

COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
Department of Developmental Services
The Autism Division
500 Harrison Avenue | Boston, MA 02118



September 2020

Dear Parent or Guardian,

You are receiving this letter because we have an Autism Waiver Program Request Form on file for your child/children. At this time, the Autism Division is preparing to hold a new Open Request Period for the Autism Waiver Program. This is to ensure that applications for the Autism Waiver Program at the Autism Division at the Department of Developmental Services remain current and also give families with newly diagnosed children the opportunity to participate.

If you still wish to have your child/children considered for the Autism Waiver Program, please complete the one-page Application Request Form that is attached to this letter. Forms from the last open request period, are no longer valid.

SEND THE FORM ONLY. DO NOT ATTACH MEDICAL RECORDS OR ANY OTHER DOCUMENTS AT THIS TIME.

The open request period runs from October 16, 2020 -October 31, 2020. Please be sure to MAIL or Email the application between these two dates only. The Autism Division will discard submissions that are postmarked later than October 31, 2020.

The Waiver will continue to serve children with an autism spectrum disorder who meet the eligibility criteria for the Waiver, up until their 9th birthday. At this time the program may serve approximately 400 children a year. While the program is near capacity, there is a high rate of turnover in the program every year; therefore, we pull from this Open Request list to fill open slots.

The Waiver allows children to receive Expanded Habilitation, Education (Intensive In-Home Supports) for an average of 6-8 hours a week. The family may also access Supplemental Services (respite and goods and services, etc.) that meet their needs. Autism Waiver Services end on the child's 9th birthday. All waiver services require that the child continues to meet the financial and clinical eligibility requirements for the program.

As a reminder, here are the basic 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
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 clinical eligibility standard
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
7. The child must have a legally responsible representative able to direct the services of the Waiver
8. The child must be eligible or be able to obtain eligibility for MassHealth Standard coverage

How to Apply for MassHealth? You can submit your application for MassHealth in any of the following ways:

1. Sign on to your account at MAhealthconnector.org. You can create an online account if you do not already have one. Applying online may be a faster way for you to get coverage than mailing a paper application.
2. Mail your filled-out, signed application to
Health Insurance Processing Center
P.O. Box 4405
Taunton, MA 02780.
3. Fax your filled-out, signed application to 1-857-323-8300.
4. Call the MassHealth Customer Service Center at 1-800-841-2900
(TTY: 1-877-623-7773 for people who are Deaf, hard of hearing, or speech disabled) or 1-877-MA ENROLL (1-877-623-6765).
5. Visit a MassHealth Request Center (MEC) to apply in person. See the Member Booklet for Health Coverage and Help Paying Costs for a list of MEC addresses.

How to Participate in the Open Request Process:

- **ONLY ONE APPLICATION PER CHILD**—Multiple Forms Will Be Discarded
 - *For multiple children in a family, please submit one application for EACH CHILD*
- **Submit the Application Form: By Mail**
 - **All Applications must be Postmarked or Date Stamped by October 31, 2020**
 - Please complete the form in Pen and **Print Clearly**
 - Please Mail Form To: *(The Autism Division is not able to accept hand delivered forms)*

**DEPARTMENT OF DEVELOPMENTAL SERVICES
AUTISM DIVISION
ATTN: Autism Waiver Program Open Request
500 Harrison Avenue, Boston, MA 02118**

- **Submit the Application Form: By Email**
 - All Applications must be emailed to AutismDivision@state.ma.us
 - **All Application must be sent directly from the Parent/Guardian Only**
 - All Applications must be emailed between **October 16, 2020 – October 31, 2020**
 - Form can be completed electronically or printed, filled out clearly in pen and scanned into an email
 - Attached Forms may be sent in the following formats: PDF (preferred), JPG if clearly visible
 - If completing on a smart phone/tablet-download a free scanner app and send via a PDF file.

Translation and Interpretation is offered free of charge to participants.

The Autism Division of DDS has the family related Waiver 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 Arabic, Burmese, Chinese (Mandarin & Cantonese), Haitian Creole, Cape Verdean Creole, Portuguese (European), Spanish, Khmer, Vietnamese, Nepali and Somali. This notice and other waiver information is available on the DDS web-site at www.mass.gov/DDS under 'Autism Spectrum Services' and at DDS funded Autism Support Centers. For additional information about the Autism Waiver Program or if you have questions, please email AutismDivision@state.ma.us or call the Autism Division at **617-624-7518**.