; counties served; number of individuals/families served; and the ability to hire and retain qualified staff. The MSDE and the MDH collaborate to facilitate the enrollment and expansion of AW providers to serve individuals and families. It is an open and continuous process with the flexibility to recruit, educate, screen, and approve new providers in accordance with the standards defined by the Code of Maryland Regulations (COMAR) and approved by CMS in the AW Application.

Since the submission of the [Autism Waiver \(AW\) Capacity Update Report](#) in 2020, the MSDE has onboarded four new AW provider agencies and approved two AW provider agency requests to expand AW services. Two prospective provider applications were processed but denied due to failure to demonstrate ability to serve AW participants and their families despite high levels of technical assistance offered by the MSDE. As of September 30, 2021, there are 65 approved AW provider agencies serving participants and their families across the State of Maryland. The MSDE is currently processing three prospective provider applications, and four service expansion applications from existing AW providers. It is anticipated that, by November 1, 2021, there will be 67 approved AW providers.

Provider agencies are approved to provide as few as one or as many as all nine AW services. Several provider agencies serve 100+ AW participants while others may serve fewer than five. The table below represents the anticipated number of approved AW providers by AW service type:

Autism Waiver Providers by Service Type as of November 1, 2021	
Autism Waiver Services	Number of Approved Providers
Adult Life Planning	18
Environmental Accessibility Adaptations	5
Family Consultation	37
Intensive Individual Support Services	43
Residential Habilitation (Regular)	8
Residential Habilitation (Intensive)	8
Respite Care	42
Therapeutic Integration Services (Regular)	25
Therapeutic Integration Services (Intensive)	15

Data Source: AW Provider List

Provider agencies select which county, or counties, they intend to support during the application process. The average provider serves 10 counties. Please note that providers are not limited to only serving these counties, but presently only serve participants and their families in these counties. Since November of 2020, all 24 counties have had an increase in both the number of AW providers and services available to support AW participants and their families; a result of the MSDE and MDH approving new AW provider agencies and permitting existing AW providers to expand services to other counties throughout the State.

The table below represents the total number of provider agencies, per county in Maryland, and the total number of the type of AW services available by all providers serving that county.

Statewide Autism Waiver Providers and Services				
	As of November 1, 2020		As of November 1, 2021	
County	Number of Providers	Number of Type of Services Offered	Number of Providers	Number of Type of Services Offered
Allegany	10	19	16	29
Anne Arundel	37	109	46	141
Baltimore City	35	91	45	135
Baltimore	40	106	48	141
Calvert	17	39	23	55

Statewide Autism Waiver Providers and Services				
	As of November 1, 2020		As of November 1, 2021	
County	Number of Providers	Number of Type of Services Offered	Number of Providers	Number of Type of Services Offered
Caroline	7	14	12	20
Carroll	20	50	28	76
Cecil	11	21	18	40
Charles	18	48	23	58
Dorchester	11	25	15	27
Frederick	23	72	30	84
Garrett	9	20	14	26
Harford	18	47	25	65
Howard	40	123	50	147
Kent	9	20	14	26
Montgomery	41	122	51	140
Prince George's	36	108	45	126
Queen Anne's	13	36	18	37
St. Mary's	13	40	17	44
Somerset	10	23	15	30
Talbot	11	28	16	34
Washington	15	38	19	43
Wicomico	9	20	13	25
Worcester	10	22	15	32

Data Source: AW Provider List

Provider Capacity Challenges

The MSDE and the MDH have worked consistently with the AW Advisory Committee to understand provider capacity challenges, establishing parent, AW SC, and provider focus groups in 2019. Additionally, surveys were distributed to providers and AW SCs in 2018, 2019, and 2021 to obtain feedback on provider capacity challenges from the comprehensive group. Repeatedly, the majority of surveyed providers and AW SCs indicated that provider capacity concerns relate to an insufficient number of staff employed by AW providers. Reasons cited for capacity challenges included turnover due to low salary, jobs with more hours available, and competition from other programs also looking to fill direct care positions. The surveys in 2021 served the additional purpose of seeking provider and AW SC feedback on the impact of the COVID-19 pandemic on direct care staff turnover. AW SCs and providers noted that the

pandemic had a substantial negative impact on staff turnover rate. The most frequently cited reason for staff turnover related to COVID-19 was a fear of becoming infected or suffering from effects of COVID-19 themselves.

While not typically considered a “provider” of AW services, AW SCs must be considered when discussing capacity to support AW participants and their families. Per COMAR 10.09.56, each participant is required to be assigned an AW SC; their role is vital to participant service access. AW SCs are charged with numerous responsibilities relating to onboarding and ongoing support to AW participants and their families and are increasingly reporting challenges with their workload due to increasing caseloads as participants enter the AW program.

Their responsibilities begin with contacting the family and working with them to facilitate the family’s submission of all required documents verifying the child meets technical, medical, and financial eligibility. Screening for eligibility is intensive and includes record and document reviews, a comprehensive level of care assessment, and determination of the child’s resources and assets. Once a participant is enrolled, the AW SC is tasked with ongoing case management activities including developing, assessing, and modifying participant Plans of Care; completing monthly contacts and quarterly visits; conducting annual reassessments of all three areas of eligibility; monitoring service hours and treatment plans; collaborating with providers, MSDE, and EDD; and assisting with identifying and overcoming barriers to successful service delivery.

Each LSS employs or contracts for service coordination at their discretion to meet the needs of AW participants and their families. The number of AW SCs in any given county is not necessarily proportionate to the number of AW participants enrolled in that county. Some LSSs have full-time staff who are dedicated or contracted to provide initial assessments, reassessments, and ongoing service coordination, while other counties have staff whose AW responsibilities are only a part of their overall role within the LSS. As of September 30, 2021 there are 59 full or part-time AW SCs employed, or contracted, by LSSs, as illustrated in the table below.

Statewide Autism Waiver Service Coordinators (SCs) as of September 30, 2021	
County	Number of SCs
Allegany	3
Anne Arundel	2
Baltimore City	2
Baltimore	4
Calvert	1
Caroline	1
Carroll	1
Cecil	8
Charles	4
Dorchester	1

Statewide Autism Waiver Service Coordinators (SCs) as of September 30, 2021	
County	Number of SCs
Frederick	5
Garrett	1
Harford	1
Howard	3
Kent	1
Montgomery	10
Prince George's	4
Queen Anne's	1
St. Mary's	2
Somerset	1
Talbot	1
Washington	1
Wicomico	3
Worcester	1

Data Source: AW SCs by County List

Further impacting provider and SC capacity challenges throughout the pandemic, is the impact of the Maintenance of Effort (MOE), put in place for Medicaid beneficiaries in response to the public health emergency (PHE) to ensure that beneficiaries maintain their current level of service. The MDH advised that participants who are eligible for more than one Medicaid Waiver program be offered the choice between the two. Many AW participants who were eligible for a waiver program through DDA chose to remain in the AW. As a result, providers and SCs have worked tirelessly to augment service delivery strategies, creatively meet needs of participants and their families, and do so with increased caseloads.

Recommendations and Actions Taken to Address Provider Capacity

The AW Advisory Committee has been instrumental in recommending and refining actions taken by the MSDE and MDH to support current AW providers, including: monthly provider technical assistance meetings, increased Medicaid payment rates, provider lists that include information regarding any foreign languages spoken and additional services offered, and individualized provider orientations within two weeks of approval as an AW provider. Provider orientation now includes an orientation binder that is completely digitized. This facilitates training of provider staff who were not able to attend orientation or were hired after the orientation date. Furthermore, orientation training content modifications now include guidance on developing templates, strategies for successful partnerships with AW SCs, communicating with families, and the identification of additional billing resources.

The AW Advisory Committee also recommended the formation of a TY Focus group with representatives from MSDE, MDH, DDA, the Developmental Disabilities Council, parent advocacy organizations, and LSSs. The group is focused on enhancing the TY processes and supports the work of all partners in the process, including Adult Life Planners who guide families and youth as they plan to shift between school-based and AW Services into adult programs. The workgroup has responded to recommendations to train partners in TY support by arranging a workshop to be held on December 3rd, 2021. The aim of the workshop is to equip partners with information needed to support their current knowledge base and enhance their ability to provide impactful services for TY.

Arrangement of the above-mentioned training is reflective of a greater undertaking to enhance provider capacity by offering web-based training, as recommended by providers in the above mentioned capacity survey. Service-specific training and technical assistance sessions will continue quarterly following the December training. Provider input will be sought guiding MSDE on training content development. The MSDE has also responded to recommendations for training available to families by offering a presentation featuring a detailed overview of the regulatory flexibilities available by way of the Appendix K.

Expanding provider capacity reaches beyond support and training for current providers. Anyone interested in becoming an AW provider must attend an AW Prospective Provider Workshop, hosted by the MSDE and the MDH, to learn more about the AW and how to become an AW provider. The person completing the application to become an AW Medicaid provider must be the individual who attends the workshop. Participation in the workshop is required before submission of an application and supporting documents.

In fiscal 2021 and to date, the MSDE and MDH held four AW Prospective Provider Workshops, with 65 prospective providers in attendance. Three additional workshops are planned for the remainder of fiscal 2022. This is a sharp increase from prior fiscal years, in response to an identified need to expand the number of AW providers. These workshops provide a comprehensive overview of the AW including its purpose and benefits, services offered, expectations of providers as outlined in COMAR 10.09.56 and MSDE/MDH guidance, and a step by step guide to becoming an AW provider agency. Additionally, these workshops have been enhanced through participation and presentation by current providers who offer insight into the application process, highlighting key components of a successful provider agency, and addressing questions from the group.

Further recommendations from the AW Registry Focus Group members would help the State to address lags in the on-boarding of new participants due to a lack of or questionable documentation of an individual meeting the diagnostic criteria. The Kennedy Krieger Institute has submitted a proposal, aligned with support they provide for other waivers to provide case consultation services to LSSs/MSDE. This service would include a review of medical eligibility documentation for registrants with an unclear diagnosis of Autism Spectrum Disorder (ASD) and would offer LSSs/MSDE with a clinical recommendation of their medical eligibility. In addition, they would offer professional training and case consultation clinics to AW SCs on diagnostic criteria for ASD.

Finally, in line with the passage of [Senate Bill 3](#), the [Preserve Telehealth Access Act of 2021](#), the MDH is also updating and promulgating regulations to incorporate telehealth as a service

delivery modality under the AW regulations authority. This authority will allow AW providers to broaden access to needed services while maintaining safety protocols, as deemed appropriate. Overwhelmingly, AW providers indicated that they are currently offering telehealth as a service delivery model. Providers, AW SCs, and families consistently speak to the benefits of this flexibility. Of those providing telehealth services, all indicated that they would like to permanently incorporate telehealth as a model of service delivery. Provider capacity is projected to increase based on the capability to provide services using a telehealth model; many providers have indicated an interest in expanding the counties they serve if telehealth were to be permanently adopted into AW regulations.

Modifications due to the Coronavirus Pandemic

Congress passed the [Families First Coronavirus Response Act \(FFCRA\)](#) in response to the coronavirus pandemic; the President signed it into law on March 18, 2020, with an effective date of April 1, 2020. Congress followed the FFCRA by passing a second bill, the [Coronavirus Aid, Relief, and Economic Security \(CARES\) Act](#); the President signed it into law on March 27, 2020, including further provisions.

The FFCRA offers a significant increase in Medicaid funding for states – a 6.2 percentage point increase in states' [Medicaid Federal Medical Assistance Percentage \(FMAP\)](#) rate for expenditures that are normally paid at the states' regular FMAP rate. In exchange for these additional funds, states must agree to comply with the MOE protections. This ensures that states do not cut their Medicaid programs while receiving the enhanced federal funds, and that individuals are able to get and stay covered during the crisis.

As a result of the federal MOE requirement under the FFCRA, the AW has been unable to disenroll or transition individuals. The only permissible reasons for removing a participant from the AW are:

- The participant moves out of State;
- The participant transfers to another waiver program;
- The parent chooses to disenroll the child from the waiver; and
- The participant is deceased.

Participants who would have otherwise exited from the AW in June 2020 and June 2021 due to graduation from high school or because they had reached the end of the school year in which they turned 21, also known as transitioning youth (TY), have been permitted to continue receiving AW services, if they elect to do so.

To accommodate TY who have been allowed to continue receiving AW services and Medicaid, the State requested a temporary increase in AW slots - to 1500 participants - through the [Emergency Preparedness and Response for HCBS 1915\(c\) Waivers Appendix K \(Appendix K\)](#). This flexibility avoids disruption in new AW enrollments by allowing the state to continue enrolling new participants while maintaining TY participants. These TY participants are not counted in the cap of approved participants, as defined in the AW application.

In addition to the MOE, FMAP, and flexibilities in the Appendix K related to TY, the Appendix K offers other modifications that allow participants increased access to services and loosens requirements allowing for flexibility in service delivery. Appendix K flexibilities are effective from March 1, 2020 and are permitted to remain in effect until no later than six months after the expiration of the federal PHE.

Flexibilities, specifically the increased service hours available for fiscal 2021 and fiscal 2022, identified below, impacted the cost of implementation for the AW, appear to have resulted in the overage in fiscal 2021, and contribute to the difficulty making budget projections for fiscal 2022:

- 15 additional Intensive Individual Support Services (IISS) hours per week;
- Double the respite hours per fiscal year;
- 10 additional Family Consultation (FC) hours per fiscal year; and
- 10 additional Adult Life Planning (ALP) hours per fiscal year.

Beginning with the onset of the coronavirus pandemic in March 2020, the MSDE and MDH immediately sought input from families, providers and AW SCs on the potential impact of the pandemic on families' ability to access and providers' and AW SCs' ability to provide AW services. A shared document was developed to gather feedback that quickly expanded to include questions and concerns from AW stakeholders, as well as suggestions and feedback on proposed flexibilities to support the AW community. All suggested flexibilities to support AW participants and their families were shared continuously with the AW advisory committee, providers, and AW SCs to seek guidance and input from initiation, through implementation, and even feedback for permanent adoption. Parent members of the AW Advisory Committee sought input from other families, reporting back to the group.

The MDH gained approval from CMS to operate outside of the regulations outlined in the approved AW application by way of an Appendix K: Emergency Preparedness and Response and COVID-19 Addendum. The Appendix K addendum became effective February 28, 2021 and expires six months post the expiration of the [public health emergency declaration](#). The addendum to the current waiver application allowed for increased service hours, flexibility regarding settings where services may be rendered, expedited onboarding of providers, modified provider qualifications, and for four services to be rendered using a telehealth model, as noted below. A chart of all the flexibilities offered is available in the section to follow.

One of the most impactful flexibilities offered by way of the Appendix K to support provider capacity is the ability for provider agencies to hire parents to provide IISS to their children. A survey distributed by the MSDE in September 2020 showed that 62% of provider agencies have hired parents to provide IISS to their children. Twenty testimonials were submitted by parents and providers regarding the helpfulness of the ability for parents to be hired to deliver IISS services to their children. Proponents of the flexibility noted it to be particularly helpful for

At the beginning of fiscal 2021, 85 out of a possible 112 TY chose to continue receiving services through the AW. The majority of the TY who "age-out" of AW services transition to adult services through person-centered care planning between the AW SC and the Developmental Disabilities Administration's (DDA) Coordinator of Community Services (CCS) or other community agency linkages. Throughout fiscal 2021, a number of these families worked with their AW SC and DDA CCS worker to transition successfully; 31 participants remained enrolled throughout fiscal 2021. At the beginning of fiscal 2022, 109 out of a possible 145 TY from June 2021 chose to continue receiving AW services. As of September 15, 2021, 93 of those TY remained. The total number of currently enrolled TY who are able to continue receiving AW services is 124; 93 from June 2021 plus the 31 remaining TY from June 2020.

those who have immunocompromised family members, and highlight its assistance in offsetting challenges of recruiting and retaining direct care workers during the pandemic. Another impactful flexibility allowed TI, typically offered in a facility-based setting with multiple staff and participants, to be offered in the home, as well as virtually. This reduced geographical barriers and also allowed services to be delivered in line with CDC guidelines limiting group gatherings.

Some flexibilities were incorporated to assist providers in expediting service delivery during the pandemic. The requirement for provider staff to obtain three written references was waived. Additionally, providers were given increased time, from 60 to 120 days, to offer three of the four core staff trainings to newly hired staff. Current staff were eligible for 90 day extensions to their annual training. Many providers pivoted to a virtual training model, facilitating their ability to train staff in a timely and efficient manner.

Ultimately, guidance from the AW Advisory Committee also led to the creation of a Snapshot of AW Flexibilities shared with families through their AW providers and AW SCs. The table below is a snapshot of the flexibilities offered to AW participants, their families, AW providers, and AW SCs throughout the coronavirus pandemic to inform and provide transparency to all stakeholders.

Snapshot of Autism Waiver Flexibilities	
<p style="text-align: center;">Autism Waiver Service Hour Limits</p> <p style="text-align: center;">IISS: 40 hours week Respite: 672 hours/fiscal year <i>until 6/30/2021*</i> FC: 50 hours/fiscal year <i>until 6/30/2021*</i> ALP: 35 hours/fiscal year <i>until 6/30/2021*</i> <i>*Unused Appendix K hours may be carried over past 6/30/2021 using Carryover Hours Pre-Authorization Form</i></p>	<p style="text-align: center;">Level of Care (LOC)</p> <p style="text-align: center;">Extends LOCs through PHE</p>
<p style="text-align: center;">Billing Changes</p> <p style="text-align: center;">Allows up to 18 days per year for Residential Habilitation Retainer Payments</p> <p style="text-align: center;">Changes TI billing minimum to a 1/2 hour increment</p>	<p style="text-align: center;">Staffing Flexibilities</p> <p style="text-align: center;">Allows providers to waive requirement to obtain three references</p> <p style="text-align: center;">Allows parents/guardians to provide IISS</p> <p style="text-align: center;">Allows providers to waive high school diploma for family members, allowing them to be at least 16 years old to provide services</p>
<p style="text-align: center;">Expansion of Service Settings</p> <p style="text-align: center;">Allows TI to be provided in the home</p>	<p style="text-align: center;">Transitioning Youth 2020 & 2021</p> <p style="text-align: center;">Offers option to remain in the Autism Waiver to support transition to adult services</p>
<p style="text-align: center;">Training Flexibilities</p> <p style="text-align: center;">Extends the timeframe for Abuse, Neglect & Exploitation; Health Insurance Portability and Accountability Act (HIPAA); and Positive Behavior Interventions/Use of Restraints (PBI/Restraints) trainings up to 120 days after hire</p> <p style="text-align: center;">Extends the timeframe for Abuse, Neglect & Exploitation; HIPAA; PBI/Restraints; and Reportable Events annual refresher trainings up to 90 days after expiration</p> <p style="text-align: center;">Extends the timeframe for staff to complete the in-person skills portion of the PBI/Restraints training to up to 90 days after the end of the PHE</p>	

Data Source: Appendix K

As noted previously, all of the Appendix K flexibilities prevented termination or disruption of services and/or increased accessibility of services for families and children served by the AW. Once the federal PHE expires, the MSDE and MDH will enact a plan to resume normal State Medicaid operations and to fade these flexibilities or request an amendment to permanently adopt flexibilities that have been instrumental for AW participants, their families, and AW stakeholders.

SUMMARY AND CLOSING REMARKS

For reference, in 2018, the Maryland General Assembly tasked the MSDE and the MDH to report on the capacity of AW providers to serve current and additional AW participants and their families. Specifically, the [AW Capacity JCR Report](#) included a breakdown of the number of AW providers for each service provided through the program for fiscal 2014 to 2018, and actions to increase provider capacity for the additional 100 slots.

In 2020, pursuant to the 2020 Legislative Session, the MSDE and the MDH prepared an [Autism Waiver \(AW\) Capacity Update Report](#) to inform the General Assembly of progress made since the submission of the 2018 JCR. The report included AW provider capacity challenges, strategies to increase provider capacity, fiscal 2019 and 2020 expenditures, fiscal 2021 allowances, a review of AW provider rates, and an update on the AW registry.

The current report, an Autism Waiver (AW) Update, dated November 1, 2021, includes additional information on the registry, identifying progress, ongoing issues, and strategies. It identifies AW provider challenges and provider rate detail, as well as expenditures for fiscal 2021 and budget projections for fiscal 2022. The following committees and workgroups have been critical voices in the development of this report, as well as recommendations and enhancements to the AW:

- AW Advisory Committee, consisting of:
 - AW providers and Service Coordinators
 - Parents
 - Stakeholders/Agency representatives
 - MSDE and MDH staff
- Registry Workgroup members, consisting of:
 - Service Coordinators
 - CMD Outsourcing Solutions
 - Kennedy Krieger Institute/Maryland Center for Developmental Disabilities
 - MSDE and MDH staff
- Registry Enrollment Workgroup, consisting of:
 - Service Coordinators
 - MSDE's database vendor
 - MSDE staff
- Transitioning Youth Focus Group, consisting of:
 - AW providers and Service Coordinators
 - MSDE, MDH, and DDA staff
- Provider Focus Group, consisting of:
 - AW providers
 - MSDE and MDH staff
- Parent Focus Group, consisting of:
 - Parents of AW participants
 - AW Advisory Committee parent representatives
- Service Coordinator Focus Group, consisting of:
 - Service Coordinators
- Home and Community Based Services Council, consisting of:
 - Representatives from each of the HCBS waivers
 - MSDE and MDH staff