Section III - State Medicaid Plan and Medicaid HCBS Waivers

State Medicaid Plan

Date: ____________________________________________________

Your agency name and state:

Agency Name: _______________________________________________

State:

( ) Alabama
( ) Alaska
( ) American Samoa
( ) Arizona
( ) Arkansas
( ) California
( ) Colorado
( ) Connecticut
( ) Delaware
( ) District of Columbia
( ) Federated States of Micronesia
( ) Florida
( ) Georgia
( ) Guam
( ) Hawaii
Idaho
Illinois
Indiana
Iowa
Kansas
Kentucky
Louisiana
Maine
Marshall Islands
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
Montana
Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Northern Mariana Islands
Ohio
Oklahoma
Oregon
Palau
Pennsylvania
Puerto Rico
( ) Rhode Island
( ) South Carolina
( ) South Dakota
( ) Tennessee
( ) Texas
( ) Utah
( ) Vermont
( ) Virgin Islands
( ) Virginia
( ) Washington
( ) West Virginia
( ) Wisconsin
( ) Wyoming
1. Which of the following optional Medicaid State Plan services are available under the Medicaid State Plan?

(Select all that apply. For each service selected, a set of follow-up questions will appear below.)

[ ] Rehabilitation
[ ] Non-Medical Transportation
[ ] Personal Care
[ ] Occupational Therapy
[ ] Physical Therapy
[ ] Speech, hearing, language disorder services
[ ] Other service options available to states

2. How do these services support Employment in Integrated Settings?

Rehabilitation

Is this service available to adults with disabilities?

( ) Yes
( ) No

Does the definition of this service explicitly state that the service can support Employment in Integrated Settings?

( ) Yes
( ) No

Does state data system allow tracking of service utilization and spending specific to supporting Employment in Integrated Settings?

( ) Yes
( ) No
How many adults with disabilities (18-64) received these services for support of Employment in Integrated Settings in the most recently completed state fiscal year?:

_____________________________________________________________________________________

What was the total expenditure for adults with disabilities (18-64) receiving this service for support of Employment in Integrated Settings in most recently completed state fiscal year?:

_____________________________________________________________________________________

**Non-Medical Transportation**

Is this service available to adults with disabilities?

( ) Yes

( ) No

Does the definition of this service explicitly state that the service can support Employment in Integrated Settings?

( ) Yes

( ) No

Does state data system allow tracking of service utilization and spending specific to supporting Employment in Integrated Settings?

( ) Yes

( ) No

How many adults with disabilities (18-64) received these services for support of Employment in Integrated Settings in the most recently completed state fiscal year?:

_____________________________________________________________________________________

What was the total expenditure for adults with disabilities (18-64) receiving this service for support of Employment in Integrated Settings in most recently completed state fiscal year?:

_____________________________________________________________________________________
**Personal Care**

*Is this service available to adults with disabilities?*

( ) Yes  
( ) No

*Does the definition of this service explicitly state that the service can support Employment in Integrated Settings?*

( ) Yes  
( ) No

*Does state data system allow tracking of service utilization and spending specific to supporting Employment in Integrated Settings?*

( ) Yes  
( ) No

How many adults with disabilities (18-64) received these services for support of Employment in Integrated Settings in the most recently completed state fiscal year?:

_________________________________________________

What was the total expenditure for adults with disabilities (18-64) receiving this service for support of Employment in Integrated Settings in most recently completed state fiscal year?:

_________________________________________________

**Occupational Therapy**

*Is this service available to adults with disabilities?*

( ) Yes  
( ) No

*Does the definition of this service explicitly state that the service can support Employment in Integrated Settings?*

( ) Yes  
( ) No
Does state data system allow tracking of service utilization and spending specific to supporting Employment in Integrated Settings?

( ) Yes
( ) No

How many adults with disabilities (18-64) received these services for support of Employment in Integrated Settings in the most recently completed state fiscal year?:

_________________________________________________

What was the total expenditure for adults with disabilities (18-64) receiving this service for support of Employment in Integrated Settings in most recently completed state fiscal year?:

_________________________________________________

Physical Therapy

Is this service available to adults with disabilities?

( ) Yes
( ) No

Does the definition of this service explicitly state that the service can support Employment in Integrated Settings?

( ) Yes
( ) No

Does state data system allow tracking of service utilization and spending specific to supporting Employment in Integrated Settings?

( ) Yes
( ) No

How many adults with disabilities (18-64) received these services for support of Employment in Integrated Settings in the most recently completed state fiscal year?:

_________________________________________________

What was the total expenditure for adults with disabilities (18-64) receiving this service for support of Employment in Integrated Settings in most recently completed state fiscal year?:

_________________________________________________
Speech, hearing, language disorder services

Is this service available to adults with disabilities?
( ) Yes
( ) No

Does the definition of this service explicitly state that the service can support Employment in Integrated Settings?
( ) Yes
( ) No

Does state data system allow tracking of service utilization and spending specific to supporting Employment in Integrated Settings?
( ) Yes
( ) No

How many adults with disabilities (18-64) received these services for support of Employment in Integrated Settings in the most recently completed state fiscal year?:
_________________________________________________

What was the total expenditure for adults with disabilities (18-64) receiving this service for support of Employment in Integrated Settings in most recently completed state fiscal year?:
_________________________________________________

Other service options available to states

Is this service available to adults with disabilities?
( ) Yes
( ) No

Does the definition of this service explicitly state that the service can support Employment in Integrated Settings?
( ) Yes
( ) No
Does state data system allow tracking of service utilization and spending specific to supporting Employment in Integrated Settings?

( ) Yes
( ) No

How many adults with disabilities (18-64) received these services for support of Employment in Integrated Settings in the most recently completed state fiscal year?:
_________________________________________________

What was the total expenditure for adults with disabilities (18-64) receiving this service for support of Employment in Integrated Settings in most recently completed state fiscal year?:
_________________________________________________

3. What services are available under the Medicaid State Plan that support/fund facility-based work centers, facility-based prevocational services or facility-based non-work services?

(Select all that apply. For each service selected, a set of follow-up questions will appear below.)

[ ] Day Treatment/Habilitation
[ ] Non-Medical Transportation
[ ] Physical Therapy
[ ] Occupational Therapy
[ ] Speech Therapy
[ ] Personal Care
[ ] Other Services

Day Treatment/Habilitation - please provide additional information about this service category.

Supports/Funds:

(select all that apply)

[ ] 1. Sheltered Work
[ ] 2. Facility-Based Prevocational Services
3. Facility-Based Non-Work Services

Number of adults (18-64) receiving this service in most recently completed state fiscal year.: _______________________________________________________

Total expenditures for adults (18-64) receiving this service in most recently completed state fiscal year.: _________________________________________________

Non-Medical Transportation - please provide additional information about this service category.

Supports/Funds:

(select all that apply)

[ ] 1. Sheltered Work
[ ] 2. Facility-Based Prevocational Services
[ ] 3. Facility-Based Non-Work Services

Number of adults (18-64) receiving this service in most recently completed state fiscal year.: ____________________________________________

Total expenditures for adults (18-64) receiving this service in most recently completed state fiscal year.: _________________________________________________

Physical Therapy - please provide additional information about this service category.

Supports/Funds:

(select all that apply)

[ ] 1. Sheltered Work
[ ] 2. Facility-Based Prevocational Services
[ ] 3. Facility-Based Non-Work Services

Number of adults (18-64) receiving this service in most recently completed state fiscal year.: ____________________________________________

Total expenditures for adults (18-64) receiving this service in most recently completed state fiscal year.: _________________________________________________
Occupational Therapy - please provide additional information about this service category.

Supports/Funds:

(select all that apply)

[ ] 1. Sheltered Work
[ ] 2. Facility-Based Prevocational Services
[ ] 3. Facility-Based Non-Work Services

Number of adults (18-64) receiving this service in most recently completed state fiscal year.: ____________________________

Total expenditures for adults (18-64) receiving this service in most recently completed state fiscal year.: ____________________________

Speech Therapy - please provide additional information about this service category.

Supports/Funds:

(select all that apply)

[ ] 1. Sheltered Work
[ ] 2. Facility-Based Prevocational Services
[ ] 3. Facility-Based Non-Work Services

Number of adults (18-64) receiving this service in most recently completed state fiscal year.: ____________________________

Total expenditures for adults (18-64) receiving this service in most recently completed state fiscal year.: ____________________________
Personal Care - please provide additional information about this service category.

Supports/Funds:

(select all that apply)

[ ] 1. Sheltered Work

[ ] 2. Facility-Based Prevocational Services

[ ] 3. Facility-Based Non-Work Services

Number of adults (18-64) receiving this service in most recently completed state fiscal year.: ________________________________

Total expenditures for adults (18-64) receiving this service in most recently completed state fiscal year.: ________________________________

Other Services - please provide additional information about this service category.

Supports/Funds:

(select all that apply)

[ ] 1. Sheltered Work

[ ] 2. Facility-Based Prevocational Services

[ ] 3. Facility-Based Non-Work Services

Number of adults (18-64) receiving this service in most recently completed state fiscal year.: ________________________________

Total expenditures for adults (18-64) receiving this service in most recently completed state fiscal year.: ________________________________
4. Does the state have a State Plan Amendment approved under section 1915(i)?

( ) Yes
( ) No

4.a. Does the 1915i target working-age people with disabilities?

( ) Yes
( ) No

4.a.1. What specific disability populations are targeted?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4.a.2. Are Day Treatment/Habilitation services included?

( ) Yes
( ) No

4.a.2.1. What settings are permitted?

( ) Facility-based only
( ) Community-based only (no facility based)
( ) Both Facility and Community-based

4.a.3. Are Prevocational services included?

( ) Yes
( ) No
4.a.3.1. How are these Prevocational Services Included?

( ) They are a separate service category.
( ) They are a part of Day Treatment/Habilitation.

4.a.3.2. What settings are permitted?

( ) Facility-based only
( ) Community-based only (no facility)
( ) Both Facility and Community-based

4.a.3.3. Are Individuals receiving prevocational services supported in preparing for integrated employment?

( ) Yes
( ) No

4.a.4. What employment-specific services are covered under the 1915(i) that can be used to support Employment in Integrated Settings?

____________________________________________
____________________________________________
____________________________________________
____________________________________________

4.a.5. What other services are covered under the 1915(i) that could be used to support Employment in Integrated Settings?

____________________________________________
____________________________________________
____________________________________________
____________________________________________
5. Does the state have a State Plan Amendment approved under section 1915(k)?

( ) Yes
( ) No

5.a. Are personal care services permitted to support Employment in Integrated Settings?

( ) Yes
( ) No

5.a.1. Is the ability to use these services to support Employment in Integrated Settings clearly and explicitly stated in the service definition?

( ) Yes
( ) No

5.b. Are transportation services permitted to support Employment in Integrated Settings?

( ) Yes
( ) No

5.b.1. Is the ability to use these services to support Employment in Integrated Settings clearly and explicitly stated in the service definition?

( ) Yes
( ) No

6. Is the purchase of technology to replace human assistance permitted to support Employment in Integrated Settings?

( ) Yes
( ) No
6a. Is the ability to use technology to support Employment in Integrated Settings clearly and explicitly stated in the service definition?

( ) Yes
( ) No

7. Are any services available under the 1915(k) available to support services in facility-based work centers, facility-based prevocational programs or facility-based day treatment/habilitation programs?

( ) Yes
( ) No

7.a. List each service and which type of facility-based service(s) it can be used to support.

Service: _________________________________________________
Type of facility-based service(s): _________________________________________________
State Medicaid HCBS Waivers

For which of the following categories does your state offer Medicaid HCBS waivers covering individuals ages 18-64:

(Select all that apply. For each category selected, there will be a set of follow-up questions to answer on subsequent pages.)

[ ] Individuals with Intellectual/Developmental Disabilities
[ ] Individuals with Traumatic Brain Injuries
[ ] Individuals with Severe and Persistent Mental Illness
[ ] Individuals with Physical Disabilities
[ ] Individuals with Autism Spectrum Disorders

1. How many state Medicaid HCBS waivers do you have covering individuals ages 18-64 with intellectual/developmental disabilities?

________________________________________________________________________

2. Under which authorities are the waivers established?

(select all that apply)

[ ] 1915(c)
[ ] 1915 (b)
[ ] 1915(b)(c) combination
[ ] 1115
You have indicated that you have [question("value"), id="64"] waiver(s) for individuals ages 18-64 with intellectual/developmental disabilities. For each separate waiver please complete the following table.

Waiver [page("piped value")]) of [question("value"), id="64"]
Waiver Name:

Which of the following services are covered under this waiver:

(Select all that apply. For each option selected, a set of follow-up questions will appear below.)
[ ] Day Habilitation/Services
[ ] Prevocational Services
[ ] Supported Employment – Individual*
[ ] Supported Employment – Small Group*
[ ] Supported Employment – Combined
[ ] Career Planning
[ ] Non-Medical Transportation
[ ] Other Service that Occurs in Facility-based Work Centers
[ ] Other Service that Supports Employment in Integrated Settings
[ ] Other Service that Occurs in Day Habilitation Facility

*If Supported Employment under this waiver is not divided into two distinct services, one for Individual and one for Small Group, select the Supported Employment – Combined option.
Service Type - Day Habilitation Services

Allowable Settings

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based

[ ] Community-based

Number of individuals receiving this service in most recently completed state fiscal year
Facility-based: ____________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Facility-based: ____________________________

Number of individuals receiving this service in most recently completed state fiscal year
Community-based: ____________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Community-based: ____________________________

Service Type - Prevocational Services

Allowable Settings

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based

[ ] Community-based

Number of individuals receiving this service in most recently completed state fiscal year
Facility-based: ____________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Facility-based: ____________________________

Number of individuals receiving this service in most recently completed state fiscal year
Community-based: ____________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Community-based: ____________________________
**Service Type - Supported Employment – Individual**

**Allowable Settings**

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based

[ ] Community-based

Number of individuals receiving this service in most recently completed state fiscal year
Facility-based: _________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Facility-based: _________________________________

Number of individuals receiving this service in most recently completed state fiscal year
Community-based: _________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Community-based: _________________________________

**Service Type - Supported Employment – Small Group**

**Allowable Settings**

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based

[ ] Community-based

Number of individuals receiving this service in most recently completed state fiscal year
Facility-based: _________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Facility-based: _________________________________

Number of individuals receiving this service in most recently completed state fiscal year
Community-based: _________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Community-based: _________________________________
**Service Type - Supported Employment – Combined**

**Allowable Settings**

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based

[ ] Community-based

Number of individuals receiving this service in most recently completed state fiscal year
Facility-based: ________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Facility-based: ________________________________

Number of individuals receiving this service in most recently completed state fiscal year
Community-based: ________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Community-based: ________________________________

**Service Type - Career Planning**

**Allowable Settings**

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based

[ ] Community-based

Number of individuals receiving this service in most recently completed state fiscal year
Facility-based: ________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Facility-based: ________________________________

Number of individuals receiving this service in most recently completed state fiscal year
Community-based: ________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Community-based: ________________________________
Service Type - Non-Medical Transportation

Allowable Settings

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based

[ ] Community-based

Number of individuals receiving this service in most recently completed state fiscal year

Facility-based: ________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year

Facility-based: ________________________________

Number of individuals receiving this service in most recently completed state fiscal year

Community-based: ________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year

Community-based: ________________________________

Other Service that Occurs in Facility-based Work Centers

Service name:: ________________________________

Allowable Settings

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based

[ ] Community-based

Number of individuals receiving this service in most recently completed state fiscal year

Facility-based: ________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year

Facility-based: ________________________________

Number of individuals receiving this service in most recently completed state fiscal year

Community-based: ________________________________
Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year  
Community-based: ________________________________  

**Other Service that Supports Employment in Integrated Settings**

Service name:: ________________________________

**Allowable Settings**

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based  
[ ] Community-based  

Number of individuals receiving this service in most recently completed state fiscal year  
Facility-based: ________________________________  

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year  
Facility-based: ________________________________  

Number of individuals receiving this service in most recently completed state fiscal year  
Community-based: ________________________________  

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year  
Community-based: ________________________________  

**Other Service that Occurs in Day Habilitation Facility**

Service name:: ________________________________

**Allowable Settings**

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based  
[ ] Community-based
Number of individuals receiving this service in most recently completed state fiscal year
Facility-based: ________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Facility-based: ________________________________

Number of individuals receiving this service in most recently completed state fiscal year
Community-based: ________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Community-based: ________________________________

3. Has the agency responsible for programmatic administration and oversight of the HCBS waiver(s) that serve people with intellectual/developmental disabilities implemented any of the following?

3.a. Time-limit on Prevocational Services (in any setting or specifically in Facility-based Work Centers)

( ) Yes
( ) Being Considered
( ) No
( ) Not Applicable

3.b. Closure of new admissions to Prevocational Services (in any setting or specifically in Facility-based Work Centers)

( ) Yes
( ) Being Considered
( ) No
( ) Not Applicable
3.c. Plan to phase out Prevocational Services as covered service under the waiver(s)

( ) Yes
( ) Being Considered
( ) No
( ) Not Applicable

3.d. Plan to phase out Facility-based Work Centers as covered setting where Prevocational Services can be delivered

( ) Yes
( ) Being Considered
( ) No
( ) Not Applicable

3.e. Closure of new admissions to Facility-Based Day Habilitation Services

( ) Yes
( ) Being Considered
( ) No
( ) Not Applicable

3.f. Plan to phase out Day Habilitation Facilities as covered setting where Day Habilitation Services can be delivered

( ) Yes
( ) Being Considered
( ) No
( ) Not Applicable
3.g. Policy that says supports for integrated individual employment at competitive wage will be the first and preferred option in providing services to working-age individuals with intellectual/developmental disabilities (or similar policy statement)

( ) Yes
( ) Being Considered
( ) No
( ) Not Applicable

3.h. Reimbursement rate or model changes that apply to waiver day and employment services and that are intended to incentivize the provision of services that support Employment in Integrated Settings over services that support the use of facility-based models (e.g. Facility-based Work Centers or Day Habilitation Facilities).

( ) Yes
( ) Being Considered
( ) No
( ) Not Applicable
Individuals with Traumatic Brain Injuries

1. How many state Medicaid HCBS waivers do you have covering individuals ages 18-64 with traumatic brain injuries?

_________________________________________________

2. Under which authorities are the waivers established?

(select all that apply)

[ ] 1915(c)
[ ] 1915 (b)
[ ] 1915(b)(c) combination
[ ] 1115

You have indicated that you have [question("value"), id="140"] waiver(s) for individuals ages 18-64 with traumatic brain injuries. For each separate waiver please complete the following table.

Waiver [page("piped value")]) of [question("value"), id="140"]
Waiver Name:

_________________________________________________

Which of the following services are covered under this waiver:

(Select all that apply. For each option selected, a set of follow-up questions will appear below.)

[ ] Day Habilitation/Services
[ ] Prevocational Services

[ ] Supported Employment – Individual*

[ ] Supported Employment – Small Group*

[ ] Supported Employment – Combined

[ ] Career Planning

[ ] Non-Medical Transportation

[ ] Other Service that Occurs in Facility-based Work Centers

[ ] Other Service that Supports Employment in Integrated Settings

[ ] Other Service that Occurs in Day Habilitation Facility

*If Supported Employment under this waiver is not divided into two distinct services, one for Individual and one for Small Group, select the Supported Employment – Combined option.

**Service Type - Day Habilitation Services**

**Allowable Settings**

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based

[ ] Community-based

Number of individuals receiving this service in most recently completed state fiscal year

Facility-based: _________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year

Facility-based: _________________________________________________

Number of individuals receiving this service in most recently completed state fiscal year

Community-based: _________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year

Community-based: _________________________________________________
Service Type - Prevocational Services

Allowable Settings

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based

[ ] Community-based

Number of individuals receiving this service in most recently completed state fiscal year

Facility-based: ________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year

Facility-based: ________________________

Number of individuals receiving this service in most recently completed state fiscal year

Community-based: ________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year

Community-based: ________________________

Service Type - Supported Employment – Individual

Allowable Settings

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based

[ ] Community-based

Number of individuals receiving this service in most recently completed state fiscal year

Facility-based: ________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year

Facility-based: ________________________

Number of individuals receiving this service in most recently completed state fiscal year

Community-based: ________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year

Community-based: ________________________
Service Type - Supported Employment – Small Group

Allowable Settings

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based

[ ] Community-based

Number of individuals receiving this service in most recently completed state fiscal year
Facility-based: ________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Facility-based: ________________________________

Number of individuals receiving this service in most recently completed state fiscal year
Community-based: ________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Community-based: ________________________________

Service Type - Supported Employment – Combined

Allowable Settings

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based

[ ] Community-based

Number of individuals receiving this service in most recently completed state fiscal year
Facility-based: ________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Facility-based: ________________________________

Number of individuals receiving this service in most recently completed state fiscal year
Community-based: ________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Community-based: ________________________________
Service Type - Career Planning

Allowable Settings

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based

[ ] Community-based

Number of individuals receiving this service in most recently completed state fiscal year
Facility-based: ________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Facility-based: ________________________________

Number of individuals receiving this service in most recently completed state fiscal year
Community-based: ________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Community-based: ________________________________

Service Type - Non-Medical Transportation

Allowable Settings

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based

[ ] Community-based

Number of individuals receiving this service in most recently completed state fiscal year
Facility-based: ________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Facility-based: ________________________________

Number of individuals receiving this service in most recently completed state fiscal year
Community-based: ________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Community-based: ________________________________
Other Service that Occurs in Facility-based Work Centers

Service name:: __________________________________________________________

Allowable Settings

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based
[ ] Community-based

Number of individuals receiving this service in most recently completed state fiscal year
Facility-based: __________________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Facility-based: __________________________________________________________

Number of individuals receiving this service in most recently completed state fiscal year
Community-based: _______________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Community-based: _______________________________________________________

Other Service that Supports Employment in Integrated Settings

Service name:: __________________________________________________________

Allowable Settings

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based
[ ] Community-based

Number of individuals receiving this service in most recently completed state fiscal year
Facility-based: __________________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Facility-based: __________________________________________________________
Number of individuals receiving this service in most recently completed state fiscal year
Community-based: ________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Community-based: ________________________________

Other Service that Occurs in Day Habilitation Facility

Service name:: ________________________________

Allowable Settings

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based

[ ] Community-based

Number of individuals receiving this service in most recently completed state fiscal year
Facility-based: ________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Facility-based: ________________________________

Number of individuals receiving this service in most recently completed state fiscal year
Community-based: ________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Community-based: ________________________________

________________________________________________________________________

3. Has the agency responsible for programmatic administration and oversight of the HCBS waiver(s) that serve people with traumatic brain injuries implemented any of the following?
3.a. Time-limit on Prevocational Services (in any setting or specifically in Facility-based Work Centers)

( ) Yes
( ) Being Considered
( ) No
( ) Not Applicable

3.b. Closure of new admissions to Prevocational Services (in any setting or specifically in Facility-based Work Centers)

( ) Yes
( ) Being Considered
( ) No
( ) Not Applicable

3.c. Plan to phase out Prevocational Services as covered service under the waiver(s)

( ) Yes
( ) Being Considered
( ) No
( ) Not Applicable

3.d. Plan to phase out Facility-based Work Centers as covered setting where Prevocational Services can be delivered

( ) Yes
( ) Being Considered
( ) No
( ) Not Applicable
3.e. **Closure of new admissions to Facility-Based Day Habilitation Services**

( ) Yes
( ) Being Considered
( ) No
( ) Not Applicable

3.f. **Plan to phase out Day Habilitation Facilities as covered setting where Day Habilitation Services can be delivered**

( ) Yes
( ) Being Considered
( ) No
( ) Not Applicable

3.g. **Policy that says supports for integrated individual employment at competitive wage will be the first and preferred option in providing services to working-age individuals with traumatic brain injuries** (or similar policy statement)

( ) Yes
( ) Being Considered
( ) No
( ) Not Applicable

3.h. **Reimbursement rate or model changes that apply to waiver day and employment services and that are intended to incentivize the provision of services that support Employment in Integrated Settings over services that support the use of facility-based models** (e.g. Facility-based Work Centers or Day Habilitation Facilities).

( ) Yes
( ) Being Considered
( ) No
Individuals with Severe and Persistent Mental Illness

1. How many state Medicaid HCBS waivers do you have covering individuals ages 18-64 with severe and persistent mental illness?

2. Under which authorities are the waivers established?

(select all that apply)

[ ] 1915(c)
[ ] 1915 (b)
[ ] 1915(b)(c) combination
[ ] 1115

You have indicated that you have [question("value"), id="297"] waiver(s) for individuals ages 18-64 with severe and persistent mental illness. For each separate waiver please complete the following table.

Waiver [page("piped value")]) of [question("value"), id="297"]
Waiver Name:
Which of the following services are covered under this waiver:

(Select all that apply. For each option selected, a set of follow-up questions will appear below.)

[ ] Day Habilitation/Services
[ ] Prevocational Services
[ ] Supported Employment – Individual*
[ ] Supported Employment – Small Group*
[ ] Supported Employment – Combined
[ ] Career Planning
[ ] Non-Medical Transportation
[ ] Other Service that Occurs in Facility-based Work Centers
[ ] Other Service that Supports Employment in Integrated Settings
[ ] Other Service that Occurs in Day Habilitation Facility

*If Supported Employment under this waiver is not divided into two distinct services, one for Individual and one for Small Group, select the Supported Employment – Combined option.

Service Type - Day Habilitation Services

Allowable Settings

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based
[ ] Community-based

Number of individuals receiving this service in most recently completed state fiscal year
Facility-based: ______________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Facility-based: ______________________________________________________
Number of individuals receiving this service in most recently completed state fiscal year
Community-based: _________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Community-based: _________________________________________________

**Service Type - Prevocational Services**

**Allowable Settings**

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based

[ ] Community-based

Number of individuals receiving this service in most recently completed state fiscal year
Facility-based: _________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Facility-based: _________________________________________________

Number of individuals receiving this service in most recently completed state fiscal year
Community-based: _________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Community-based: _________________________________________________

**Service Type - Supported Employment – Individual**

**Allowable Settings**

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based

[ ] Community-based

Number of individuals receiving this service in most recently completed state fiscal year
Facility-based: _________________________________________________
Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Facility-based: _________________________________________________

Number of individuals receiving this service in most recently completed state fiscal year
Community-based: _________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Community-based: _________________________________________________

Service Type - Supported Employment – Small Group

Allowable Settings

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based
[ ] Community-based

Number of individuals receiving this service in most recently completed state fiscal year
Facility-based: _________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Facility-based: _________________________________________________

Number of individuals receiving this service in most recently completed state fiscal year
Community-based: _________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Community-based: _________________________________________________

Service Type - Supported Employment – Combined

Allowable Settings

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based
[ ] Community-based
Service Type - Career Planning

Allowable Settings

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based
[ ] Community-based

Number of individuals receiving this service in most recently completed state fiscal year
Facility-based: _________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Facility-based: _________________________________________________

Number of individuals receiving this service in most recently completed state fiscal year
Community-based: _________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Community-based: _________________________________________________

Service Type - Non-Medical Transportation

Allowable Settings

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)
Other Service that Occurs in Facility-based Work Centers

Service name:: _________________________________________________

Allowable Settings

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based

[ ] Community-based

Number of individuals receiving this service in most recently completed state fiscal year
Facility-based: _________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Facility-based: _________________________________________________

Number of individuals receiving this service in most recently completed state fiscal year
Community-based: _________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Community-based: _________________________________________________

Other Service that Supports Employment in Integrated Settings
Service name:: _________________________________________________

Allowable Settings

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based
[ ] Community-based

Number of individuals receiving this service in most recently completed state fiscal year
Facility-based: _________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Facility-based: _________________________________________________

Number of individuals receiving this service in most recently completed state fiscal year
Community-based: _______________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Community-based: _______________________________________________

Other Service that Occurs in Day Habilitation Facility

Service name:: _________________________________________________

Allowable Settings

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based
[ ] Community-based

Number of individuals receiving this service in most recently completed state fiscal year
Facility-based: _________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Facility-based: _________________________________________________

Number of individuals receiving this service in most recently completed state fiscal year
Community-based: _______________________________________________
Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Community-based: ________________________________________________

3. Has the agency responsible for programmatic administration and oversight of the HCBS waiver(s) that serve people with severe and persistent mental illness implemented any of the following?

3.a. Time-limit on Prevocational Services (in any setting or specifically in Facility-based Work Centers)
   ( ) Yes
   ( ) Being Considered
   ( ) No
   ( ) Not Applicable

3.b. Closure of new admissions to Prevocational Services (in any setting or specifically in Facility-based Work Centers)
   ( ) Yes
   ( ) Being Considered
   ( ) No
   ( ) Not Applicable

3.c. Plan to phase out Prevocational Services as covered service under the waiver(s)
   ( ) Yes
   ( ) Being Considered
   ( ) No
3.d. Plan to phase out Facility-based Work Centers as covered setting where Prevocational Services can be delivered

( ) Yes
( ) Being Considered
( ) No
( ) Not Applicable

3.e. Closure of new admissions to Facility-Based Day Habilitation Services

( ) Yes
( ) Being Considered
( ) No
( ) Not Applicable

3.f. Plan to phase out Day Habilitation Facilities as covered setting where Day Habilitation Services can be delivered

( ) Yes
( ) Being Considered
( ) No
( ) Not Applicable

3.g. Policy that says supports for integrated individual employment at competitive wage will be the first and preferred option in providing services to working-age individuals with severe and persistent mental illness (or similar policy statement)

( ) Yes
( ) Being Considered
3.h. Reimbursement rate or model changes that apply to waiver day and employment services and that are intended to incentivize the provision of services that support Employment in Integrated Settings over services that support the use of facility-based models (e.g. Facility-based Work Centers or Day Habilitation Facilities).

( ) Yes
( ) Being Considered
( ) No
( ) Not Applicable
Individuals with Physical Disabilities

1. How many state Medicaid HCBS waivers do you have covering individuals ages 18-64 with physical disabilities?

_________________________________________________

2. Under which authorities are the waivers established?

(select all that apply)
[ ] 1915(c)
[ ] 1915 (b)
[ ] 1915(b)(c) combination
[ ] 1115

_________________________________________________

You have indicated that you have [question("value"), id="440"] waiver(s) for individuals ages 18-64 with physical disabilities. For each separate waiver please complete the following table.

Waiver [page("piped value")]) of [question("value"), id="440"]
Waiver Name:

_________________________________________________
Which of the following services are covered under this waiver:

(Select all that apply. For each option selected, a set of follow-up questions will appear below.)

[ ] Day Habilitation/Services
[ ] Prevocational Services
[ ] Supported Employment – Individual*
[ ] Supported Employment – Small Group*
[ ] Supported Employment – Combined
[ ] Career Planning
[ ] Non-Medical Transportation
[ ] Other Service that Occurs in Facility-based Work Centers
[ ] Other Service that Supports Employment in Integrated Settings
[ ] Other Service that Occurs in Day Habilitation Facility

*If Supported Employment under this waiver is not divided into two distinct services, one for Individual and one for Small Group, select the Supported Employment – Combined option.

Service Type - Day Habilitation Services

Allowable Settings

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based
[ ] Community-based

Number of individuals receiving this service in most recently completed state fiscal year
Facility-based: _________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Facility-based: _________________________________________________

Number of individuals receiving this service in most recently completed state fiscal year
Community-based: _________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Community-based: _________________________________________________
Service Type - Prevocational Services

Allowable Settings

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based
[ ] Community-based

Number of individuals receiving this service in most recently completed state fiscal year
Facility-based: _________________________________________________
Community-based: _________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Facility-based: _________________________________________________
Community-based: _________________________________________________

Service Type - Supported Employment – Individual

Allowable Settings

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based
[ ] Community-based

Number of individuals receiving this service in most recently completed state fiscal year
Facility-based: _________________________________________________
Community-based: _________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Facility-based: _________________________________________________
Community-based: _________________________________________________
Service Type - Supported Employment – Small Group

Allowable Settings

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based

[ ] Community-based

Number of individuals receiving this service in most recently completed state fiscal year
Facility-based: _________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Facility-based: _________________________________________________

Number of individuals receiving this service in most recently completed state fiscal year
Community-based: _________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Community-based: _________________________________________________

Service Type - Supported Employment – Combined

Allowable Settings

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based

[ ] Community-based

Number of individuals receiving this service in most recently completed state fiscal year
Facility-based: _________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Facility-based: _________________________________________________

Number of individuals receiving this service in most recently completed state fiscal year
Community-based: _________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Community-based: _________________________________________________
Service Type - Career Planning

Allowable Settings

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based

[ ] Community-based

Number of individuals receiving this service in most recently completed state fiscal year
Facility-based: _____________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Facility-based: _____________________________

Number of individuals receiving this service in most recently completed state fiscal year
Community-based: _____________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Community-based: _____________________________

Service Type - Non-Medical Transportation

Allowable Settings

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based

[ ] Community-based

Number of individuals receiving this service in most recently completed state fiscal year
Facility-based: _____________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Facility-based: _____________________________

Number of individuals receiving this service in most recently completed state fiscal year
Community-based: _____________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Community-based: _____________________________
Other Service that Occurs in Facility-based Work Centers

Service name: ____________________________________________________________

Allowable Settings

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based

[ ] Community-based

Number of individuals receiving this service in most recently completed state fiscal year

Facility-based: ____________________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year

Facility-based: ____________________________________________________________

Number of individuals receiving this service in most recently completed state fiscal year

Community-based: _________________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year

Community-based: _________________________________________________________

Other Service that Supports Employment in Integrated Settings

Service name: ____________________________________________________________

Allowable Settings

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based

[ ] Community-based

Number of individuals receiving this service in most recently completed state fiscal year

Facility-based: ____________________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year

Facility-based: ____________________________________________________________
Number of individuals receiving this service in most recently completed state fiscal year
Community-based: _________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Community-based: _________________________________________________

Other Service that Occurs in Day Habilitation Facility

Service name: _________________________________________________

Allowable Settings

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)
[ ] Facility-based
[ ] Community-based

Number of individuals receiving this service in most recently completed state fiscal year
Facility-based: _________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Facility-based: _________________________________________________

Number of individuals receiving this service in most recently completed state fiscal year
Community-based: _________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Community-based: _________________________________________________
3. Has the agency responsible for programmatic administration and oversight of the HCBS waiver(s) that serve people with physical disabilities implemented any of the following?

3.a. Time-limit on Prevocational Services (in any setting or specifically in Facility-based Work Centers)

( ) Yes
( ) Being Considered
( ) No
( ) Not Applicable

3.b. Closure of new admissions to Prevocational Services (in any setting or specifically in Facility-based Work Centers)

( ) Yes
( ) Being Considered
( ) No
( ) Not Applicable

3.c. Plan to phase out Prevocational Services as covered service under the waiver(s)

( ) Yes
( ) Being Considered
( ) No
( ) Not Applicable
3.d. Plan to phase out Facility-based Work Centers as covered setting where Prevocational Services can be delivered

( ) Yes  
( ) Being Considered  
( ) No  
( ) Not Applicable

3.e. Closure of new admissions to Facility-Based Day Habilitation Services

( ) Yes  
( ) Being Considered  
( ) No  
( ) Not Applicable

3.f. Plan to phase out Day Habilitation Facilities as covered setting where Day Habilitation Services can be delivered

( ) Yes  
( ) Being Considered  
( ) No  
( ) Not Applicable

3.g. Policy that says supports for integrated individual employment at competitive wage will be the first and preferred option in providing services to working-age individuals with physical disabilities (or similar policy statement)

( ) Yes  
( ) Being Considered  
( ) No  
( ) Not Applicable
3.h. Reimbursement rate or model changes that apply to waiver day and employment services and that are intended to incentivize the provision of services that support Employment in Integrated Settings over services that support the use of facility-based models (e.g. Facility-based Work Centers or Day Habilitation Facilities).

( ) Yes
( ) Being Considered
( ) No
( ) Not Applicable
Individuals with Autism Spectrum Disorders

1. How many state Medicaid HCBS waivers do you have covering individuals ages 18-64 with autism spectrum disorders?

_________________________________________________

2. Under which authorities are the waivers established?

(select all that apply)

[ ] 1915(c)
[ ] 1915 (b)
[ ] 1915(b)(c) combination
[ ] 1115

You have indicated that you have [question("value"), id="517"] waiver(s) for individuals ages 18-64 with autism spectrum disorders. For each separate waiver please complete the following table.

Waiver [page("piped value")] of [question("value"), id="517"]
Waiver Name:

_________________________________________________
Which of the following services are covered under this waiver:

(Select all that apply. For each option selected, a set of follow-up questions will appear below.)

[ ] Day Habilitation/Services
[ ] Prevocational Services
[ ] Supported Employment – Individual*
[ ] Supported Employment – Small Group*
[ ] Supported Employment – Combined
[ ] Career Planning
[ ] Non-Medical Transportation
[ ] Other Service that Occurs in Facility-based Work Centers
[ ] Other Service that Supports Employment in Integrated Settings
[ ] Other Service that Occurs in Day Habilitation Facility

*If Supported Employment under this waiver is not divided into two distinct services, one for Individual and one for Small Group, select the Supported Employment – Combined option.

Service Type - Day Habilitation Services

Allowable Settings

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based
[ ] Community-based

Number of individuals receiving this service in most recently completed state fiscal year
Facility-based: _________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Facility-based: _________________________________________________

Number of individuals receiving this service in most recently completed state fiscal year
Community-based: _________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Community-based: _________________________________________________
Service Type - Prevocational Services

Allowable Settings

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based

[ ] Community-based

Number of individuals receiving this service in most recently completed state fiscal year
Facility-based: _________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Facility-based: _________________________________________________

Number of individuals receiving this service in most recently completed state fiscal year
Community-based: _________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Community-based: _________________________________________________

Service Type - Supported Employment – Individual

Allowable Settings

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based

[ ] Community-based

Number of individuals receiving this service in most recently completed state fiscal year
Facility-based: _________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Facility-based: _________________________________________________

Number of individuals receiving this service in most recently completed state fiscal year
Community-based: _________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Community-based: _________________________________________________
Service Type - Supported Employment – Small Group

Allowable Settings

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based
[ ] Community-based

Number of individuals receiving this service in most recently completed state fiscal year
Facility-based: _________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Facility-based: _________________________________

Community-based: _________________________________

Number of individuals receiving this service in most recently completed state fiscal year
Community-based: _________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Community-based: _________________________________

Service Type - Supported Employment – Combined

Allowable Settings

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based
[ ] Community-based

Number of individuals receiving this service in most recently completed state fiscal year
Facility-based: _________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Facility-based: _________________________________

Community-based: _________________________________

Number of individuals receiving this service in most recently completed state fiscal year
Community-based: _________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Community-based: _________________________________
Service Type - Career Planning

Allowable Settings

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based

[ ] Community-based

Number of individuals receiving this service in most recently completed state fiscal year
Facility-based: _________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Facility-based: _________________________________________________

Number of individuals receiving this service in most recently completed state fiscal year
Community-based: _________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Community-based: _________________________________________________

Service Type - Non-Medical Transportation

Allowable Settings

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based

[ ] Community-based

Number of individuals receiving this service in most recently completed state fiscal year
Facility-based: _________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Facility-based: _________________________________________________

Number of individuals receiving this service in most recently completed state fiscal year
Community-based: _________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Community-based: _________________________________________________
Other Service that Occurs in Facility-based Work Centers

Service name:: ____________________________________________________________

Allowable Settings

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based

[ ] Community-based

Number of individuals receiving this service in most recently completed state fiscal year
Facility-based: ____________________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Facility-based: __________________________________________________________________

Number of individuals receiving this service in most recently completed state fiscal year
Community-based: __________________________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Community-based: __________________________________________________________________

Other Service that Supports Employment in Integrated Settings

Service name:: ____________________________________________________________

Allowable Settings

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable and data system will sort by setting)

[ ] Facility-based

[ ] Community-based

Number of individuals receiving this service in most recently completed state fiscal year
Facility-based: __________________________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed state fiscal year
Facility-based: __________________________________________________________________
Number of individuals receiving this service in most recently completed state fiscal year
Community-based: ____________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed
state fiscal year
Community-based: ____________________________________________________

Other Service that Occurs in Day Habilitation Facility

Service name:: ____________________________________________________

Allowable Settings

(Separate units and dollars by Facility-Based and Community-Based if both settings allowable
and data system will sort by setting)

[ ] Facility-based
[ ] Community-based

Number of individuals receiving this service in most recently completed state fiscal year
Facility-based: ____________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed
state fiscal year
Facility-based: ____________________________________________________

Number of individuals receiving this service in most recently completed state fiscal year
Community-based: __________________________________________________

Total Units Purchased and Dollars Spent (all sources) on Service in most recently completed
state fiscal year
Community-based: __________________________________________________
3. Has the agency responsible for programmatic administration and oversight of the HCBS waiver(s) that serve people with autism spectrum disorders implemented any of the following?

3.a. Time-limit on Prevocational Services (in any setting or specifically in Facility-based Work Centers)

( ) Yes
( ) Being Considered
( ) No
( ) Not Applicable

3.b. Closure of new admissions to Prevocational Services (in any setting or specifically in Facility-based Work Centers)

( ) Yes
( ) Being Considered
( ) No
( ) Not Applicable

3.c. Plan to phase out Prevocational Services as covered service under the waiver(s)

( ) Yes
( ) Being Considered
( ) No
( ) Not Applicable
3.d. Plan to phase out Facility-based Work Centers as covered setting where Prevocational Services can be delivered

( ) Yes
( ) Being Considered
( ) No
( ) Not Applicable

3.e. Closure of new admissions to Facility-Based Day Habilitation Services

( ) Yes
( ) Being Considered
( ) No
( ) Not Applicable

3.f. Plan to phase out Day Habilitation Facilities as covered setting where Day Habilitation Services can be delivered

( ) Yes
( ) Being Considered
( ) No
( ) Not Applicable

3.g. Policy that says supports for integrated individual employment at competitive wage will be the first and preferred option in providing services to working-age individuals with autism spectrum disorders (or similar policy statement)

( ) Yes
( ) Being Considered
( ) No
( ) Not Applicable
3.h. Reimbursement rate or model changes that apply to waiver day and employment services and that are intended to incentivize the provision of services that support Employment in Integrated Settings over services that support the use of facility-based models (e.g. Facility-based Work Centers or Day Habilitation Facilities).

( ) Yes
( ) Being Considered
( ) No
( ) Not Applicable