

## **Administrative Entity (AE) Resource Guide for Level of Care (LOC) Determinations for Individuals on the Adult Autism Waiver (AAW) Interest List**

**These processes are in effect on January 1, 2020**

For Individuals on the current AAW Interest List\* (IL), the AE will need to determine which of the two categories an individual may fall into and record the Autism Spectrum Disorder (ASD) diagnosis per the eligibility bulletin on the Bureau of Supports for Autism and Special Populations (BSASP) tracking sheet:

### **1. People who are on the AAW IL but have not had a LOC completed by the AE:**

If the AE determines the individual has not yet had LOC completed but is on the AAW IL, then the AE will need to verify the ASD diagnosis per the eligibility bulletin and complete the initial Intermediate Care Facility/Other Related Condition (ICF/ORC) LOC. The AE is to then record that information in the BSASP tracking spreadsheet.

### **2. People who are on the AAW IL and already have an eligibility determination completed by the AE:**

For individuals who have already had their eligibility determined based on an ID diagnosis, the AE's will need to verify the ASD diagnosis per the eligibility bulletin in order to complete the initial ICF/ORC LOC and then record that information in the tracking spreadsheet. **For individuals who have already been determined eligible for ICF/ORC, no additional steps will be necessary.**

\*The AE can determine if an individual is currently on the AAW IL and eligible to transition to the AAW waiting list in HCSIS by following the steps below. The AE can also check the tracking spreadsheet that will be shared via email.

**Determine if the person presenting for a LOC determination is on the AAW Interest List.**

(Note: if the person is on the AAW IL but is not already known to the AE, they will not show up here and will have to be linked through the clearance process)

**Follow Path: Eligibility>Elig>Elig. Determination>Waiver/Program enrollment>View waiver for Autism**

**HCSIS** The Home and Community Services Information System Help Logout

[Home](#) | [M4Q](#) | [Individual](#) | [Plan](#) | [SC](#) | [Provider](#) | [Financial](#) | [Admin.](#) | [Tools](#)  
[Clearance](#) | [Demographics](#) | [PUNS](#) | [PPI](#) | [Eligibility](#) | [Activity](#) | [Evaluation](#) | [Mass Funding Source Updates](#) | [PA 1768 Electronic Supp. Doc.](#) | [Eval. Assessment](#) | [Elig. Determination](#) | [Appeal Info.](#) | [Record Status](#)

**Individual** Eligibility - Elig. Determination - Waiver/Program Enrollment

search

Current Individual	Name: [REDACTED]	SSN: XXX-XX-1234	MCI#: [REDACTED]	Residential County: York	Info
--------------------	------------------	------------------	------------------	--------------------------	------

[New Waiver Program for Autism](#)  
[View Waiver Program for SMISAS](#)

Click to view AAW Interest List status

Go to: Waiver/Program Enrollment

Select	Waiver/Program Type	Waiver/Program Status	Effective Begin Date
<input type="radio"/>	Base	Enrolled	06/01/2009

**Waiver/Program Enrollment**

Waiver/Program Type: \* Base  
Waiver/Program Status: \* Enrolled  
Comments (Maximum of 2000 characters):  
Effective Begin Date (MM/DD/YYYY): \* 06/01/2009  
Effective End Date (MM/DD/YYYY):  
Reason Eligibility is Ending:  
If 'Other', please specify (Maximum of 512 characters):  
Recording Worker: YOHN, DIANE  
Date Stamp: 4/27/2009 1:50:13 PM

You are presently logged into HCSIS Friday, November 8, 2019 10:33 AM Privacy Policy Your session will expire at approximately 11:33 AM

**Follow Path: Eligibility>Elig>Elig. Determination>Waiver/Program enrollment>View waiver program for Autism**

If marked “pending” for the Autism waiver, the individual has been determined by BSASP to meet age and residency requirements for AAW at the time Waiver/Program Status was recorded in HCSIS.

The Home and Community Services Information System

Home | M4Q | Individual | Plan | SC | Provider | Financial | Admin. | Tools

Individual - Eligibility - Elig. Determination - Waiver/Program Enrollment

Current Individual	Name: [REDACTED]	SSN: XXX-XX-XXXX	MCI#: [REDACTED]	Residential County: Philadelphia	Info
--------------------	------------------	------------------	------------------	----------------------------------	------

Select	Waiver/Program Type	Waiver/Program Status	Effective Begin Date	Effective End Date
<input checked="" type="radio"/>	Autism Waiver	Pending	05/22/2015	

[View](#)

**Waiver/Program Enrollment**

- \* Autism Waiver
- \* Pending

Individuals who are "pending" for the Autism waiver have been determined to meet basic eligibility criteria to be placed on the AAW WL. ICF/ORC must be completed and autism diagnosis must be verified.

Waiver/Program Type:  
 Waiver/Program Status:  
 Comments (Maximum of 2000 characters):  
 Effective Begin Date (MM/DD/YYYY):  
 Effective End Date (MM/DD/YYYY):  
 Reason Eligibility is Ending:  
 If 'Other', please specify (Maximum of 512 characters):  
 Recording Worker: WALTERS, RYAN  
 Date Stamp: 6/12/2015 3:01:00 PM

[Close](#)

You are presently logged into HCSIS Friday, November 8, 2019 10:51 AM Privacy Policy Your session will expire at approximately 11:51 AM

If marked “ineligible’ for the autism waiver, nothing further needs completed for purposes of the AAW WL.

The Home and Community Services Information System

Home | M4Q | Individual | Plan | SC | Provider | Financial | Admin. | Tools

Individual - Eligibility - Elig. Determination - Waiver/Program Enrollment

Current Individual	Name: [REDACTED]	SSN: XXX-XX-XXXX	MCI#: [REDACTED]	Residential County: Indiana	Info
--------------------	------------------	------------------	------------------	-----------------------------	------

Select	Waiver/Program Type	Waiver/Program Status	Effective Begin Date	Effective End Date
<input checked="" type="radio"/>	Autism Waiver	Ineligible	06/04/2014	
<input type="radio"/>	Autism Waiver	Intent to Enroll	05/27/2014	06/03/2014

[View](#)

**Waiver/Program Enrollment**

- \* Autism Waiver
- \* Ineligible

Individuals who are marked "ineligible" for the Autism Waiver have been determined ineligible to be placed on the AAW WL. No further action needed for purposes of the AAW waiting list.

Waiver/Program Type:  
 Waiver/Program Status:  
 Comments (Maximum of 2000 characters):  
 Effective Begin Date (MM/DD/YYYY):  
 Effective End Date (MM/DD/YYYY):  
 Reason Eligibility is Ending:  
 If 'Other', please specify (Maximum of 512 characters):  
 Recording Worker: STALTER, SHARON  
 Date Stamp: 2/9/2018 2:17:56 PM

[Close](#)

You are presently logged into HCSIS Friday, November 8, 2019 12:32 PM Privacy Policy Your session will expire at approximately 1:32 PM