Medicaid Long-Term Services and Supports in Maryland:

FY 2008 to FY 2011
Volume 2

The Autism Waiver
A Chart Book

January 9, 2013

Prepared for:
Maryland Department of Health and Mental Hygiene
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Maryland Medicaid Long-Term Services and Supports Overview

The Maryland Long-Term Services and Supports Chart Book, Volume 2, The Autism Waiver is the second chart book in a series of two that explores service utilization and expenditures for Medicaid-funded long-term services and supports in Maryland. The first chart book in the series, Medicaid Long-Term Services and Supports in Maryland, Volume 1, explores service utilization and expenditures for Maryland Medicaid’s Living at Home Waiver, Older Adults Waiver, and Medical Day Care Waiver, as well as Maryland State Plan personal care services and Medicaid nursing facility utilization and expenditures.

This chart book provides information about Maryland Medicaid participants who received services through the Autism Waiver in fiscal year (FY) 2008 through FY 2011. The Autism Waiver, which became effective on July 1, 2001, provides community-based services to individuals from the age of 1 year through the end of the school year in which the individuals turn 21 years old. The waiver enables individuals with Autism Spectrum Disorder and who meet an institutional level of care (Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-ID)) to be supported in their own homes, community-based settings, or school-based settings. The waiver is authorized under Section 1915(c) of the Social Security Act and approved by the federal Centers for Medicare and Medicaid Services. It is operated by the Maryland State Department of Education and overseen by Maryland’s Medicaid Program.

Services covered under the waiver include adult life planning, family training, intensive individual support, and habilitation. Waiver participants receive full Medicaid benefits and are entitled to receive other services under the Maryland Medicaid State Plan.
In FY 2011, the Autism Waiver served a total of 900 participants, with Medicaid expenditures totaling $42 million. Due to the high demand for Autism Waiver services and a defined number of available waiver slots (900 in FY 2011), the Autism Waiver is currently not accepting applications. Marylanders wishing to receive Autism Waiver services must place their names on the Autism Waiver Registry of Interested Families and are asked to apply as openings arise and their names approach the top of the list.
Key Findings

This chart book summarizes demographic, service utilization, and expenditure data for the Autism Waiver for FYs 2008 through 2011. The data are presented through a series of figures that illustrate trends in Autism Waiver utilization with accompanying narrative text. Notable trends in the data include:

- The Autism Waiver served a total of 900 participants in FY 2011. As there is a defined number of waiver slots, the number of participants has been relatively stable since FY 2008.
- With 8 Autism Waiver participants per 10,000 residents aged 0 to 24, Howard and Fredrick Counties have the largest number of Autism Waiver participants per capita.
- Total Medicaid expenditures for Autism Waiver participants, excluding administrative costs, increased in each of the four reporting periods, reaching $42 million in FY 2011. Over $30 million (or 72%) of those expenditures were for the provision of waiver services; the remaining costs were for state plan services.
- Average annual total Medicaid expenditures for Autism Waiver participants were $46,562 in FY 2011, an increase of 1.3% over the previous year.
- Intensive individual support services accounted for 62% of FY 2011 Medicaid expenditures for Autism waiver services.
- The most widely used FY 2011 Autism Waiver services were intensive individual support services (94% of participants), respite care services (86%), and family training (82%).
Chart Book Organization

The data in this chart book are presented in two sections.

- **Waiver Participants:** This section includes data on the number of Autism Waiver participants with breakdowns by age, race, gender, county of residence, average length of stay, and reason for leaving the waiver. It also contains data on the settings from which individuals entered the waiver program and prior Medicaid coverage.

- **Medicaid Expenditures and Service Utilization:** This section provides data on expenditures for waiver, non-waiver, and pharmacy services used by participants in the Autism Waiver program.

Data Sources

The information in this chart book was derived from the following data sources:

- **Maryland Department of Health and Mental Hygiene (DHMH) Medicaid Management Information System (MMIS2):** This system contains data for all individuals enrolled in Maryland Medicaid during the relevant fiscal year, including Medicaid eligibility category and fee-for-service claims. All MMIS2 data is warehoused and processed monthly by The Hilltop Institute.

- **DHMH Decision Support System (DSS):** This system provides summary reports based on MMIS2 files and functions as a data resource for figures in this chart book derived from the DSS.

- **U.S. Census Bureau:** 2011 Modified Race Data, prepared by the Maryland Department of Planning, Projections and Data Analysis, State Data Center, May 2012.
Chapter 1: Autism Waiver Participants
In the past four years, the Autism Waiver has operated at or near the approved waiver capacity of 900 slots. There were exactly 900 participants enrolled in FY 2011.

The number of Marylanders on the Autism Waiver Registry of Interested Families increased 1.5-fold, from 2,537 as of June 2007 to 3,799 as of June 2012. Although the number of registrants on the registry continues to increase, the rate of increase each year slowed; it was 22% from June 2007 to June 2008 and 10% from June 2011 to June 2012.

Source: DSS
The Autism Waiver population continued to age as a result of the low turnover rate among participants. The largest percentage of waiver participants in FY 2011 were in the 11 to 15 and 16 to 21 year-old age groups. Two participants were 22 years of age.

In each of the four reporting periods, male Autism Waiver participants outnumbered female participants by a 4 to 1 ratio.
In FY 2011, slightly more than half (53%) of Autism Waiver participants were White.

Source: DSS
In FY 2011, there were 5 Autism Waiver participants per capita (for every 10,000 Marylanders aged 0 to 24). Seven Maryland counties had 5 or more Autism Waiver participants per capita. Howard and Frederick Counties had the largest number of participants per capita, at 8.

Note: The U.S. Census Bureau’s age categories do not align with the Autism Waiver age criteria. The population per capita calculations, therefore, include persons aged 0 to 24 years.

Sources: DSS, U.S. Census Bureau
In each of the reporting periods, 95% or more of the Autism Waiver participants entered the waiver from a non-institutional setting.

* Pre-waiver setting refers to the setting in which the participant resided prior to enrolling in the Autism Waiver. To determine an individual's pre-waiver setting, The Hilltop Institute examined MMIS2 claims for the three months prior to waiver enrollment to see if claims were filed for a chronic hospital, institution for mental diseases (IMD), intermediate care facility for individuals with intellectual disabilities (ICF-ID), or nursing facility (NF) stay; if so, new waiver participants were classified accordingly (however, there were no waiver participants with IMD or NF claims). Waiver participants without chronic hospital, IMD, ICF-ID, or NF claims were classified as coming from “other” settings. It cannot be said with certainty—nor can it be assumed—that individuals in the “other” category were residing in the community prior to waiver enrollment.

Source: MMIS2
In FY 2011, the average length of stay for Autism Waiver participants was 63 months. The average length of stay continued to increase each year—a result of the low turnover rate.

**Figure 8. Average Length of Stay in the Autism Waiver, in Months, for Current Autism Waiver Participants**

- FY 08: 45 months
- FY 09: 53 months
- FY 10: 59 months
- FY 11: 63 months

**Note:** Participants enrolled in the Autism Waiver in each fiscal year were identified using each participant’s last Medicaid Autism Waiver eligibility span. Individual participant lengths of stay were calculated from the beginning date of the participant’s last Autism Waiver eligibility span to the last day of each fiscal year (June 30). The lengths of stay for persons still in the waiver on June 30 in a given year were totaled and averaged to obtain the average length of stay for all participants in the waiver on June 30 of that fiscal year.

**Source:** MMIS2
Figure 9. Average Length of Stay for Autism Waiver Disenrollees, by Reason for Leaving, FY 2011

<table>
<thead>
<tr>
<th></th>
<th>No Longer Eligible</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of Discharges</strong></td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td><strong>Average Months in the Waiver</strong></td>
<td>29.8</td>
<td>52.3</td>
</tr>
</tbody>
</table>

In FY 2011, 11 Autism Waiver participants disenrolled from the waiver. Of these individuals, most disenrolled because they were no longer waiver eligible, most likely due to aging out of the waiver.

**Note:** Autism Waiver participants leaving the waiver in each of the fiscal years were identified by examining participants’ Medicaid Autism Waiver eligibility spans, which run from the beginning date of waiver eligibility to the last date of waiver eligibility. For participants with more than one Autism Waiver eligibility span, the last eligibility span was used. Autism Waiver participants whose last eligibility end date occurred during the given year are represented in this chart. Individual lengths of stay were calculated from the beginning date of the participant’s last Autism Waiver eligibility span to the last day of each fiscal year (June 30). Each participant was categorized by reason for disenrollment and the lengths of stay were totaled and averaged to obtain the average length of stay by disenrollment reason. Persons in the “Other” category did not have a specific reason for disenrollment noted in the MMIS2 data.

**Source:** MMIS2
Chapter 2: Autism Waiver Medicaid Expenditures and Service Utilization
Figure 10. Medicaid Expenditures* for Autism Waiver Participants, by Expenditure Category

<table>
<thead>
<tr>
<th>Expenditure Category</th>
<th>FY 08</th>
<th>FY 09</th>
<th>FY 10</th>
<th>FY 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Expenditures</td>
<td>$25,643,512</td>
<td>$29,316,772</td>
<td>$29,726,290</td>
<td>$30,380,879</td>
</tr>
<tr>
<td>Non-Waiver Expenditures</td>
<td>$10,930,894</td>
<td>$11,602,664</td>
<td>$11,536,480</td>
<td>$11,571,601</td>
</tr>
<tr>
<td>Total Expenditures</td>
<td>$36,574,406</td>
<td>$40,919,435</td>
<td>$41,262,770</td>
<td>$41,952,480</td>
</tr>
</tbody>
</table>

Total Medicaid expenditures for Autism Waiver participants increased slightly (2%) from approximately $41.3 million in FY 2010 to approximately $42.0 million in FY 2011.

Figure 11. Medicaid Expenditures* for Autism Waiver Participants, by Expenditure Category, FY 2011

In each of the four reporting periods, expenditures for waiver services made up between 70 and 72% of the total Medicaid expenditures for Autism Waiver participants.

* Does not include administrative costs.

Source: DSS
Figure 12. Average Annual Medicaid Expenditures per Person for Autism Waiver Participants

Average per person annual Medical expenditures for Autism Waiver participants increased 1.3% (or $612) from $45,950 in FY 2010 to $46,562 in FY 2011.

Figure 13. Use of Adult Life Planning Services by Autism Waiver Participants

Adult life planning services were added to the Autism Waiver in January 2010. This service supports Autism Waiver participants aged 18 to 21 years as they transition from school-based services to the adult service delivery system. In FY 2011, 17 Autism Waiver participants utilized this service, at a total cost of $5,636 and an average annual cost of $332.
Medicaid expenditures for environmental accessibility adaptation services totaled $64,217 in FY 2011, a 15% decrease from the previous fiscal year. The number of service users decreased 12% from FY 2010 to FY 2011.

On average, FY 2011 per person expenditures for this service were $973, with the 6 to 10 year-old age group having the highest per person cost at $1,013.

Total Medicaid expenditures for family training services were $1.3 million in FY 2011, down 22% from the previous fiscal year, while the number of Autism Waiver participants utilizing family training services increased in each of the four reporting years. Average per person expenditures in FY 2010 were $1,728, with the 6 to 10 year-old age group having the highest per person cost at $1,900.
Figure 16. Use of Intensive Individual Support Services by Autism Waiver Participants, by Age Group

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Users</th>
<th>Expenditures</th>
<th>Expenditures Per User</th>
<th>Users</th>
<th>Expenditures</th>
<th>Expenditures Per User</th>
<th>Users</th>
<th>Expenditures</th>
<th>Expenditures Per User</th>
<th>Users</th>
<th>Expenditures</th>
<th>Expenditures Per User</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5</td>
<td>1</td>
<td>$3,566</td>
<td>$3,566</td>
<td>0</td>
<td>$0</td>
<td>$0</td>
<td>0</td>
<td>$0</td>
<td>$0</td>
<td>0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>6-10</td>
<td>253</td>
<td>$5,423,339</td>
<td>$21,436</td>
<td>190</td>
<td>$4,481,396</td>
<td>$23,586</td>
<td>119</td>
<td>$2,302,200</td>
<td>$19,346</td>
<td>84</td>
<td>$1,655,935</td>
<td>$19,714</td>
</tr>
<tr>
<td>11-15</td>
<td>325</td>
<td>$7,337,195</td>
<td>$22,576</td>
<td>375</td>
<td>$9,096,059</td>
<td>$24,256</td>
<td>407</td>
<td>$9,087,810</td>
<td>$22,329</td>
<td>431</td>
<td>$9,395,630</td>
<td>$21,800</td>
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<tr>
<td>16-21</td>
<td>211</td>
<td>$5,139,130</td>
<td>$24,356</td>
<td>262</td>
<td>$6,780,518</td>
<td>$25,880</td>
<td>308</td>
<td>$6,939,527</td>
<td>$22,531</td>
<td>334</td>
<td>$7,713,899</td>
<td>$23,096</td>
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<tr>
<td>22</td>
<td>0</td>
<td>$0</td>
<td>$0</td>
<td>0</td>
<td>$0</td>
<td>$0</td>
<td>0</td>
<td>$0</td>
<td>$0</td>
<td>1</td>
<td>$5,911</td>
<td>$5,911</td>
</tr>
<tr>
<td>All Users</td>
<td>790</td>
<td>$17,903,229</td>
<td>$22,662</td>
<td>827</td>
<td>$20,357,972</td>
<td>$24,617</td>
<td>834</td>
<td>$18,329,537</td>
<td>$21,978</td>
<td>850</td>
<td>$18,771,375</td>
<td>$22,084</td>
</tr>
</tbody>
</table>

Intensive individual support services were widely used by Autism Waiver participants, with the number of users increasing in each of the four reporting years.

In FY 2011, 850 (94%) of the 900 waiver participants utilized this service, at a cost of $18.8 million. On average, FY 2011 per person expenditures for this service were $22,084.

Figure 17. Use of Intensive Residential Habilitation Services by Autism Waiver Participants, by Age Group

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Users</th>
<th>Expenditures</th>
<th>Expenditures Per User</th>
<th>Users</th>
<th>Expenditures</th>
<th>Expenditures Per User</th>
<th>Users</th>
<th>Expenditures</th>
<th>Expenditures Per User</th>
<th>Users</th>
<th>Expenditures</th>
<th>Expenditures Per User</th>
<th>Users</th>
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</tr>
</thead>
<tbody>
<tr>
<td>0-5</td>
<td>0</td>
<td>$0</td>
<td>$0</td>
<td>0</td>
<td>$0</td>
<td>$0</td>
<td>0</td>
<td>$0</td>
<td>$0</td>
<td>0</td>
<td>$0</td>
<td>$0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6-10</td>
<td>2</td>
<td>$160,657</td>
<td>$80,328</td>
<td>1</td>
<td>$49,862</td>
<td>$49,862</td>
<td>0</td>
<td>$0</td>
<td>$0</td>
<td>0</td>
<td>$0</td>
<td>$0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11-15</td>
<td>6</td>
<td>$413,865</td>
<td>$68,977</td>
<td>4</td>
<td>$456,638</td>
<td>$114,160</td>
<td>5</td>
<td>$483,946</td>
<td>$96,789</td>
<td>4</td>
<td>$355,264</td>
<td>$88,816</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16-21</td>
<td>21</td>
<td>$2,459,811</td>
<td>$117,134</td>
<td>22</td>
<td>$2,500,185</td>
<td>$113,645</td>
<td>26</td>
<td>$3,061,673</td>
<td>$117,757</td>
<td>27</td>
<td>$3,221,215</td>
<td>$119,304</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The number of Autism Waiver participants receiving intensive residential habilitation services remained the same from FY 2010 to FY 2011.

In FY 2011, expenditures for this service were approximately $3.6 million. On average, Medicaid paid $115,370 per person for users of this service.
Figure 18. Use of Intensive Day Habilitation Services by Autism Waiver Participants, by Age Group

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Users</th>
<th>Expenditures</th>
<th>Expenditures Per User</th>
<th>Users</th>
<th>Expenditures</th>
<th>Expenditures Per User</th>
<th>Users</th>
<th>Expenditures</th>
<th>Expenditures Per User</th>
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</thead>
<tbody>
<tr>
<td>0-5</td>
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<td>0</td>
<td>0</td>
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<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6-10</td>
<td>199</td>
<td>$370,465</td>
<td>$1,862</td>
<td>165</td>
<td>$408,795</td>
<td>$2,478</td>
<td>103</td>
<td>$339,883</td>
<td>$3,300</td>
</tr>
<tr>
<td>11-15</td>
<td>254</td>
<td>$493,187</td>
<td>$1,942</td>
<td>316</td>
<td>$750,495</td>
<td>$2,375</td>
<td>374</td>
<td>$1,366,317</td>
<td>$3,653</td>
</tr>
<tr>
<td>16-21</td>
<td>164</td>
<td>$380,466</td>
<td>$2,320</td>
<td>217</td>
<td>$581,436</td>
<td>$2,679</td>
<td>278</td>
<td>$1,108,874</td>
<td>$3,989</td>
</tr>
<tr>
<td>22</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>All Users</td>
<td>618</td>
<td>$1,244,706</td>
<td>$2,014</td>
<td>698</td>
<td>$1,740,726</td>
<td>$2,494</td>
<td>755</td>
<td>$2,815,074</td>
<td>$3,729</td>
</tr>
</tbody>
</table>

Note: Starting in FY 2009, the allowable number of respite care hours per year increased from 168 to 336.

Source: DSS

Figure 19. Use of Respite Care Services by Autism Waiver Participants, by Age Group

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Users</th>
<th>Expenditures</th>
<th>Expenditures Per User</th>
<th>Users</th>
<th>Expenditures</th>
<th>Expenditures Per User</th>
<th>Users</th>
<th>Expenditures</th>
<th>Expenditures Per User</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6-10</td>
<td>199</td>
<td>$370,465</td>
<td>$1,862</td>
<td>165</td>
<td>$408,795</td>
<td>$2,478</td>
<td>103</td>
<td>$339,883</td>
<td>$3,300</td>
</tr>
<tr>
<td>11-15</td>
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<td>$493,187</td>
<td>$1,942</td>
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<td>$750,495</td>
<td>$2,375</td>
<td>374</td>
<td>$1,366,317</td>
<td>$3,653</td>
</tr>
<tr>
<td>16-21</td>
<td>164</td>
<td>$380,466</td>
<td>$2,320</td>
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<td>$2,679</td>
<td>278</td>
<td>$1,108,874</td>
<td>$3,989</td>
</tr>
<tr>
<td>22</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>All Users</td>
<td>618</td>
<td>$1,244,706</td>
<td>$2,014</td>
<td>698</td>
<td>$1,740,726</td>
<td>$2,494</td>
<td>755</td>
<td>$2,815,074</td>
<td>$3,729</td>
</tr>
</tbody>
</table>

Note: Starting in FY 2009, the allowable number of respite care hours per year increased from 168 to 336.

Source: DSS

In FY 2011, intensive day habilitation services were used by 10 (or 1% of the) Autism Waiver participants, at a total cost of $33,794. Average per person costs in FY 2011 were $3,379.

The number of Autism Waiver participants using respite care services increased in each of the four reporting years. In FY 2011, 770 (or 86% of the) Autism Waiver participants received respite care services, at a total cost of $2.8 million. Average per person expenditures in FY 2011 were $3,619.
The number of users and expenditures for therapeutic integration services increased in each of the four reporting years. In FY 2011, 405 Autism Waiver participants received these services, at a collective cost of $3.9 million.
Medicaid non-waiver expenditures for Autism Waiver participants increased in each of the reporting years. By FY 2011, non-waiver expenditures totaled $11.6 million.

The largest payment category for non-waiver services has consistently been the amount paid to MCOs to cover medical services like physician visits, prescription drugs, and hospital stays.

Apart from capitation payments, the largest non-waiver expenditure categories are medicine from somewhere other than a pharmacy, and individualized education plan/individualized family service plan (IEP/IFSP) school health-related services. There was also a notable increase in expenditures for dental services for Autism Waiver participants in FY 2011.

### Figure 21. Medicaid Non-Waiver Expenditures for Autism Waiver Participants

<table>
<thead>
<tr>
<th>Expenditure Category</th>
<th>FY 08</th>
<th>FY 09</th>
<th>FY 10</th>
<th>FY 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental</td>
<td>$3,873</td>
<td>$1,630</td>
<td>$95,917</td>
<td>$104,406</td>
</tr>
<tr>
<td>DME/DMS</td>
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<td>$58,726</td>
<td>$42,737</td>
<td>$72,405</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$1,469</td>
<td>$1,648</td>
<td>$1,618</td>
<td>$2,148</td>
</tr>
<tr>
<td>EPSDT Therapeutic Nursery</td>
<td>$46,316</td>
<td>$45,487</td>
<td>$78,179</td>
<td>$94,892</td>
</tr>
<tr>
<td>Home Health/Personal Care</td>
<td>$56,077</td>
<td>$50,940</td>
<td>$64,396</td>
<td>$55,859</td>
</tr>
<tr>
<td>IEP/IFSP School Health-Related</td>
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<td>$672,355</td>
<td>$811,420</td>
<td>$804,650</td>
</tr>
<tr>
<td>Inpatient</td>
<td>$203,753</td>
<td>$244,466</td>
<td>$700,602</td>
<td>$456,225</td>
</tr>
<tr>
<td>Medicine*</td>
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<td>$1,749,557</td>
<td>$1,616,618</td>
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<td>Mental Health</td>
<td>$66,110</td>
<td>$67,609</td>
<td>$24,712</td>
<td>$3,273</td>
</tr>
<tr>
<td>MCO Capitation Payments**</td>
<td>$4,434,535</td>
<td>$4,498,868</td>
<td>$4,390,572</td>
<td>$4,727,862</td>
</tr>
<tr>
<td>Outpatient</td>
<td>$650,859</td>
<td>$686,781</td>
<td>$629,029</td>
<td>$686,877</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>$1,669,110</td>
<td>$1,612,120</td>
<td>$1,274,477</td>
<td>$1,181,290</td>
</tr>
<tr>
<td>Transportation</td>
<td>$112,881</td>
<td>$80,997</td>
<td>$58,775</td>
<td>$63,788</td>
</tr>
<tr>
<td>Waiver Coordination</td>
<td>$1,495,600</td>
<td>$1,733,325</td>
<td>$1,661,425</td>
<td>$1,684,900</td>
</tr>
<tr>
<td>Other+</td>
<td>$83,462</td>
<td>$98,335</td>
<td>$86,001</td>
<td>$163,021</td>
</tr>
<tr>
<td>Total</td>
<td>$10,930,894</td>
<td>$11,602,664</td>
<td>$11,536,480</td>
<td>$11,571,601</td>
</tr>
</tbody>
</table>

*Medications received from a source other than a pharmacy (i.e., inpatient hospitalization, clinic).

***“MCO (managed care organization) capitation payments” are fixed monthly amounts paid to MCOs to provide services to enrolled Medicaid participants. Capitation payments are based on actuarial projections of medical utilization. MCOs are required to provide all covered, medically necessary Medicaid services within that capitated amount.

+“Other” includes Medicaid non-waiver services other than those listed above and those provided under the waiver that are paid by Medicaid on behalf of Medicaid waiver participants.

Source: DSS
Medicaid expenditures for ongoing waiver coordination consistently accounted for nearly 85% of waiver coordination expenditures.
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