



MESSAGE TO FAMILIES OF YOUNG CHILDREN WITH AUTISM

An Important Message to Massachusetts Families With Children under Age 9

Diagnosed with an Autism Spectrum Disorder – Open Enrollment October 7, 2013 to October 18th

The Autism Division of the Department of Developmental Services (DDS) runs a Autism Waiver Program that provides one-to-one interventions to help children with autism who exhibit severe behavior, social and communication problems through a service called **Expanded Habilitation, Education** (intensive in-home services and supports, such as Applied Behavioral Analysis, Floor Time and Communication models). This service occurs in the child's home or other natural settings under the supervision of trained clinical staff and is available for a total of three years. The waiver also provides related support services such as community integration activities and respite. At the conclusion of the three years of the intensive in-home services, a child may access ongoing supplemental services (respite and goods and services, etc.) that meet the child's needs and help with the transition out of the intensive Autism Waiver Program—until the child's 9th birthday.

The Waiver is now able to serve over 300 children in a calendar year and while the Autism Waiver Program is near capacity at this time, there are always children who leave the Program because they turn 9 or for other reasons. Therefore, we want a current applicant pool to draw from when these spots become available for the Program. Therefore, the Autism Division is offering an opportunity to apply for the waiver through an open application period. The Autism Division held its last open enrollment in April 2012. **The open enrollment period runs from October 7th - October 18th. Please be sure to MAIL the application between October 7th and October 18th the Autism Division will discard submissions outside of this timeframe.**

The Autism Program maintains reserved capacity for children who are age 3 and transitioning out of Early Intervention. This means that the Autism Division reserves 20 statewide slots for children who are age 3. These children will still need to meet all relevant financial and clinical eligibility standards required for entry into the Program.

The Autism Waiver serves children up until their 9th birthday, with an autism spectrum disorder who meet the eligibility criteria for the Waiver Program. All waiver services require that the child continues to meet the financial and clinical eligibility requirements for the Waiver Program.

This message is to notify you about the eligibility requirements for the Autism Waiver Program:

Eligibility: the following requirements are necessary for participation in this program:

1. The child must have a **confirmed diagnosis** of an Autism Spectrum Disorder, subject to verification by the Department of Developmental Services.
2. The child has not yet reached his/her 9th birthday. Children birth through age 8 may participate.
3. The child is a resident of Massachusetts.
4. The child meets the level of care required for services in an Intermediate Care Facility for persons with an Intellectual Disability (ICF/ID) as assessed by DEPARTMENT OF DEVELOPMENTAL SERVICES.
5. The family chooses to have the child receive services in the home and community.
6. The child must be able to be safely served in the community.

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7. The child must have a legally responsible representative able to direct the services and supports of the Waiver.
8. The child must be found by the MassHealth agency to be eligible for MassHealth Standard coverage, based on family income. For families who have not yet applied for MassHealth, this must be done at the time of the filing of the Waiver Program Eligibility Request Form. Below is the maximum Income Guidelines for MassHealth Standard at 150% of Federal Poverty Level. In order to participate in the Autism Program, your family income must fall below the levels on the list*:

Family Size	Monthly	Yearly
2	\$1,939	\$23,268
3	\$2,442	\$29,304
4	\$2,944	\$35,328
5	\$3,447	\$41,364
6	\$3,949	\$47,388

*If your child is under age one or has a specialized medical condition such as blindness, deafness or a debilitating chronic medical illness the standards are different from those listed above; please contact the Autism Division for clarification in these cases.

How to Participate in the Eligibility Process:

1. **Get a copy of the Autism Program Request Form**
 - a. Please contact your local Autism Support Center (listed below) to request the Application Form.
 - b. The Autism Support Centers are available to help you complete Application Form.
 - c. The Autism Division will post all forms on the DDS website:
 - www.mass.gov/DDS under 'Autism Spectrum Services'
2. **Complete the Autism Program Application Form**
To complete this Form you will need:
 1. your child's date of birth
 2. your child's social security number
 3. your child's MassHealth ID number
3. **Submit the Autism Program Eligibility Application Form**
 - All Applications Must have a Postmark or Date Stamp between **October 7, 2013 and October 18, 2013**
 - The Autism Division will discard forms outside of this designated time period.
 - Please complete the form in Pen and Print Clearly.
 - Please Sign the Form in Pen.
 - **ONLY ONE APPLICATION PER CHILD**—The Autism Division will discard multiple forms
 - Please Mail Form (The Autism Division is not accepting hand delivered forms) to:
AUTISM DIVISION of DDS
Att. Autism Program Application Form
500 Harrison Avenue, Boston, MA 02118

It is a priority of the Autism Division of DDS to ensure that the process for requesting eligibility for the Autism Waiver Program is fully accessible to families and children with autism who are from linguistically and culturally diverse backgrounds.

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The Autism Division of DDS has the family related Autism Program Application Forms available in multiple languages. Please go to the DDS website or call one of the seven DDS funded Autism Support Centers for a copy in Spanish, Haitian-Creole, Khmer, Russian, Portuguese, Albanian, Vietnamese and Chinese/Mandarin.

This Notice and other waiver information is available on the DDS web-site at www.mass.gov/DDS under 'Autism Spectrum Services' and at the DDS funded Autism Support Centers. For additional information about the Autism Waiver Program, contact your local Autism Support Center or call toll free at 1-(888)367-4435.

Listing of the Autism Support Centers:

ACL: Community Resources for People with Autism (CRPA):

116 Pleasant Street
Easthampton, MA 01027
#413-529-2428: Serving Western, MA

Advocates: Autism Alliance of MetroWest (AAMW):

14 Central Street
Natick, MA 01760
#508-652-9900: Serving Metro West of Boston

Community Autism Resources (CAR):

33 James Reynolds Rd, Unit C
Swansea, MA 02777
#508-379-0371: Serving Southeastern, MA

HMEA: Autism Resource Center:

71 Sterling Street
West Boylston, MA 01583
#508-835-4278: Serving: Central, MA

NEARC: The Autism Support Center:

6 Southside Road
Danvers, MA 01923
#978-777-9135: Serving Northeastern, MA

TILL, Inc.: Autism Support Center:

20 Eastbrook Road
Dedham, MA 02026
#781-302-4600 x 4661: Serving Greater Boston

The Arc of South Norfolk: The Family Autism Center:

789 Clapboardtree Street
Westwood, MA 02090
#781-762-4001, X. 395 Serving Norfolk County Area



Application Request Form 2013

The Autism Waiver Program

The Autism Division of the Department of Developmental Services

PLEASE TYPE OR PRINT THIS INFORMATION IN INK

Name of Child	
Child's Date of Birth	
Child's Social Security # REQUIRED	
Child's MassHealth # REQUIRED	
Child's Insurance Type: (Standard, Premium Assistance, CommonHealth, etc.)	
Child's Gender	Female Male (Please circle)
Mailing Address	
City	
ZIP Code	
Name of Parent/Guardian	
Spoken Language Preference	
Written Language Preference	
Parent Phone:	
Parent Phone:	
Parent E-Mail	

You will need a written diagnosis of an Autism Spectrum Disorder from a doctor or psychologist.

Does the child have a verified diagnosis of an Autism Spectrum Disorder? YES NO

Please list other related medical, cognitive or psychiatric conditions affecting your child:

Enrollment Instructions:

- All Forms must have a Postmark or Date Stamp between (October 7, 2013 and October 18, 2013)
- Remember to complete the entire form
- Please print and sign using a pen
- Only one application per child is acceptable; DDS will discard any duplicate applications
- You must complete your application in the open application period for consideration for the eligibility process for the Autism Waiver Program
- Please mail your application to:
 DDS Autism Division
 Att. Autism Waiver Open Enrollment
 500 Harrison Ave, Boston, MA 02118

I have completed this form accurately and truthfully to the best of my knowledge.

Signature:

Date: