



Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Developmental Services

Autism Waiver Program  
Agency Application

Name:	FEIN:	Date:	
Executive Director:	Agency Contact:		
Address:	City:	State:	Zip:
Phone number:	Email:		
Registered to do business in MA:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is agency providing ABA through any of the following:		<input type="checkbox"/> MassHealth	<input type="checkbox"/> Commercial Insurance (Please list carriers)

**Autism Waiver Program Service Types**

Please indicate the services your agency wished to provide by completing corresponding boxes. All staff must demonstrate compliance with state and national criminal history checks.

<input type="checkbox"/> <b>Senior Level Therapist (SLT):</b> Role responsibilities include the following but not limited to; the oversight, development and implementation of programing, staff training, parent training and quarterly progress reports.	<input type="checkbox"/> Expanded habilitation, education	<input type="checkbox"/> Behavior Consultation (step down program)
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*Please indicate the level of experience of staff by checking boxes for the service(s) you wish to provide. Please check all that apply.*

<input type="checkbox"/> Option 1 Requirements <ul style="list-style-type: none"><li>• Doctoral Degree in psychology, medicine, or related field</li><li>• Applicable License</li><li>• 1500 hours of training including course work in positive behavioral supports, learning and behavioral therapy, child development, and a range of comprehensive interventions for children with autism</li><li>• 2 years of experience in a lead role in designing and implementing behaviorally based therapies for children with Autism Spectrum Disorder (ASD)</li><li>• Experience using data-based decision making, including data collection and analysis</li></ul>	<input type="checkbox"/> Option 2 Requirements <ul style="list-style-type: none"><li>▪ Master's Degree in psychology, education, or related field</li><li>▪ Applicable License</li><li>▪ 2000 hours of training including course work in positive behavioral supports, learning and behavioral therapy, child development, and a range of comprehensive interventions for children with autism. The relevant training may be part of the advanced degree program.</li></ul>
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- 3 years of experience in a lead role in designing and implementing behaviorally based therapies for children with ASD (4yrs required if one-year MS/MA/Med program)
- Experience using data-based decision making, including data collection and analysis
- Maintenance of professional skills through 8 hours of on-going training about ASD and supervision annually

**Please attest that copies of the following information are on file and available to the Autism Division if requested:**

<input type="checkbox"/> Copy of Current Professional License	<input type="checkbox"/> Copy of Transcripts (to confer training hours)
<input type="checkbox"/> Copy of Resume	<input type="checkbox"/> Any other relevant certification documents
<input type="checkbox"/> Copy of MA License or ID Card	

**Therapist (T):** Families may choose to use a therapist to provide one-to one staff supports. Role responsibilities include the following but not limited to the implementation of programing and related tasks as assigned by the Senior Therapist. It is the choice of the family to hire a therapist, a direct support staff or an RBT.

Expanded habilitation, education       Behavior Consultation (step down)

*Please indicate the level of experience of staff by checking boxes for the service(s) you wish to provide. Please check all that apply.*

Option 1 Requirements

- Master's Degree in psychology, education, or related field
- 2000 hours of Course Work including course work in relevant training (including positive behavioral supports, child development, and a range of comprehensive interventions for children with autism)
- 2 years of experience in a lead role in designing and implementing behaviorally based therapies for children with ASD
- Experience using data-based decision making, including data collection and analysis
- 8 hours annually of Professional Development

Option 2 Requirements

- Bachelor's degree in psychology, education or related field
- 800 hours of Course Work/Training about the characteristics, therapies curriculum, assessments, and documentation involving children with ASD
- Experience in Development and Implementation of positive behavioral therapies for children with ASD
- 5 years Supervised, Post-Degree Experience
- 10 hours annually of Professional Development

Option 3 Requirements

- Bachelor's Degree in non-related related field
- 800 hours of Course Work/Training about the characteristics, therapies, curriculum, assessments, and documentation involving children with ASD
- Experience in Development and Implementation of positive behavioral therapies for children with ASD
- 7 years Supervised, Post-Degree Experience
- 15 hours annually of Professional Development

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<input type="checkbox"/> Copy of Current Professional License	<input type="checkbox"/> Copy of Transcripts (to confer training hours)
<input type="checkbox"/> Any other relevant certification documents	<input type="checkbox"/> Any other relevant certification documents
<input type="checkbox"/> Copy of MA License or ID Card	

**Direct Support Worker (DSW):** Families may choose to use a DSW to provide one-to-one staff supports. Role responsibilities include the following but not limited to the implementation of programming and related tasks as assigned by the Senior Therapist. It is the choice of the family to hire a therapist, a direct support staff or an RBT.

Expanded habilitation, education  Behavior Consultation (step down)  Community Integration

*Please indicate the level of experience of staff by checking boxes for the service(s) you wish to provide. Please check all that apply.*

Option 1 Requirements

- Bachelor's degree in a related field (Education, Psychology, ABA, Human Services, etc.) from an accredited school
- 120 hours of supervised training by a licensed professional in the field of autism. 30 hours of this supervised training must be direct supervision in the implementation of positive behavior supports for children with ASD.
- Two sessions of initial home visits by Direct Support Professionals must occur under the direct supervision of the Senior Level Therapist, with monthly supervision by a Senior Therapist thereafter.

Option 2 Requirements

- Bachelor's degree in a related field (Education, Psychology, ABA, Human Services, etc.) from an accredited school
- 160 hours of supervised training by a licensed professional in the field of autism
- Two sessions of initial home visits by Direct Support Professionals must occur under the direct supervision of the Senior Level Therapist, with monthly supervision by a Senior Therapist thereafter.

Option 3 Requirements

- Associate's degree in a related field (Education, Psychology, ABA, Human Services, etc.) from an accredited school
- A minimum of 160 hours of Supervised training by a licensed professional in the field of autism
- A minimum of 2 years of fulltime experience working with children with Autism Spectrum Disorder, either individually or in small groups, implementing positive behavioral supports or another evidence-based approach
- Four sessions of initial home visits by Direct Support Professionals must occur under the direct supervision of the Senior Level Therapist, with monthly supervision by a Senior Therapist thereafter.

Option 4 Requirements

- High school diploma, GED or relevant equivalencies or competencies
- A minimum of 160 hours of Supervised training by a licensed professional in the field of autism
- A minimum of 3 years of fulltime experience working with children with Autism Spectrum Disorder, either individually or in small groups, implementing positive behavioral supports or another evidence-based approach
- Four sessions of initial home visits by Direct Support Professionals must occur under the direct supervision of the Senior Level Therapist, with monthly supervision by a Senior Therapist thereafter.

**Please attest that copies of the following information are on file and available to the Autism Division if requested:**

Copy of Current Professional License  
 Copy of Resume  
 Copy of MA License or ID Card

Copy of Transcripts (to confer training hours)  
 Any other relevant certification documents

**Registered Behavior Technician (RBT):** Families may choose to use an RBT (agency only) to provide one-to one staff supports. Role responsibilities include the following but not limited to: implementation of programing and related tasks as assigned by the Senior Therapist. It is the choice of the family to hire a therapist, a direct support staff or an RBT.

Expanded habilitation, education  Behavior Consultation (step down)  Community Integration

*Please indicate the level of experience of staff by checking boxes for the service(s) you wish to provide. Please check all that apply.*

RBT Requirements

- Certification as a Registered Behavior Technician (RBT) by the Behavior Analyst Certification Board.
- At least 18 years of age
- High school diploma or general education development (GED)
- Three months experience working with people with developmental disabilities and children/adolescents/transition-age youth and families

**Please attest that copies of the following information are on file and available to the Autism Division if requested:**

Copy of Current Professional License  
 Copy of Resume  
 Copy of MA License or ID Card

Copy of Transcripts (to confer training hours)  
 Any other relevant certification documents

**Family Trainer Senior Therapist:** Family Training is designed to assist the family of the waiver participant to understand the support needs of the waiver participant to support his/her participation and integration in the community. The service provides training and instruction on how family circumstances and interactions impact Autism behavior and symptomatology, and in the use of specialized equipment that supports the individual waiver participant to participate in the community.

*Please indicate the level of experience of staff by checking boxes for the service(s) you wish to provide. Please check all that apply.*

Option 1 Requirements

- Doctoral degree in psychology, medicine, or related discipline
- 1,500 hours relevant training and experience, including course work, in complex family systems and dynamics, co-occurring life stresses, principles of child development, learning and behavior theory, positive behavior supports, the impact of trauma on child development, knowledge and experience in a range of comprehensive interventions for children on the autism spectrum. The relevant training may be a part of the advanced degree program.
- Post-licensure experience working in a community-based setting with families that have complex family issues, including advocating and working effectively with other community systems that may offer support to the family and the waiver participant, such as educational and health systems.

Option 2 Requirements

- Master's degree in psychology, medicine, or related discipline
- 2,000 hours relevant training and experience, including course work, in complex family systems and dynamics, co-occurring life stresses, principles of child development, learning and behavior theory, positive behavior supports, the impact of trauma on child development, knowledge and experience in a range of comprehensive interventions for children on the autism spectrum. The relevant training may be a part of the advanced degree program.
- Three years (or four years, if the Master's program is counted as one year of relevant experience) of relevant experience working in a community-based setting with families that have extensive family issues, including experience advocating and working effectively with other community systems that may offer support to the family and the waiver participant, such as educational and health systems

- Maintenance of professional skills through 8 hours of on-going training about family systems and supervision annually.

**Please attest that copies of the following information are on file and available to the Autism Division if requested:**

<input type="checkbox"/> Copy of Current Professional License	<input type="checkbox"/> Copy of Transcripts (to confer training hours)
<input type="checkbox"/> Copy of Resume	<input type="checkbox"/> Any other relevant certification documents
<input type="checkbox"/> Copy of MA License or ID Card	<input type="checkbox"/> 2 Personal or Professional References

**Family Trainer Therapist:** Family Training is designed to assist the family of the waiver participant to understand the support needs of the waiver participant to support his/her participation and integration in the community. The service provides training and instruction on how family circumstances and interactions impact Autism behavior and symptomatology, and in the use of specialized equipment that supports the individual waiver participant to participate in the community.

*Please indicate the level of experience of staff by checking boxes for the service(s) you wish to provide. Please check all that apply.*

Option 1 Requirements

- LICSW or LMHC licensure
- At least one-year post-licensure experience working in a community-based setting with families that have complex family issues, including advocating and working effectively with other community systems that may offer support to the family and the waiver participant, such as educational and health systems.

Option 2 Requirements

- Master's degree in psychology, education or related field
- 2,000 hours of relevant training and experience, including course work, in complex family systems and dynamics, co-occurring life stresses, principles of child development, learning and behavior theory, positive behavior supports, the impact of trauma on child development, knowledge and experience in a range of comprehensive interventions for children on the autism spectrum.
- Two years' experience working in a community-based setting with families that have complex family issues, including advocating and working effectively with other community systems that may offer support to the family and the waiver participant, such as educational and health systems.
- Maintenance of professional skills through 8 hours of on-going training about family systems and supervision annually.

Option 3 Requirements

- Bachelor's degree in psychology, education, or related field
- 800 hours of relevant training and experience, including coursework and lived experience, in complex family systems and dynamics, co-occurring life stresses, child development, principles of learning and behavior theory, positive behavior supports, the impact of trauma on child development, and experience in a range of comprehensive interventions for children on the autism spectrum and family work and experience.
- Five years of relevant experience working with families in community-based settings including advocating and working effectively with other community systems that may offer support to the family and the waiver participant, such as educational and health systems.
- Maintenance of professional skills through 10 hours of on-going training about family systems and supervision annually.

Option 4 Requirements

- Bachelor's degree in psychology, education, or related field
- 800 hours of relevant training and experience, including coursework and lived experience, in complex family systems and dynamics, co-occurring life stresses, child development, principles of learning and behavior theory, positive behavior supports, the impact of trauma on child development, and experience in a range of comprehensive interventions for children on the autism spectrum and family work and experience.
- Seven years of relevant experience working with families in community-based settings including advocating and working effectively with other community systems that may offer support to the family and the waiver participant, such as educational and health systems.
- Maintenance of professional skills through 15 hours of on-going training about family systems and supervision annually.

**Please attest that copies of the following information are on file and available to the Autism Division if requested:**

<input type="checkbox"/> Copy of Current Professional License	<input type="checkbox"/> Copy of Transcripts (to confer training hours)
<input type="checkbox"/> Copy of Resume	<input type="checkbox"/> Any other relevant certification documents
<input type="checkbox"/> Copy of MA License or ID Card	<input type="checkbox"/> 2 Personal or Professional References

**Family Trainer Direct Support:** Family Training is designed to assist the family of the waiver participant to understand the support needs of the waiver participant to support his/her participation and integration in the community. The service provides training and instruction on how family circumstances and interactions impact Autism behavior and symptomatology, and in the use of specialized equipment that supports the individual waiver participant to participate in the community. Must be supervised by Family Training – Senior Therapist

*Please indicate the level of experience of staff by checking boxes for the service(s) you wish to provide. Please check all that apply.*

 Option 1 Requirements

- Bachelor's degree
- 120 hours of supervised training, of which 30 hours must be direct supervision in the implementation of positive behavior support interventions for children with ASD
- Two sessions of initial home visits must occur under the direct supervision of the Family Training Senior Therapist, with monthly supervision thereafter

 Option 2 Requirements

- Bachelor's degree
- 160 hours of supervised training,
- Two sessions of initial home visits must occur under the direct supervision of the Family Training Senior Therapist, with monthly supervision thereafter
- Experience and training in assisting families with co-occurring life stresses through lived experience, mentoring, modeling and role playing to support the development of advocacy skills in education plan development for the participant and advocating effectively in other community systems that may off support the family and waiver participant.

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<input type="checkbox"/> Copy of Current Professional License	<input type="checkbox"/> Copy of Transcripts (to confer training hours)
<input type="checkbox"/> Copy of Resume	<input type="checkbox"/> Any other relevant certification documents
<input type="checkbox"/> Copy of MA License or ID Card	<input type="checkbox"/> 2 Personal or Professional References

**Respite:** This service consists of performance of general household tasks (e.g. meal preparation and routine household care) provided by a qualified homemaker, when the caregiver regularly responsible for these activities is temporarily absent or unable to manage the home and care.

Respite in the child's home       Respite in the home of the caregiver

*Please indicate the level of experience of staff by checking boxes for the service(s) you wish to provide. Please check all that apply.*

Requirements

- 18 years of age or older
- High School Diploma, GED, or other relevant equivalencies or competencies
- Ability to communicate in the language and style of Individual
- History of working with children with an Autism Spectrum Disorder

**Please attest that copies of the following information are on file and available to the Autism Division if requested:**

Copy of resume (demonstrate history of working with children with ASD)       Copy of Diploma or GED  
 Name and contact information of two references       Copy of MA License or ID Card

**\*All Applications must complete the following sections\***

**Service Area:**

Please indicate the geographic region(s) where you are able to provide services (check all that apply)

West       Southeast       Central       Metro       Northeast

If applicable, please list the town (s) that you do not provide service to within a region.

**Language:** Please indicate if you speak a language in addition to English.

**Provider Directory:**

I am applying to qualify to provide services/support to [REDACTED] (name of individual) only.  
 I am willing to be placed on a Master list of qualified providers to be considered by individuals/families.

**Required Documentation:**

Send the following required documentation in with this application

Copy of required documentation for each level of service applying for (example: resume, transcripts, etc)  
 Copy of organizational chart  
 Copy of agency supervision structure and training policy  
 Agency referral policy and intake process including ability to serve Waiver (capacity)  
 Copy of Business Certificate: registration to do business in the state of Massachusetts  
 Copy of W9

### **Important Information**

All Professionals must demonstrate the ability to communicate effectively in the language and communication style of the individual to whom they provide services and his/her family, be knowledgeable about what to do in an emergency, be knowledgeable about how to report abuse and neglect; maintain confidentiality and privacy of the participant, respect and accept different values, nationalities, races, religions, cultures and standards of living. Additional specific competencies needed to meet the support needs of the participant will be delineated in Autism Support Planning Document.

### **Agency Certification**

I certify that the statements made by me as a representative of \_\_\_\_\_ agency on this application are true and complete to the best of my knowledge. I understand that if I knowingly make any misstatements of fact our agency is subject to disqualification and dismissal and to such other penalties as may be prescribed by law or personnel regulations.

I certify that it is the policy of our agency to run a mandatory criminal history background check (CORI) on each individual employee working with families and that our agency keeps these up-to-date.

Our agency understands that all statements made on this application, including employee credentials, therapist licensure requirements and CORI reviews are subject to verification as a condition of employment. By signing this statement, I hereby give permission for the staff of the Autism Division to request and review materials as necessary for the services provided to individuals enrolled in the Autism Waiver Program.

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**Agency Designee Signature**

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**Date**

### **Submit Application**

Please submit this application to the Autism Division or to your Autism Support Broker or to your Autism Clinical Manager

Mail to:      Department of Developmental Services  
                  40 Broad Street, 4<sup>th</sup> Floor  
                  Boston, MA 02109  
                  Attention: Children's Autism Waiver Program

Or Email to: [AutismDivision@Mass.gov](mailto:AutismDivision@Mass.gov). Include "Children's AWP Provider Application" in the subject line.