

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
-

State Medicaid HCBS Waivers

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

() Not Applicable

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

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 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

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 severe and persistent mental illness (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 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: _____

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 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: _____

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 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