

Facilitators and Barriers to Adoption of 1915(c) Waivers for Children and Youth with Autism Survey



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If you would like to learn more about our research, please visit our website:
www.towson.edu/fmst/autismresearch

If you have survey content-related questions, please contact either Beth Merryman, Ph.D. at bmerryman@towson.edu or Nancy Miller, Ph.D. at nanmille@umbc.edu.

If you would like to receive a copy of our findings, please check the box below.

Instructions

All of the information you provide in this survey is confidential. Your name will not be attached to any of the information. Please answer as many questions as possible but feel free to skip questions you are unable to answer. It will take you approximately 20 minutes to complete this survey.

Answering Questions

- You may use a pencil or pen to fill in your answers.
- For open-ended answers, please write as legibly as possible and stay within the boundaries of the answer box.
- For multiple choice or grid questions, please place a check in the appropriate box to indicate your response.

Your answer should look like this:

- If you change any answers, please erase or cross out any previous answers.

*****Before proceeding, please indicate that you agree to participate in this survey by checking the box below.*****

I agree to participate in this survey.

Section 1: General Information

In this brief section, we ask some basic questions about you. Your responses will be confidential but this information will enable us to contact you if we have any questions.

1. **Title:**

 Mr. Mrs. Ms. Dr.

2. **Last Name:**

3. **First Name:**

4. **Position:**

5. **Email Address:**

6. **State:**

Section 2: Facilitators and Issues

In this section, we ask questions related to the status of 1915(c) waivers for children and youth with autism in your state. Depending on how you answer Question 1 below, you will be directed to a series of applicable questions in either Section 2A, 2B, 2C or 2D.

1. Does your state currently have a 1915(c) waiver for children and youth with autism? (Please choose one response.)

- Yes, we have a 1915(c) waiver for children and youth with autism. **(If you check this box, please go to Section 2A beginning on page 5.**)
- No, we used to have a 1915(c) waiver for children and youth with autism. **(If you check this box, please skip to Section 2B beginning on page 10.**)
- No, we would like to have a 1915(c) waiver for children and youth with autism. **(If you check this box, please skip to Section 2C beginning on page 12.**)
- No, we don't feel we need a 1915(c) waiver for children and youth with autism at this time. **(If you check this box, please skip to Section 2D beginning on page 15.**)

Section 2A

Please complete Section 2A only if you checked "Yes, we have a 1915(c) waiver for children and youth with autism" in response to Section 2, Question 1.

1. Please indicate how influential the following factors were in your state's adoption of a 1915(c) waiver for children and youth with autism. (Please choose one response for each factor.)

| | Extremely | Very | Somewhat | Slightly | Not at all |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Governor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| State legislators | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Researchers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| State agencies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Autism Speaks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other advocacy group(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Parents or family members | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Increased prevalence of autism | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Research/community expertise entity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Task force or blue ribbon panel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prior experience with 1915(c) waivers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Availability of an evidence-base for autism specific waivers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Insurance mandate proposal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please identify and describe the "Other" influential factor(s), if checked above.

2. Of all the factors which were influential in your state, please identify and rank the top two entities or factors that helped your state the most in adopting a 1915(c) waiver for children and youth with autism.

Section 2A continued

3. Please indicate the priority level given to research evidence when finalizing the type and amount of waiver services included in your state's 1915(c) waiver for children and youth with autism. (Please choose one response.)

- Essential High priority Medium priority Low priority Not a priority

4. What ages does your state serve in its 1915(c) waiver for children and youth with autism?

5. Why did your state elect to focus on this age group in its 1915(c) waiver for children and youth with autism?

6. How many children does your state's 1915(c) autism waiver serve?

7. Is your state considering expanding the number of children with autism served by its 1915(c) waiver for children and youth with autism?

- Yes No

8. Does your state's 1915(c) waiver for children and youth with autism have a service dollar cap?

- Yes No

If yes, what is the dollar cap?

9. Does your state's 1915(c) waiver for children and youth with autism have a time-in-waiver limit?

- Yes No

If yes, what is the limit?

Section 2A continued

10. **What eligibility criteria with regard to diagnosis and/or functional limitation does your state use for its 1915(c) waiver for children and youth with autism?**

11. **How did your state decide which services to offer through the 1915(c) autism waiver for children and youth?**

12. **In designing your waiver, please indicate how much your state struggled with the following issues related to its 1915(c) waiver for children and youth autism. (Please choose one response for each issue.)**

| | Very difficult | Difficult | Neutral | Easy | Very easy |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Determining which children and families would be eligible (e.g., ages and diagnoses) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Children aging-off the waiver shortly after receiving a waiver slot | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Establishing a time-in-waiver limit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Establishing the number of children to be served | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Determining waiver services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Establishing service authorization needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Determining service reimbursement rates | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Determining whether to deem or disregard parental income to determine eligibility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If your state did deem, how much?

Section 2A continued

13. Please indicate how much difficulty your state experiences with the following implementation and maintenance aspects of its 1915(c) waiver for children and youth with autism. (Please choose one response for each aspect.)

| | Very difficult | Difficult | Neutral | Easy | Very easy |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Number of trained/certified providers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Geographic location or distribution of trained/certified providers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inability to maintain full-time employment for trained providers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Identifying and contracting with service providers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medicaid provider enrollment requirements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Parental hesitancy (e.g., giving up state funded services) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Limited time to create waiver service structure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Issues with policy and development of procedures and training of staff | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Limited funding availability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bureaucratic restrictions regarding waiver authorization (e.g., number of target groups permitted) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tension between departments/units or within legislature | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other issues | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please identify and describe the "Other issues," if checked above.

14. Of the implementation and maintenance issues, please identify and rank the top two your state encounters with its 1915(c) waiver for children with autism.

Section 2A continued

15. What are the strengths and weaknesses of providing services to children and youth with autism through an autism specific 1915(c) waiver compared to a different 1915(c) waiver (e.g., general intellectual and developmental disabilities waiver, children's waiver) and relative to the optional rehabilitation benefit?

16. In addition to your 1915(c) waiver for children and youth with autism, is your state thinking about offering the new Health Home State Plan Amendment for children and youth with autism?

Yes

No

17. In addition to your 1915(c) waiver for children and youth with autism, is your state thinking of offering a 1915(j) waiver for children and youth with autism?

Yes

No

Thank You! Now please continue to Section 3 beginning on page 17.

Section 2B

Please complete Section 2B only if you checked "No, we used to have a 1915(c) waiver for children and youth with autism" in response to Section 2, Question 1.

1. Please indicate how influential the following factors were in your state's adoption of a 1915(c) waiver for children and youth with autism. (Please choose one response for each factor.)

| | Extremely | Very | Somewhat | Slightly | Not at all |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Governor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| State legislators | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Researchers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| State agencies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Autism Speaks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other advocacy group(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Parents or family members | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Increased prevalence of autism | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Research/community expertise entity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Task force or blue ribbon panel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prior experience with 1915(c) waivers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Availability of an evidence-base for autism specific waivers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Insurance mandate proposal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please identify and describe the "Other" influential factor(s), if checked above.

2. Of all the factors which were influential in your state, please identify and rank the top two entities or factors that helped your state the most in adopting a 1915(c) waiver for children and youth with autism.

Section 2B continued

3. Please indicate the priority level given to research evidence when finalizing the type and amount of waiver services included in your state's 1915(c) waiver for children and youth with autism. (Please choose one response.)

- Essential High priority Medium priority Low priority Not a priority

4. How did your state decide which services to offer through the 1915(c) waiver for children and youth?

5. Why did your state elect to no longer serve children and youth with autism through a 1915(c) children and youth autism waiver?

6. What are the strengths and weaknesses of providing services to children and youth with autism through an autism specific 1915(c) waiver compared to a different 1915(c) waiver (e.g., general intellectual and developmental disabilities waiver, children's waiver) and relative to the optional rehabilitation benefit?

Thank You! Now please continue to Section 3 beginning on page 17.

Section 2C

Please complete Section 2C only if you checked "No, we would like to have a 1915(c) waiver for children and youth with autism" in response to Section 2, Question 1.

1. Please indicate how much the following factors explain why your state has not adopted a 1915(c) waiver for children and youth with autism. (Please choose one response for each factor.)

| | Completely | Mostly | Somewhat | Not at all |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Children and youth with autism are served well enough under other waivers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Insufficient funding availability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lack of legislative support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lack of trained/certified providers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Provider resistance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Insufficient evidence base for autism specific services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lack of advocacy support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please identify and describe the "Other" factor(s), if checked above.

2. Of the factors mentioned in the above grid, please identify and rank the top two challenges in your state's pursuit of adoption of a 1915(c) waiver for children and youth with autism.

Section 2C continued

3. Please indicate how influential the following factors would be in your state's pursuit of adoption of a 1915(c) waiver for children and youth with autism. (Please choose one response for each factor.)

| | Extremely | Very | Somewhat | Slightly | Not at all |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Support from the governor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Support from state legislators | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Support from state agencies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Support from Autism Speaks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Support from other advocacy group(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Support from parents or family members | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Increased prevalence of autism | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Support from research/community expertise entities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Support from task forces or blue ribbon panel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prior experience with 1915(c) waivers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Availability of an evidence base for autism specific services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Private insurance mandate proposal or law | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please identify and describe the "Other" factor(s), if checked above.

4. Of the factors mentioned in the above grid, please identify and rank the top two factors that would help your state adopt a 1915(c) waiver for children and youth with autism.

Section 2C continued

5. **What are the strengths and weaknesses of providing services to children and youth with autism through an autism specific 1915(c) waiver compared to a different 1915(c) waiver (e.g., general intellectual and developmental disabilities waiver, children's waiver) and relative to the optional rehabilitation benefit?**

Thank You! Now please continue to Section 3 beginning on page 17.

Section 2D

Please complete Section 2D only if you checked "No, we don't feel we need a 1915(c) waiver for children and youth with autism at this time" in response to Section 2, Question 1.

1. Please indicate how much the following factors explain why your state has not adopted a 1915(c) waiver for children and youth with autism. (Please choose one response for each factor.)

| | Completely | Mostly | Somewhat | Not at all |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Children and youth with autism are served well enough under other waivers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Insufficient funding availability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lack of legislative support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lack of trained/certified providers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Provider resistance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Insufficient evidence base of autism specific services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lack of advocacy support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please identify and describe the "Other" factor(s), if checked above.

2. Of the factors mentioned in the above grid, please identify and rank the top two challenges in your state's pursuit of adoption of a 1915(c) waiver for children and youth with autism.

Section 2D continued

3. **What are the strengths and weaknesses of providing services to children and youth with autism through an autism specific 1915(c) waiver compared to a different 1915(c) waiver (e.g., general intellectual and developmental disabilities waiver, children's waiver) and relative to the optional rehabilitation benefit?**

Thank You! Now please continue to Section 3 beginning on page 17.

Section 3: Provision of Services

This is the final section of the survey. Please respond to the questions regardless of whether or not your state has adopted a 1915(c) waiver for children and youth with autism.

1. Please select which services your state provides to children (birth to age 13) with autism through the different options listed below:

| | Autism 1915(c) | Rehab Benefit | ID/DD 1915(c) | Childrens 1915(c) | Other 1915(c) | 1115 | 1915(j) SPA | Other |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Screening assessment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Functional assessment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clinical assessment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Intervention and treatment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Behavioral support analysis (ABA)- based treatment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental health services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Personal assistance services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Independent living skills acquisition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Financial management services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Habilitation, community integration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech therapy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational therapy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical therapy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Parent support and training | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Respite | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Transportation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Environmental accessibility adaptations/ vehicle modifications | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Assistive technology services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-directed service delivery models | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Care/Service coordination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Case management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section 3 continued

Please identify and describe the "Other services" your state provides.

Please describe the "Other" options your state uses for providing services.

Section 3 continued

2. Please select which services your state provides to transition age youth (ages 14-21) with autism through the different options listed below:

| | Autism 1915(c) | Rehab Benefit | ID/DD 1915(c) | Childrens 1915(c) | Other 1915(c) | 1115 | 1915(j) SPA | 1915(a) | Other |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Screening assessment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Functional assessment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clinical assessment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Intervention and treatment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Behavioral support analysis (ABA)- based treatment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Supported housing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Supported employment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental health services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Personal assistance services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Independent living skills acquisition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Financial management services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Habilitation, community integration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech therapy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational therapy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical therapy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Parent support and training | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Respite | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Transportation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Environmental accessibility adaptations/ vehicle modifications | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Assistive technology services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-directed service delivery models | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Care/Service coordination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Case management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section 3 continued

Please identify and describe the "Other services" your state provides.

Please describe the "Other" options your state uses for providing services.

- 3. We are preparing a survey which will be administered to families in Maryland who have children or youth with an autism spectrum disorder. We hope to gain a better understanding of service utilization and family quality of life. Would you be willing to review and/or pilot this survey in your state?**

Yes

No

Thank You for completing our survey.