

Report to the Office of the Legislative Fiscal Analyst

Disabilities Waiting List and Needs Assessment Study

Prepared by

State of Utah
Department of Human Services
Division of Services for People with Disabilities

This report is submitted in response to the following intent language passed in the 2014 Legislative General Session:

“The Legislature further intends DSPD provide to the Office of the Legislative Fiscal Analyst no later than September 1, 2014 a report that includes a(n): 1) detailed description of the current Needs Assessment process, 2) review of other options and their impact including possible modifications to current statute, 3) review of relevant data informing why individuals are currently not receiving services, and 4) assessment of other states processes and how they determine who receives funding. The Legislature further intends that the study include supported employment to determine if we are being successful in keeping people off of the waiting list.”

Background

The Division of Services for People with Disabilities (DSPD) lacks enough funding to provide basic health and safety support to all Utahns with disabilities who have an immediate need for division services. DSPD provides supports to new service recipients only when funding is released through either:

- 1) Natural Attrition- This occurs when existing service recipients become not eligible, pass away, move out of state, or decline continued DSPD services.

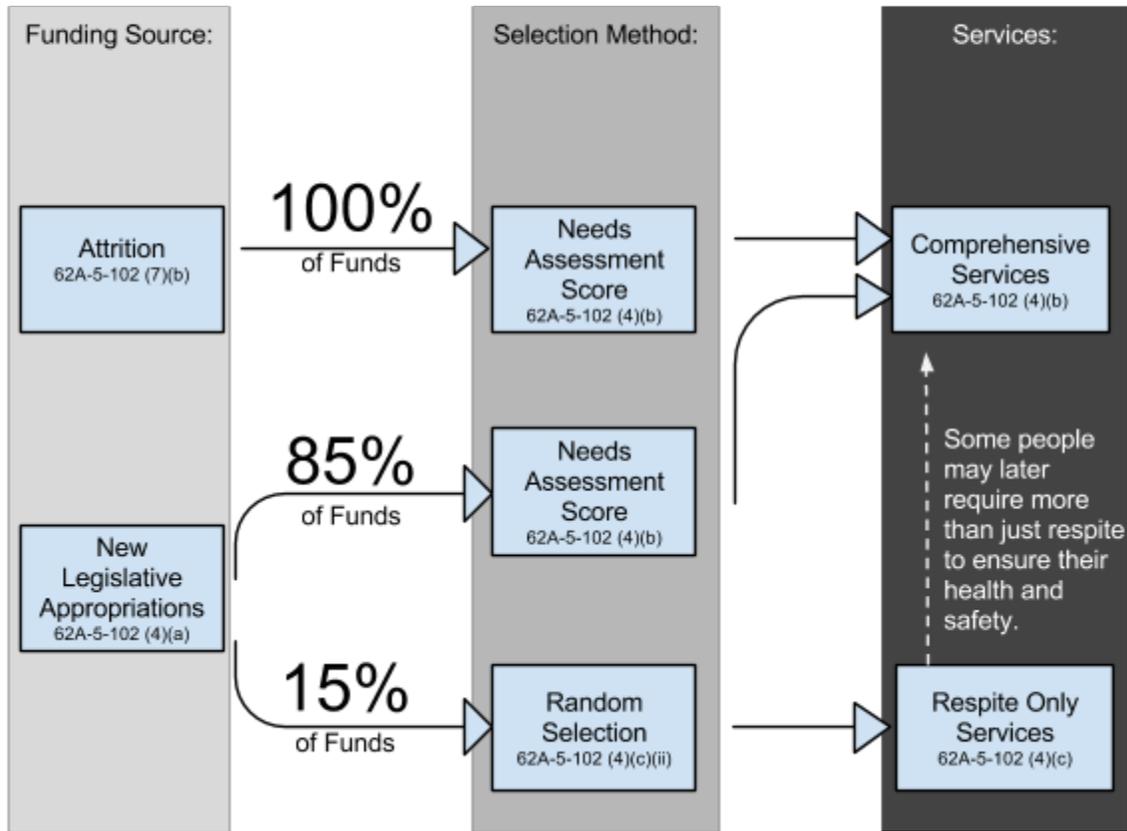
- 2) New Legislative Appropriations- This can occur as part of the budgeting process if the legislature appropriates new funds.

Until funding from one of these two sources is allocated to a person, they will remain on the DSPD waiting list. Selection from the waiting list into the DSPD service system can happen through one of two methods:

- 1) Needs Assessment Score- This score is a combination of four factors: Urgency of need, severity of disability, ability of parent/guardian, and time spent waiting.

- 2) Random Selection- Regardless of a person’s needs assessment score, some people may be randomly selected for respite services.

The method DSPD uses to determine service entry is driven by the funding source as mandated in statute (Utah Annotated Code, 62A-5-102). The process chart on the following page can be referenced to help navigate and understand the existing statutory language in Utah Annotated Code, 62A-5-102.



Only those people who are waiting for respite as their sole service are considered for random selection into respite only services. However, when considering new people for comprehensive services, all people waiting are evaluated and considered through the needs assessment process. The purpose of this report is to detail and explain the needs assessment scoring process and explore options for revising the current needs assessment tool.

The Current Needs Assessment

As mandated by State law, four concepts are measured in the needs assessment as follows:

	Assessment Concept	UAC 62A-5-102 (4)(b)
	Urgency of need	(ii) urgency of the need for services;
	Severity of applicant's disability	(i) severity of the disability;
	Caregiver barriers	(iii) ability of a parent or guardian to provide the person with appropriate care and supervision;
	Time spent waiting	(iv) length of time during which the person has not received services from the division.



Urgency of Need

The urgency of the applicant's need, as operationalized by the needs assessment, seeks to identify those people in crisis. This is a dichotomous variable looking for merely the presence or absence of need urgency. Therefore, people who meet several urgency of need criteria are not presumed to be of higher need than those who cross the minimum threshold by meeting only one criterion. Some examples of urgency of need criteria include:

1. People who are homeless
2. People who lost their caregiver
3. People who are in extreme danger to themselves or someone else

Since the urgency of need measure is a dichotomous variable, only two possible values of a score exist (0 or 1). Few people (2.4% of those waiting) actually meet the strict criteria in the

need urgency variable.

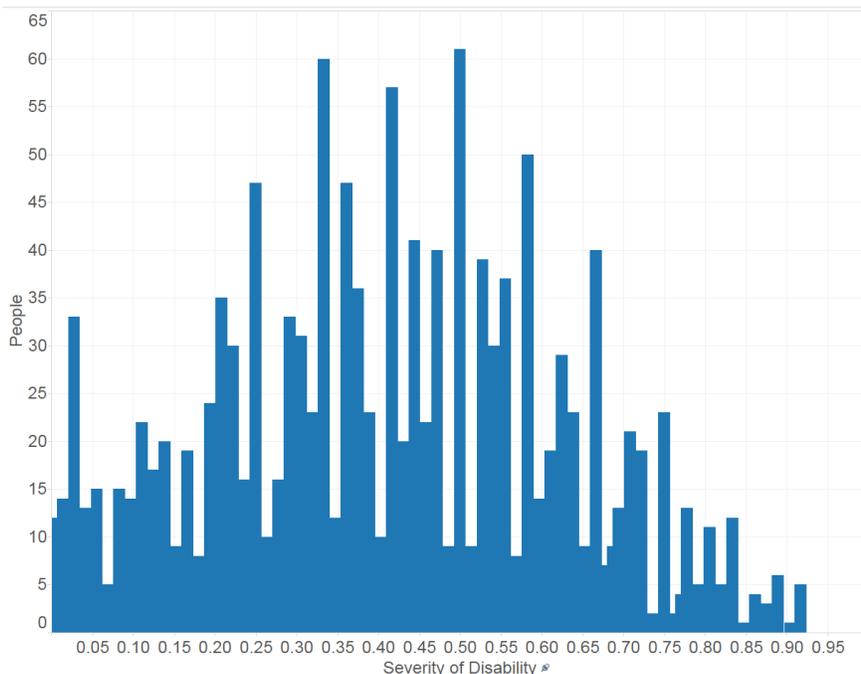


Severity of Disability

The purpose of the severity of disability measure is to identify those people who need the most frequent and intensive support from a caregiver. Examples of those scoring higher on this measure include:

1. People who are unable to be left home alone
2. People needing support a high percent of the day
3. People with several problem behaviors (running/bolting, hurtfulness to self/others, social offensiveness, property destruction)

Actual Distribution of Severity of Disability Scores:



The severity of the applicant's disability is measured by averaging two scaled categorical variables and one continuous variable into a single continuous variable. Therefore, a range of scores are seen on this measure between 0 and 1 as shown in the chart at left.

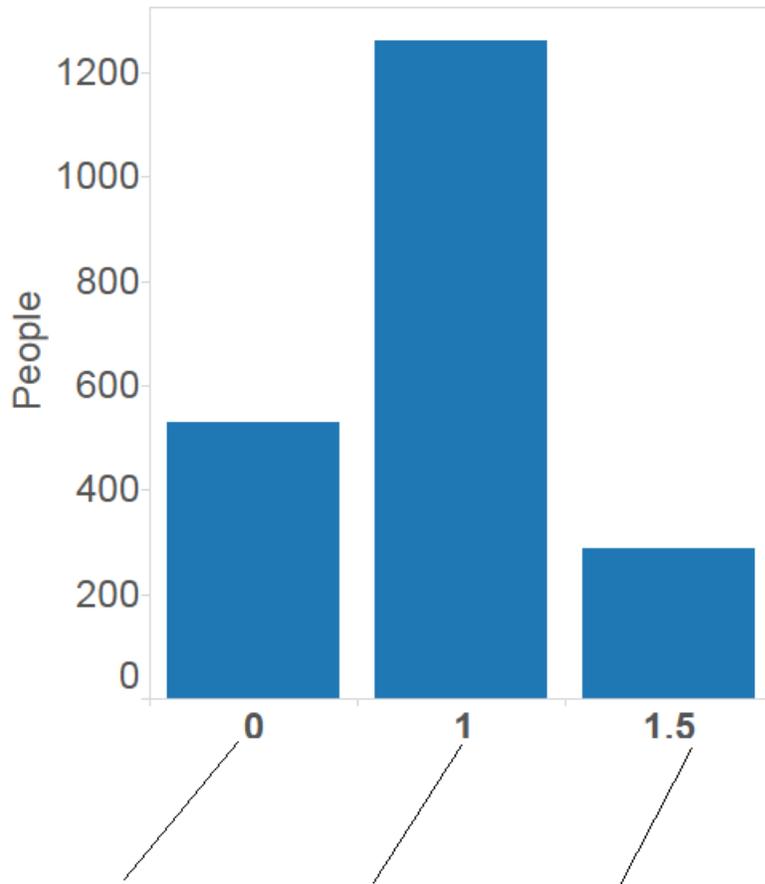


Caregiver Barriers

The purpose of the caregiver barrier measure is to identify those families who have an obstacle to caring for the applicant. Examples include:

1. Elderly or terminally ill caregiver
2. No access to transportation
3. Single caregiver
4. History of abuse, neglect, exploitation
5. Household living in poverty

Actual Distribution of Caregiver Barrier Scores



Those people who meet the urgency of need criteria outlined earlier are considered to meet the caregiver barrier criteria and receive an additional half point. Households living in poverty also receive the additional half point. Therefore, the maximum number of points that a person can receive for caregiver barriers is 1.5. Three possible scores exist for the caregiver barriers measure (0, 1, and 1.5). The actual distribution of scores is shown in the chart at left with an explanation of the scoring for each value below.

Absence of caregiver barriers	Presence of caregiver barriers	Presence of caregiver barriers AND Urgency of Need =1 OR Household living in poverty
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Interaction Variable

A multiplicative interaction variable is used to accentuate the scores of people who require a lot of caregiver support due to the severity of their disability while the caregiver is encountering some barrier to caring for the applicant. A multiplicative, rather than additive, interaction variable helps emphasize those

people with deficits in both areas. The following matrix demonstrates how multiplication yields a high score for only this subset of the population:

		Caregiver Barriers	
		 OR 	
		Absent	Present
Severity of Disability 	Low	Interaction: Low	Interaction: Low
	High	Interaction: Low	Interaction: High

In calculating the interaction variable, caregiver barriers are measured as a dichotomous variable such that those scoring a 1.5 in the section above receive a score of 1 for the purposes of the interaction calculation. The product of the severity of disability variable and the caregiver barrier variable is doubled yielding a final value for the interaction variable.

Formula

$$\text{Severity of Disability } \{0 \text{ to } 1\} \times \text{Caregiver Barriers } \{0 \text{ or } 1\} \times 2 = \{0 \text{ to } 2\}$$

In terms of the final score, the interaction variable is weighted the heaviest. This variable is an amalgamation of multiple needs assessment concepts and is the best depiction of measuring the interplay between the person and their caregiver. By including the interaction variable, measuring high on severity of disability and caregiver barriers both become necessary for achieving a high score. Without a caregiver barrier, the zeroing out effect of multiplication will yield a low final score. By maintaining the continuous variable of disability severity in the interaction calculation, the result is the ability to differentiate between measure values for the roughly top three quarters of the most critical applicants. While 25% of people on the waiting list have a zeroed out value for their interaction variable, the remaining 75% have scores distributed across the continuum up to the maximum of two.

Time Spent Waiting Variable

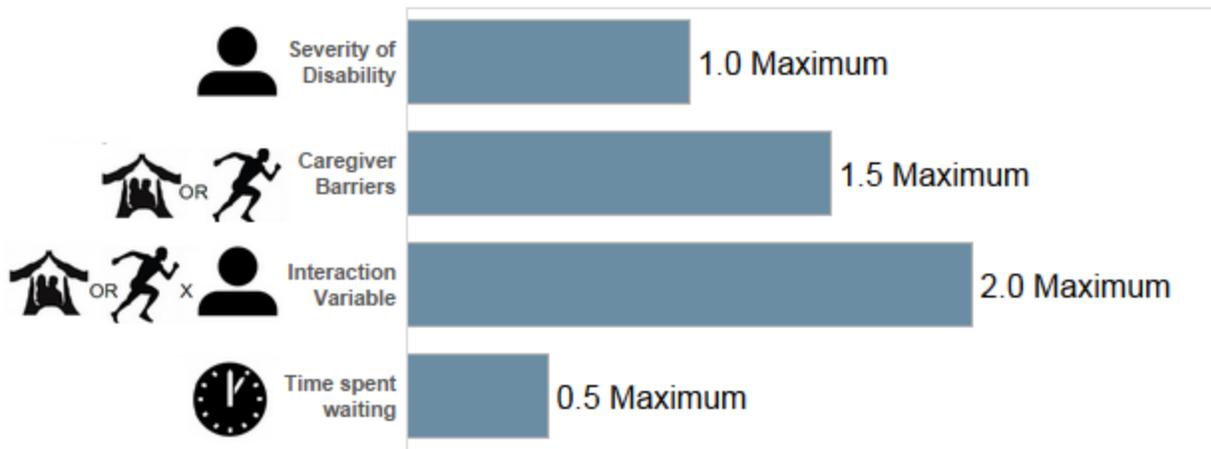


The final variable measured in calculating the raw needs assessment score is the number of months that the person has spent waiting for services. Maximum point attainment occurs at five years of waiting for DSPD services. This measure is system-calculated and updated nightly. 58% of the people on the

waiting list have achieved the maximum number of points on this section. The cap on this variable discourages people from applying during infancy when services won't be needed until adulthood. Eligibility documentation can be difficult for a family to obtain during infancy.

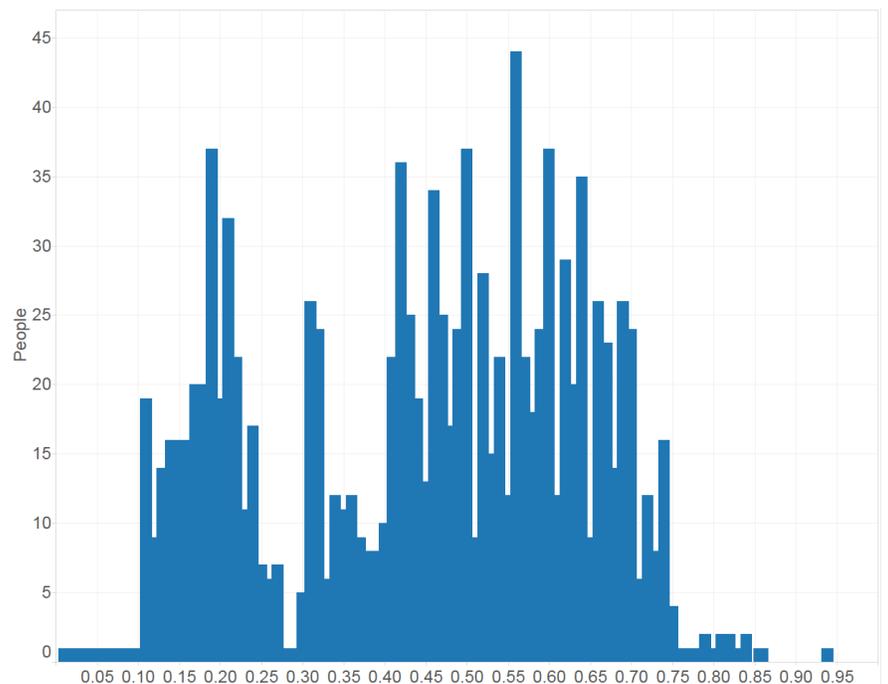
Final Score (5 Points Total)

The sum of four factors is used to calculate a person's final raw score on the needs assessment. This score is divided by five and yields a final raw score on a scale of 0 to 1. The formula used for calculating the raw score is shown below.



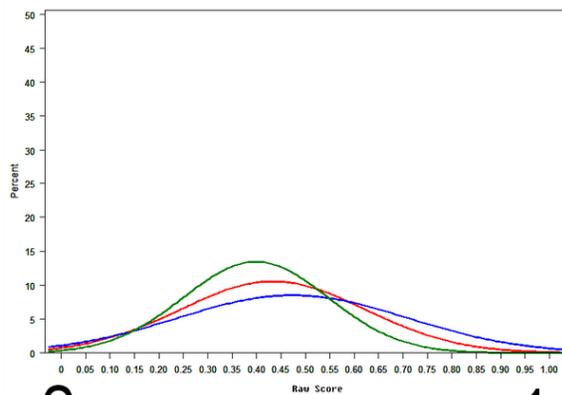
Actual Distribution of Raw Scores

Due to known scoring differences between populations there is a need to standardize raw scores. Compared to adults with intellectual disabilities/related conditions, people with acquired brain injuries tend to score a little lower while



children tend to score a little higher. Furthermore, people qualifying for physical disability services use an entirely different assessment on an entirely different scale. Due to these scoring and assessment differences, it is necessary to standardize needs assessment scores. The purpose of standardizing scores is to ensure people's assessment data are only being compared to like people within their same group. Scores are redistributed normally and uniformly, preserving the original raw score order within each of the four groups. The impact of standardization is that funding the top (e.g.) 10% of the waiting list is effectively funding the top 10% of each of the four groups. The charts below show the impact of standardization through distributions both before and after.

Score distribution within four groups, before standardization:

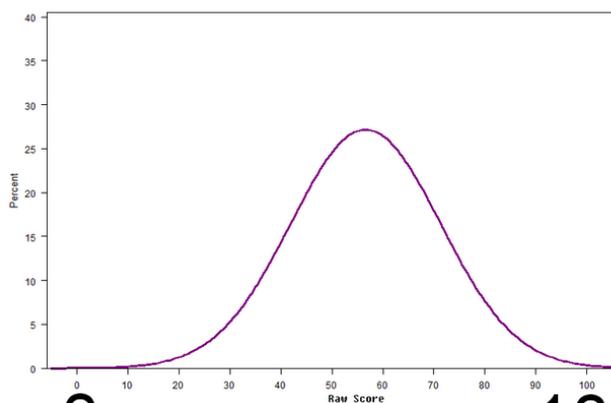


- **People with an acquired brain injury**
(tend to score a little lower)

- **Children with intellectual disabilities or related conditions** (tend to score slightly higher)

- **Adults with intellectual disabilities or related conditions**

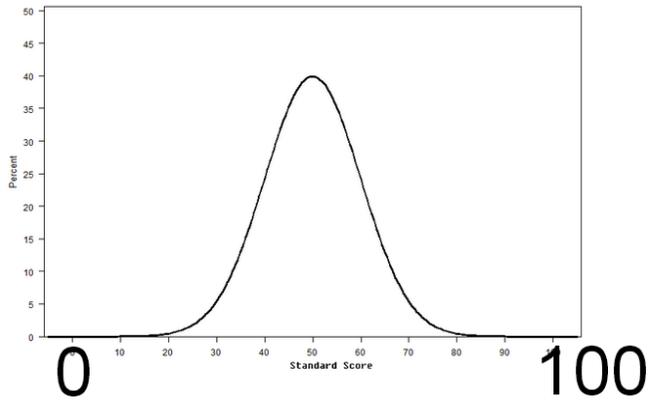
0 1.0



- **People with physical disabilities**

0 100

Score distribution within four groups, after standardization:



Waiting List Funding Process

At the time of funding allocation, the entire waiting list is sorted by the standardized score high to low. Estimated costs are derived based on which services the family purports to need and the average historic cost for those services. A running total, or cumulative cost, is calculated and used to determine which people are within funding range based on their standardized scores. The example below, based on real data sans identifiable information, illustrates the funding process when given a hypothetical \$1.1 million dollar General Fund allocation for the waiting list.

Funding process example

Standardized Score	Order	Estimated Cost	Cumulative Cost	Pseudonym
76.05249555	1	\$ 19,864.09	\$ 19,864.09	Regina Bartsch
75.76608558	2	\$ 4,313.65	\$ 24,177.74	Bettina Brumback
71.71361217	3	\$ 4,313.65	\$ 28,491.39	Love Ellefson
71.49837564	4	\$ 19,864.09	\$ 48,355.48	Shella Mcfarling
70.68047682	5	\$ 6,373.29	\$ 54,728.78	Selma Matlock
61.89882633	160	\$ 3,058.18	\$ 1,082,815.34	Candie Muth
61.89882633	160	\$ 4,313.65	\$ 1,082,815.34	Doretta Faris
61.89882633	160	\$ 4,313.65	\$ 1,082,815.34	Loyd Bourke
61.89882633	160	\$ 5,532.57	\$ 1,082,815.34	Kina Younger
61.89882633	160	\$ 4,086.51	\$ 1,082,815.34	Francie Hovis
61.89882633	160	\$ 7,992.27	\$ 1,082,815.34	Shiela Goolsby
61.89882633	160	\$ 5,532.57	\$ 1,082,815.34	Miguel Carone
61.89882633	160	\$ 4,313.65	\$ 1,082,815.34	Penney Criddle
61.89882633	160	\$ 6,373.29	\$ 1,082,815.34	Mee Laurent
61.89882633	160	\$ 7,992.27	\$ 1,082,815.34	Deb Jones
61.89882633	160	\$ 4,313.65	\$ 1,082,815.34	Maynard Hartman
61.89107782	182	\$ 4,313.65	\$ 1,087,128.99	Darrell Vannatta
61.84200389	183	\$ 4,313.65	\$ 1,091,442.64	Solomon Scherer
61.82478497	184	\$ 3,058.18	\$ 1,094,500.82	Kirstie Rudisill
61.80756604	185	\$ 3,058.18	\$ 1,097,558.99	Jeff Gabrielli
61.72663711	186	\$ 3,058.18	\$ 1,104,930.82	Samara Leven
61.72663711	186	\$ 4,313.65	\$ 1,104,930.82	Alline Vanscoy
61.6612052	188	\$ 4,313.65	\$ 1,109,244.47	Eugene Jimison
61.59491235	189	\$ 7,992.27	\$ 1,120,294.91	Dean Ledgerwood
61.59491235	189	\$ 3,058.18	\$ 1,120,294.91	Rosaline Deschaine
61.57511059	191	\$ 4,313.65	\$ 1,124,608.57	Polly Rockey
61.51140058	192	\$ 4,313.65	\$ 1,128,922.22	Burl Keech
61.38225866	193	\$ 7,992.27	\$ 1,276,658.78	John Stedman
61.38225866	193	\$ 5,532.57	\$ 1,276,658.78	Noma Grimosa

Target Allocation: \$1,100,000 General Fund

1. A list of all people waiting is sorted by their standardized score

Not all records are shown for this illustrative example.

2. Target allocation is met. Those in orange are identified to be removed from the waiting list and brought into comprehensive services.

3. Those in white will continue to wait.

Exceptions to the Needs Assessment Process

Occasionally DSPD learns of people in severe crisis who may be authorized for service entry. These are people in an extremely unique situation and their needs assessment does not adequately capture their severe need. Other times, people are indeed assessed as having severe needs through the assessment process and are in dire need of services. These people are referred to, reviewed by, and ultimately may be authorized for service entry by the Emergency Services Management Committee.

Review of other options and their impact including possible modification to current statute & an assessment of other states processes and how they determine who receives funding.

Process for revising current DSPD needs assessment process

The University of Utah Center for Public Policy & Administration (CPPA) is under contract with the Division of Services for People with Disabilities to develop a valid, reliable and transparent methodology for using the needs assessment tool to determine placement on the DSPD wait list for services. CPPA began the project in December 2013, first meeting with DSPD staff to assess and evaluate current needs assessment processes, and studying the waiting list management approaches used in other states. The project staff obtained and evaluated the disability needs assessment tools used in Utah and other states with a similar approach for determining access to services. Following this work, input was sought from a variety of stakeholders engaged in and impacted by the needs assessment process in Utah. To engage stakeholders in the process, the DSPD director invited service provider representatives, and all individuals and family members on the Utah Waiting List to provide input. A survey was created and administered to all stakeholders expressing willingness to participate. The survey asked participants to rank assessment factors used in prioritizing need for disability services and to rate the needs of individuals described in scenarios typical of those seeking DSPD services. Survey results were compiled and shared at an August 4, 2014 meeting with individuals, family members, providers, and DSPD staff. Participants at the meeting provided insight and suggestions into factors that should be considered in a revised needs prioritization process.

A valid and reliable needs assessment tool is now being developed to meet statutory requirements and address expressed concerns of stakeholders about the existing DSPD process. CPPA continues to seek input from stakeholders who have been involved with the survey and factor discussion groups. In Fall of 2014, the new tool will be tested with the

existing waiting list and any necessary modifications will be made, resulting in a tool that produces a valid, reliable, and transparent waiting list process.

Modification to current statute

At the present time CPPA has not identified a reason to change the Utah statute pertaining to the DSPD Waiting List [Title 62a, Section 102(4)(a)-(c)]. There are four criteria specified in the code (*i.* severity of disability, *ii.* urgency of the need for services, *iii.* ability of a parent or guardian to provide the person with appropriate care and supervision, and *iv.* length of time during which the person has not received services from the division). Up to this point, CPPA has found these criteria to be appropriate and serving the state well. Recommendations for changing the statute may arise later in the development process.

4) Assessment of other states' processes and how these states determine who receives funding

The University of Utah Center for Public Policy & Administration (CPPA) has evaluated approaches used in other states managing disability services waiting lists. These lists may be referred to as waiting lists, planning lists, interest lists, or registries, but they all share the common function of managing a list of individuals eligible to receive services, upon the availability of additional funding. Most states manage wait lists at the state level, but a small number delegate the management of wait lists to sub-state regions. Though agencies generally manage statewide lists, not all states manage a single comprehensive list; most instead opt to maintain separate lists organized by disability type or applicable Medicaid Waiver type. Waiting lists and the type of individuals waiting within each state varies dramatically. A 2012 report by the Kaiser Family Foundation found that 62% of persons on Waiver-based waiting lists fall into the intellectual or developmental disability category; 29% seek services because they are aged/disabled and only a small proportion are seeking services related to physical disabilities, traumatic brain injury, or other categorizations.ⁱ

Among states that maintain waiting lists there is great variability in how those lists are managed, and more particularly how individuals are prioritized to come off the waiting lists when additional funds become available. A survey of state agencies conducted by the University of Minnesota in 2002 provides useful insight into how much weight states give the following factors:

- Severity of Disability

- Length of time waiting
- Crisis/Emergency in family
- Cost of Needed Service
- Availability of Needed Service
- Age of Consumer
- Advocacy/Family Influence
- Anticipated Benefits of Services
- Age of Parent/Caregiver
- Risk in Present Situation
- Termination of present services

Most states placed high importance on factors like “crisis/emergency in family” or “risk in present situation,” and relatively few states found it important to consider “cost of service needed” or the “age of consumer.” There was more variation found among states on the weight given to factors like “length of time waiting” or “severity of disability”.ⁱⁱ

In addition to the variation in the types of factors considered in managing waiting lists there is also variation in the procedures used to manage and prioritize these lists. While the details differ from state to state, generally, these policies can be grouped into four categories: no waiting lists, pure chronological ranking, categorical + chronological rankings, and scoring criteria rankings.

No Wait List

Several states have no wait list or choose not to maintain wait lists. In 2011, ten states reported having no waiting lists.ⁱⁱⁱ Among these states are Hawaii, Idaho, Massachusetts, New Hampshire, North Dakota, and Oregon. Even among states without wait lists, there may still be a need for prioritization of type and nature of services provided.

Pure Chronological Rankings (“First Come, First Served”)

A few states have opted to order their wait list based on a single factor – time spent waiting for services. Individuals are placed on the list in chronological order, generally by the date of their application for services or completion of assessment. State policies may give some guidelines for prioritizing among individuals with the same application date (essentially “tied” in ranking on the list), but the general principle guiding the order of the list is that services simply go next to the person who has been “in line” the longest. Some states may make a few exceptions for crisis cases, but generally their state policy is first-come, first served. States that take this approach

include Colorado, Indiana, Iowa, Louisiana, New Mexico, and Wisconsin.

Categorical + Chronological Rankings

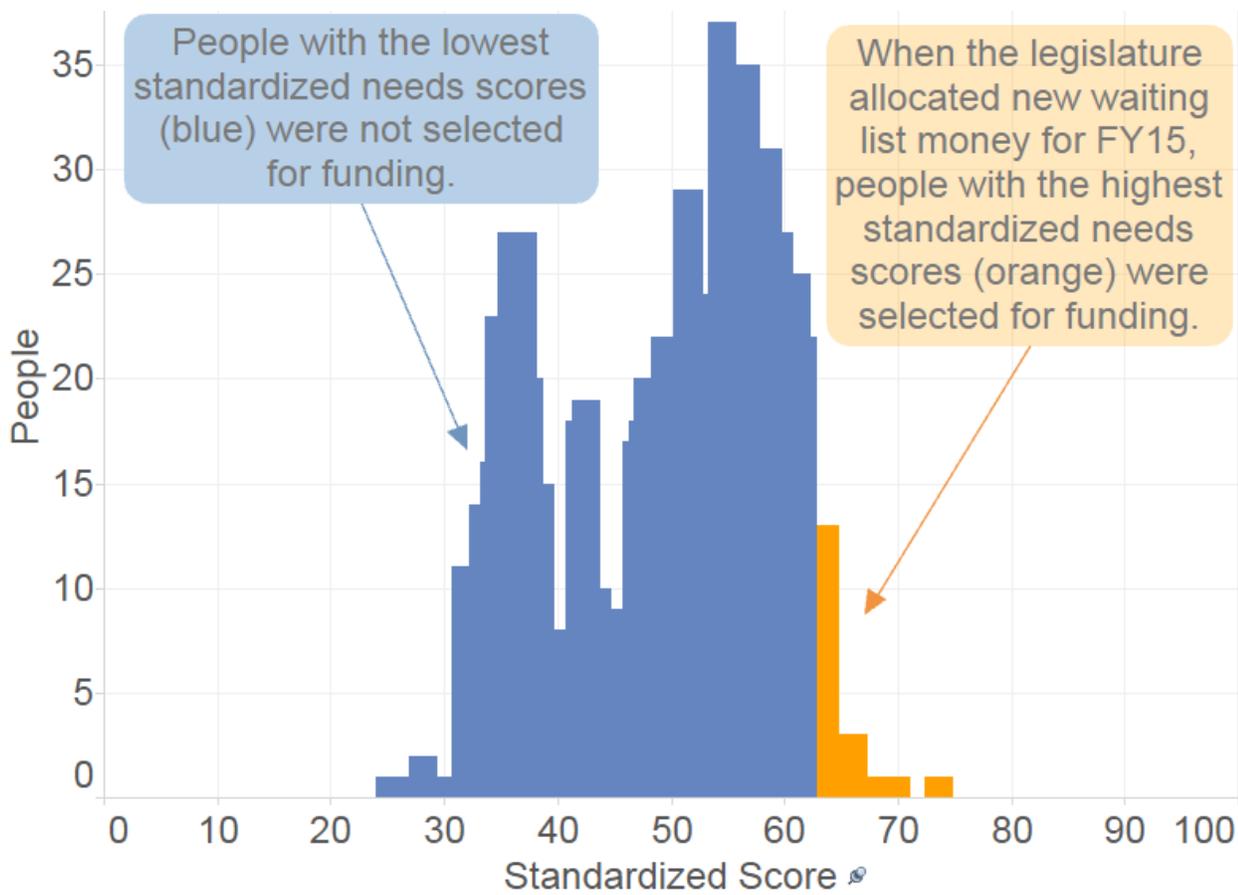
Many states choose to order their wait lists through a combination of categorical groupings and chronological rankings. Generally, individuals are assessed and placed into categories; within these categories, individuals are ordered by date of application. Examples of categories are: caregiver is incapacitated, child is a ward of the child welfare system, and adult is exiting the public school system and requires support for employment.^{iv} The categories themselves may be ranked so that the top category of individuals receives services before the list proceeds onto the next category. The nature of the assessments and the type and number of categories vary widely across agencies. States that follow this model include Arkansas, Florida, Kentucky, Maryland, and New Jersey.

Prioritization of Need Rankings

While states that use the categorical + chronological method use eligibility assessment to determine categorization into a category and then follow first-come first-served through that list, other states choose to operate a dynamic list that ranks individuals based on a score. The scoring criteria may take into account the nature of need, the levels of support, the urgency of need, and the amount of time an individual has been waiting – among other factors. States that generate such scores and use them for ranking their wait list include Alaska, Delaware, Missouri, and Connecticut. Utah's process fits this approach. The needs assessment criteria enumerated in Utah Statute include: severity of the disability, urgency of the need for services, ability of the parent or guardian to provide the person with appropriate care and supervision, and length of time during which the person has not received services from the division.

Waiting List Selection, Supply and Demand

Whether or not a person is selected for services is due largely to how their needs assessment score positions them in relationship to other people waiting for DSPD services. The rising



demand on the DSPD service system coupled with years of little or minimal new waiting list funding has made it difficult for many Utahns with disabilities to acquire division services.

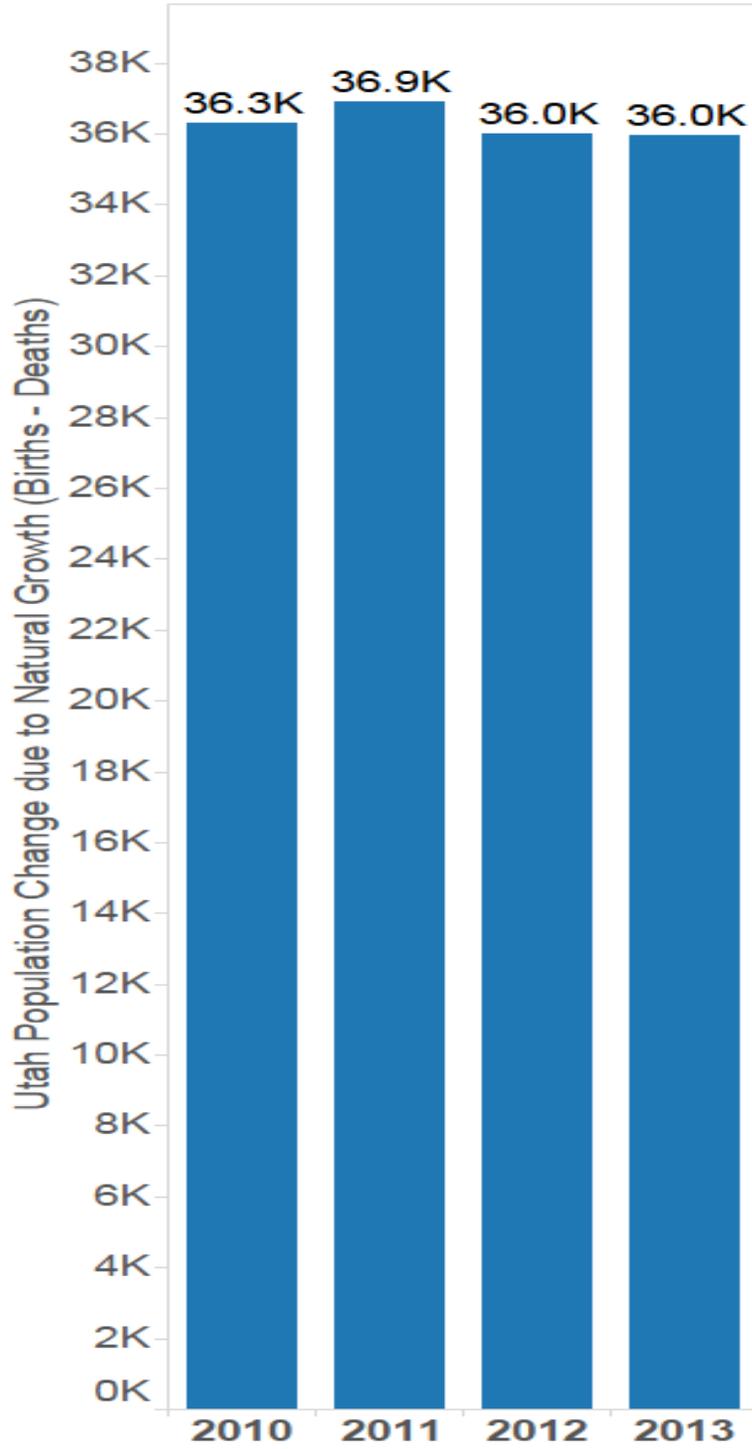
Utah Natural Population Growth

The Rising Demand for Services

There are several factors that could influence growing demand on the DSPD service system including growth in population and growth in disability prevalence. Growth in population is achieved through so-called natural growth (more annual births than deaths) and through net migration trends (more people migrating into than out of the state of Utah). While natural population growth through births has remained relatively constant^v (see graph on the following page) migration patterns fluctuate and are largely affected by economic factors.

The annual number of new applicants found eligible for DSPD services and placed on the waiting list appears to have some relationship with annual state in-migration levels (see chart on

following page). In 2013, in-migration levels have rebounded as Utah's economy has improved^v. If this relationship persists and in-migration trends continue, increased demand on DSPD could result.



Relationship between State of Utah Net in-Migration (orange) and New People being Added to DSPD Waiting List (blue).

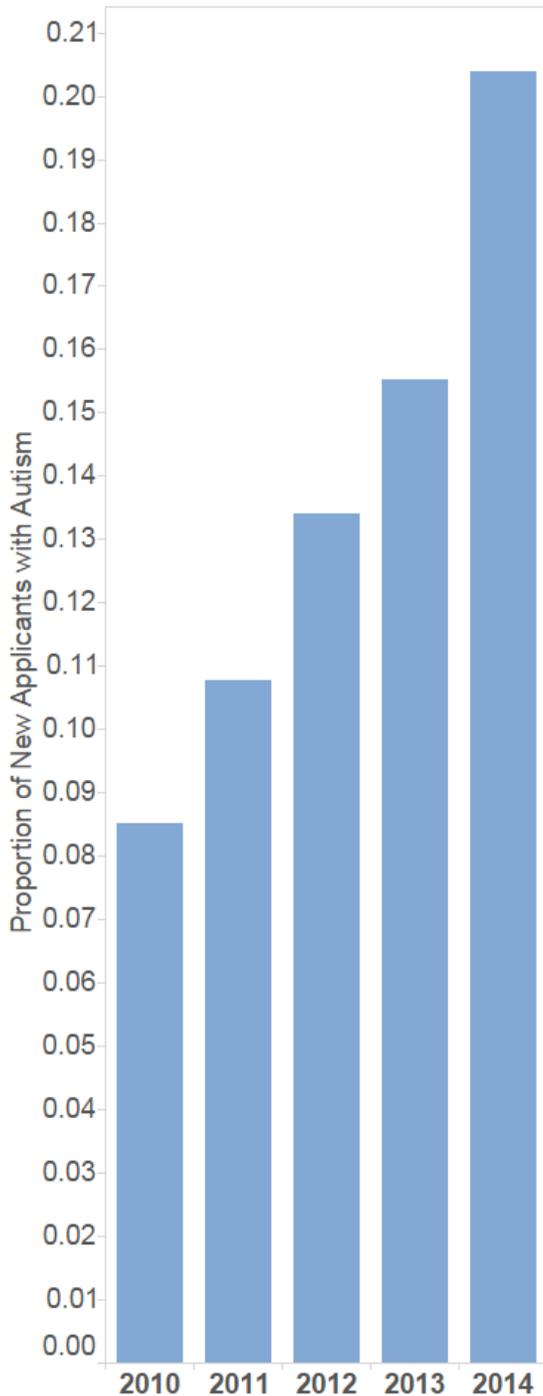


In-migration can only partially explain increasing demand on the DSPD service system. In fact, the majority (64.8%) of new FY14 applicants placed on the waiting list are native-born Utahns. Despite the relationship between in-migration levels and new application rates, other factors must also be affecting DSPD demand levels.

Rising Autism Prevalence Levels

While growth in population due to births and in-migration explain part of rising DSPD demand levels, prevalence statistics help demonstrate what proportion of the population could need DSPD services. One cross-sectional study^{vi} found a statistically significant doubling in Utah autism prevalence levels in eight-year olds from 2002 (6.5 per 1,000) to 2008 (13.0 per 1,000). More recently, another study^{vii} found Utah's 8 year-old autism prevalence rate reached 18.6 per 1,000 in 2010. If autism prevalence rates hold steady, about 700 of the roughly 36,000 births each year could result in an autism diagnosis.

Historic Proportion of New DSPD Applicants with Autism



However, people with autism account for only a portion of the population served by DSPD. In FY2014, 20% of new waiting list applicants had an autism diagnosis (excluding roughly 200 people participating in the Autism Waiver Pilot). The chart (left) shows that this proportion has been slowly climbing each year, likely in relation to the growth in autism prevalence.

The Unmet Need

The DSPD waiting list (1,927 people on June 30, 2014) records only the known unmet need of Utahns with disabilities. Thousands more could be eligible were they to apply. A recent study^{viii} found that 54 percent of a small sample of adults with autism living in Utah have never applied for DSPD funding. Furthermore, the United States National Institutes of Health National Library of Medicine reports^{ix} 1-3 percent of the national population has an intellectual disability. Applying the most conservative statistic in this range (1 percent) to Utah's population^x of 2,763,885 (on April 1, 2010) suggests that over 25,000 Utahns could be eligible for DSPD's services. However, during the same time period, only 4,650 people (one-fifth) were on the waiting list or in the DSPD service system with an intellectual disability.

Increased Demand, Decreased Supply

While demand for DSPD services continues to climb due to factors outlined above, the supply of new waiting list allocations has remained static at best. New annual

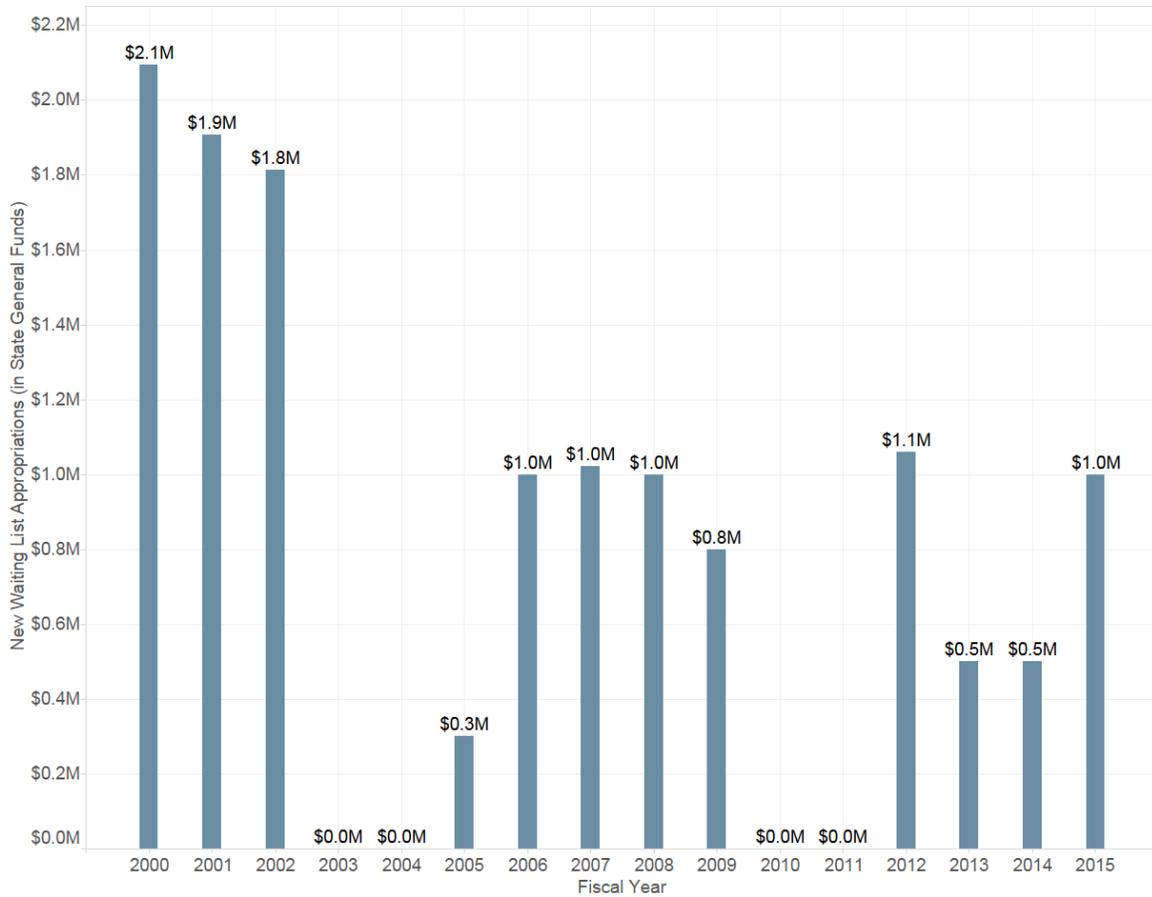
ongoing state general fund allocations of two million dollars was once the norm (2000-2002).

More recently, the legislature has allocated zero to one million each session (see chart on following page).

These allocations have been coupled with savings from attrition to reach more Utahns in

need.

Historic New Legislative Waiting List Allocations (in State General Funds)



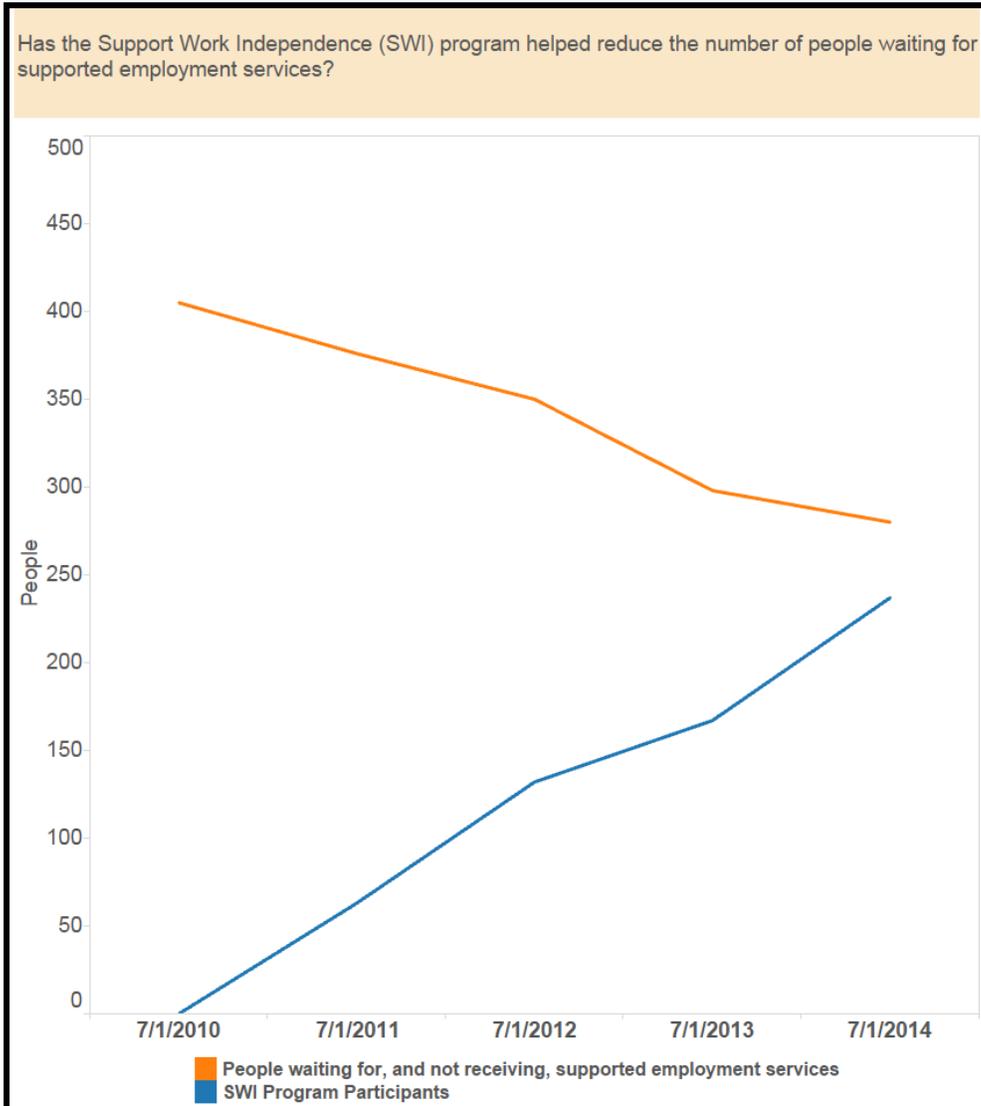
Recent statutory changes now mandate that 100% of attrition savings be applied to the DSPD waiting list. Attrition savings in combination with new waiting list monies have helped keep pace with growing demand. Larger waiting list allocations are still necessary to help offset rising demand seen through new additions to the waiting list each year. Despite generous legislative allocations, Utah still ranks^{xi} unfavorably (41 of 50 participating states + DC) in home and community based spending per state resident (see table on following page).

FY2011 Home and Community Based Spending per State Resident

State	HCBS Spending	State Population	Spending per State Resident
DC	\$182,755,000.00	618,000	\$295.72
NY	\$5,261,374,000.00	19,465,200	\$270.30
ME	\$314,041,000.00	1,328,200	\$236.44
RI	\$243,023,000.00	1,051,300	\$231.16
VT	\$137,908,000.00	626,400	\$220.16
MN	\$1,128,249,000.00	5,344,900	\$211.09
CT	\$672,406,000.00	3,580,700	\$187.79
WY	\$95,692,000.00	568,200	\$168.41
ND	\$113,644,000.00	683,900	\$166.17
OR	\$572,729,000.00	3,871,900	\$147.92
AK	\$106,418,000.00	722,700	\$147.25
PA	\$1,827,305,000.00	12,742,900	\$143.40
NH	\$186,462,000.00	1,318,200	\$141.45
NM	\$285,949,000.00	2,082,200	\$137.33
WV	\$249,295,000.00	1,855,400	\$134.36
NC	\$1,193,913,000.00	9,656,400	\$123.64
SD	\$101,292,000.00	824,100	\$122.91
WI	\$694,836,000.00	5,711,800	\$121.65
MD	\$707,167,000.00	5,828,300	\$121.33
NE	\$221,687,000.00	1,842,600	\$120.31
IA	\$355,752,000.00	3,062,300	\$116.17
KS	\$319,851,000.00	2,871,200	\$111.40
OH	\$1,179,689,000.00	11,545,000	\$102.18
DE	\$91,007,000.00	907,100	\$100.33
AZ	\$633,000,000.00	6,482,500	\$97.65
TN	\$583,159,000.00	6,403,400	\$91.07
MT	\$89,185,000.00	998,200	\$89.35
LA	\$399,348,000.00	4,574,800	\$87.29
MO	\$469,528,000.00	6,010,700	\$78.12
KY	\$340,297,000.00	4,369,400	\$77.88

NJ	\$668,774,000.00	8,821,200	\$75.81
IN	\$480,744,000.00	6,516,900	\$73.77
HI	\$101,065,000.00	1,374,800	\$73.51
OK	\$271,849,000.00	3,791,500	\$71.70
VA	\$562,873,000.00	8,096,600	\$69.52
CO	\$328,105,000.00	5,116,800	\$64.12
WA	\$430,591,000.00	6,830,000	\$63.04
ID	\$99,214,000.00	1,585,000	\$62.60
AL	\$283,512,000.00	4,802,700	\$59.03
AR	\$160,404,000.00	2,938,000	\$54.60
UT	\$151,270,000.00	2,817,200	\$53.70
CA	\$1,968,798,000.00	37,691,900	\$52.23
FL	\$959,141,000.00	19,057,500	\$50.33
SC	\$230,571,000.00	4,679,200	\$49.28
IL	\$569,178,000.00	12,869,300	\$44.23
MI	\$431,254,000.00	9,876,200	\$43.67
TX	\$1,006,941,000.00	25,674,700	\$39.22
GA	\$354,051,000.00	9,815,200	\$36.07
NV	\$72,743,000.00	2,723,300	\$26.71
MS	\$35,092,000.00	2,978,500	\$11.78
MA	Not available	6,587,500	Not Available

Supported Employment



Support Work Independence SWI (H.B. 45, 2008 General Session) was sponsored by Representative Ronda Menlove to provide employment services for people with disabilities on the waiting list for DSPD services. This program assists individuals with the most significant disabilities to obtain and maintain competitive employment in integrated settings. In order to receive services through this program, people on the waiting list must also meet Vocational Rehabilitation eligibility requirements. This program is a partnership between DSPD, the Utah State Office of Rehabilitation (USOR), private contracted providers, and employers. It has been

successful in reducing the unmet need for DSPD supported employment services. Over the last five years, SWI enrollment levels have risen steadily while the number of people still needing supported employment services has been successfully declining (shown above).

References

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ⁱⁱⁱ Kaiser Commission on Medicaid and the Uninsured and UCSF analysis of Medicaid § 1915(c) Waiver Policy Survey.

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^{iv} Examples are from Florida

http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0300-0399/0393/Sections/0393.065.html

^v State of Utah Governor's Office of Management and Budget, Demographic and Economic Analysis <http://governor.utah.gov/DEA/demographics.html> "Utah Population Estimates Committee" <http://governor.utah.gov/DEA/upec.html> (accessed 7/21/2014)

^{vi} Pinborough-Zimmerman, Judith, Amanda V. Bakian, Eric Fombonne, Deborah Bilder, Jocelyn Taylor, and William M. McMahon "Changes in the Administrative Prevalence of Autism Spectrum Disorders: Contribution of Special Education and Health from 2002-2008" *Journal of Autism and Developmental Disorders*, 2012; 42, 521-530.

^{vii} Baio, Jon "Prevalence of Autism Spectrum Disorder Among Children Aged 8 Years--Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2010" *Autism and Developmental Disabilities Monitoring Network Surveillance Year 2010 Principal Investigators. Morbidity and Mortality Weekly Report*, March 28, 2014; Vol. 63, No. 2.

^{viii} Megan A. Farley, William M. McMahon, Eric Fombonne, William R. Jenson, Judith Miller, Michael Gardner, Heidi Block, Carmen B. Pingree, Edward R. Ritvo, Riva Arielle Ritvo, and Hilary Coon "Twenty-Year Outcome for Individuals With Autism and Average or Near-Average Cognitive Abilities" *International Society for Autism Research* 2009.

^{ix} United States National Institutes of Health National Library of Medicine <http://www.nlm.nih.gov/medlineplus/ency/article/001523.htm> (accessed 7/21/2014)

^x <http://governor.utah.gov/dea/Census/2010/Cities%20and%20Counties.pdf> (Accessed: October, 2011)

^{xi} Residential Services for Persons with Intellectual and Developmental Disabilities: Status and Trends Through Fiscal Year 2011 National Residential Information Systems Project (RISP) Research & Training Center on Community Living Institute on Community Integration (UCEDD) University of Minnesota, page 68