COLORADO
Department of Health Care Policy & Financing

June 1, 2015

The Honorable Dianne Primavera, Chair
Public Health Care and Human Services Committee
200 E. Colfax Avenue
Denver, CO 80203

Dear Representative Primavera:

Enclosed please find the legislative report to the Public Health Care and Human Services Committee from the Department of Health Care Policy and Financing on Home and Community Based Services provided to Children with Autism.

Section 25.5-6-806(2)(a) requires the Department to submit a written report evaluating care plans and whether the program is meeting the goals of the waiver pursuant to 25.5-6-804(8) regarding the Home and Community Based Services provided to Children with Autism by June 1st, 2015.

The Department contracted with JFK Partners to conduct the ongoing program evaluation. The contract was finalized in April 2014 and work began immediately. JFK Partners designed a web based program for the providers to enter in data on each child. Each client received a unique ID to ensure confidentiality. JFK Partners created an online training video and conducted two webinars for providers. Overall, provider compliance with entering the requested data was low.

In addition, JFK Partners conducted a Parent Satisfaction survey to review the overall satisfaction of the program, the overall impact/importance of each service, and to receive recommendations on ways to improve the waiver.

Included is JFK Partners' final report. The report includes all information and analysis of data received from the providers and the results from the Parent Satisfaction survey.

If you require further information or have additional questions, please contact the Department's Legislative Liaison, Zach Lynkiewicz, at Zach.Lynkiewicz@state.co.us or 720-854-9882.

Sincerely,

for

Susan E. Birch, MBA, BSN, RN
Executive Director
SEB/cb

Enclosure(s): Children with Autism Waiver Program Evaluation

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Children With Autism Waiver Program Evaluation

JFK Partners
University of Colorado Denver
Anschutz Medical Campus

Angela Rachubinski, PhD
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4/1/2015

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INTRODUCTION: The Colorado Children with Autism (CWA) Waiver is available to individuals who have received a diagnosis of autism spectrum disorder (ASD) and who are at-risk for institutionalization. Children may be enrolled and receive services from birth up to, but not including, their 6th birthday. The CWA Waiver helps families cover the costs of behavior therapy, up to $25,000 annually. Intensive intervention at a young age is currently accepted as best practice to result in the greatest improvement in child behavioral outcomes. The CWA Waiver began in 2006, and provides support for up to 75 children statewide. This waiver is primarily directed at providing behavioral therapies such as Applied Behavior Analysis (ABA therapy), which can cost $50-80,000/year (National Research Council). CWA services must be provided by an approved Medicaid CWA Waiver provider.

The following parental satisfaction survey was implemented as a one-time evaluation of the CWA Waiver program in response to Senate Bill 12-159. A report on the CWA Waiver Provider Evaluation, authorized by the same bill, follows the Parental Satisfaction Survey Evaluation. Parents of current CWA Waiver services and parents of past recipients of CWA Waiver services responded to similar surveys. This report will summarize the findings from the Parental Satisfaction survey, report on the strengths of the current CWA Waiver implementation strategy, and offer improvement approaches to better serve children receiving CWA Waiver services and their families.

PARENT SATISFACTION SURVEY METHODS: This survey was designed by JFK Partners team members, in conjunction with Candace Bailey, Health Care Policy and Financing (HCPF), CWA Waiver Specialist. In order to protect the privacy of CWA Waiver recipients, JFK Partners team members did not have access to personal health information (PHI), such as names and addresses. Respondents were assigned a unique ID number to use when completing the survey, with HCPF holding the linker code. Additionally, the survey was approved by Colorado Multiple Institutional Review Board (#14-1525, *Children with Autism (CWA) Medicaid Waiver Services Parent Satisfaction Survey*).

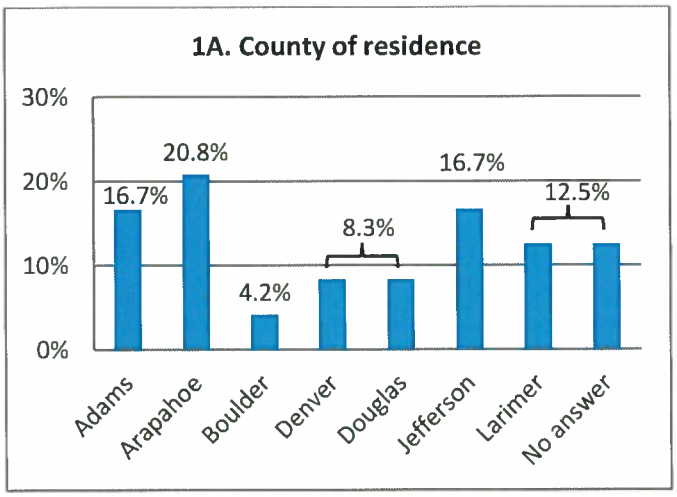
Invitations and surveys were sent to home addresses on file with HCPF. Parents were instructed that they could fill out the survey in one of three ways: 1) complete and return it in the enclosed addressed and stamped envelope, 2) complete the survey online via a secure database, or 3) call a JFK Partners study team member and complete the survey over the phone. Current waiver participants received up to three invitations from HCPF, including an email reminder letter for those available (n=37). Past waiver participants received two invitations to participate.

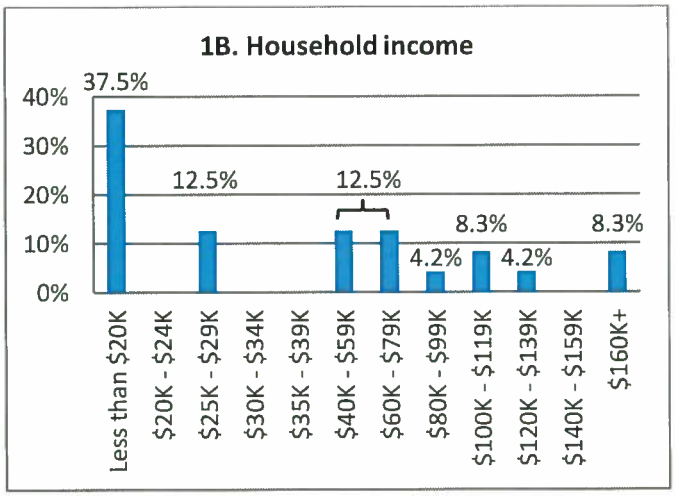
RESULTS: CURRENT CWA WAIVER RECIPIENTS

Family Demographics: Of the 75 surveys sent to those currently receiving CWA Waiver services, 24 were returned by 3/30/2015 (32.0% completion rate). Most respondents elected to return the paper survey (95.8%), with only one (4.2%) survey filled out using the online form. No respondents completed the survey by phone.

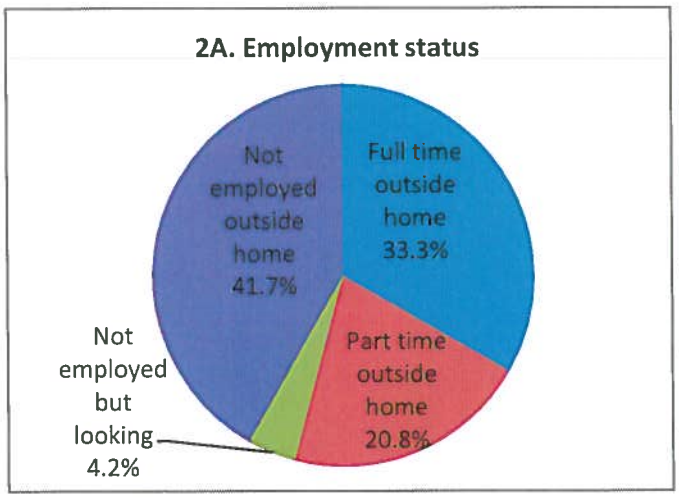
Only parents of the child receiving services responded to the survey request (100%) (i.e. no responses by grandparents, foster parents, or other individuals were returned). Respondents were typically the mother of the child (91.7%) (4.2% male, 4.2% no answer), and English was the primary language reported spoken in all homes, except one. Seventeen of the 24 responses (70.8%) were from counties in the Denver Metropolitan Statistical

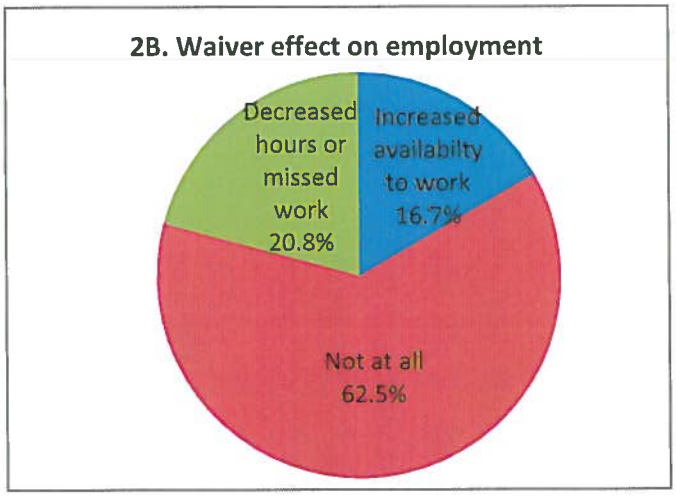
Area (Denver MSA) (Figure 1A). Median income range was $40-59,000 (Figure 1B). Average number of individuals living in the home is 3.3 (median = 4). In addition to the CWA waiver, families most often rely on family insurance (n=14) as a source of financial support, followed by paying out-of-pocket (n=10) and school services (n=10), help from family (n=2), and Part C services (n=1).



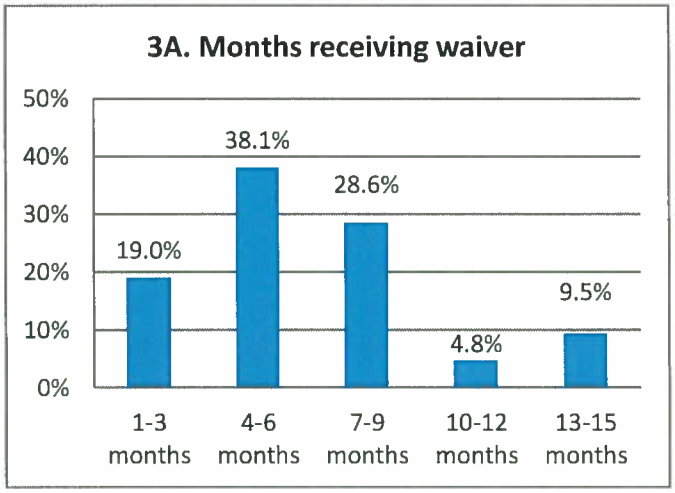


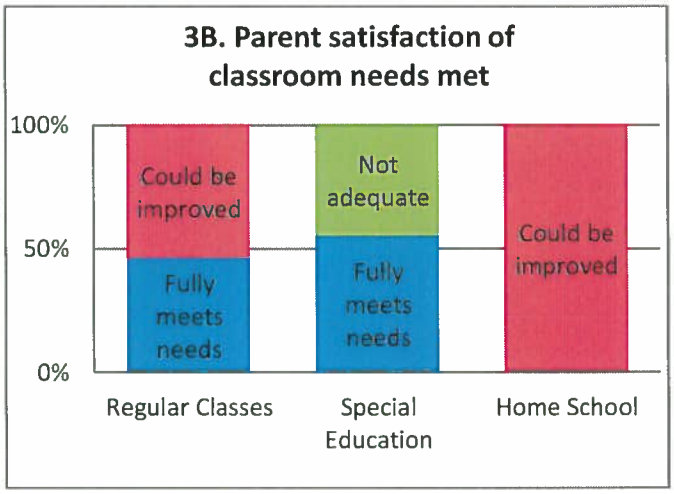
Parents of children with increased needs can experience unemployment or underemployment due to the demands of their child's diagnoses or therapy. When asked about their current employment status, 33.3% reported full time work (n=8), 20.8% reported working part time outside of the home (n=5), 4.1% were unemployed but looking (n=1), and 41.7% were a stay-at-home parent (n=10) (Figure 2A). Of all parents who provided a response, 45.4% reported that their child's diagnoses lead to a decrease in their employment (e.g. moved from full-time to part-time work, or quit work entirely) (n=10, total responses n=22). Receiving benefits from the CWA Waiver allowed 16.7% to increase the time they are able to work (n=4), caused 20.8% of respondents to substantially decrease work hours or miss work to receive waiver services (n=5), and 62.5% reporting no change in employment status as a result of receiving waiver services (n=15) (Figure 2B).



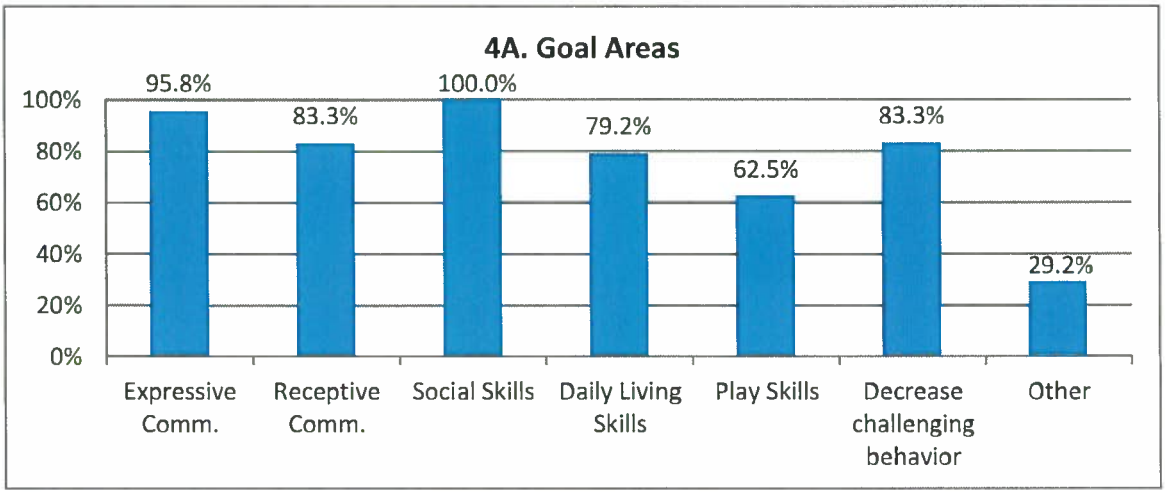


Child Demographics: Survey results for children currently receiving waiver services are 92.6% male (n=22), and 8.3% female (n=2). The waiver serves children until their 6th birthday; average age of children currently on the waiver is 5.2 years, based on survey data. Children have received waiver services for an average of 6.4 months to this point, and may still be receiving services (median 6 months, n=21) (Figure 3A). An Individualized Education Plan (IEP) currently supports 82.6% of the students (n=19; no answer n=1), none report having a 504 Plan. Children being served in regular classroom settings, who may also receive some special education pullouts, account for 54.2% of individuals (n=13), with 41.7% (n=10) being placed in a Special Education classroom or autism school. One individual (4.2%) is home schooled. Parents report that their child's educational needs are being met almost half the time in a regular classroom setting, with six of 13 parents responding that a regular classroom 'Fully meets' their child's needs, while seven responded that their child's situation 'Could be improved' (Figure 3B). Parents of individuals in a primarily Special Education setting were split in that 55.5% of parents reported that the setting 'Fully meets' the needs of their child (n=5), while the remaining parents reported that the setting is 'Not adequate' (n=4). The parent of a child receiving home school reported the services 'Could be improved'.

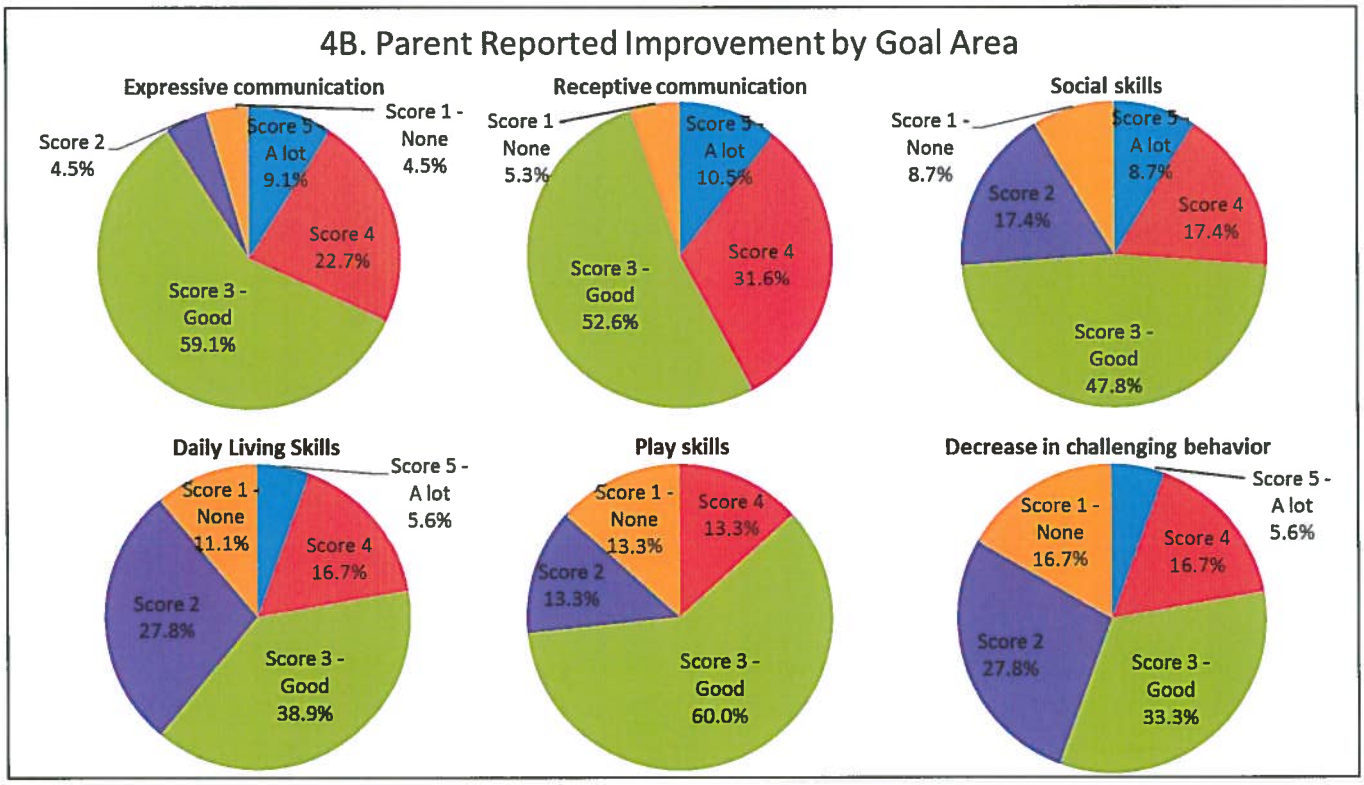




Parents were asked to identify their child's goal areas from a set of common behavior areas: expressive communication, receptive communication, social skills, daily living skills, play skills, and decrease in challenging behavior. Write-in answers were also accepted, and all children had more than one goal area. The distribution of goals is below (Figure 4A). 'Other' goals included work on fine motor skills, repetitive behaviors, and attending to tasks. Parents were also asked for their impression of their child's improvement in each of the goal areas (note at the time of the survey,



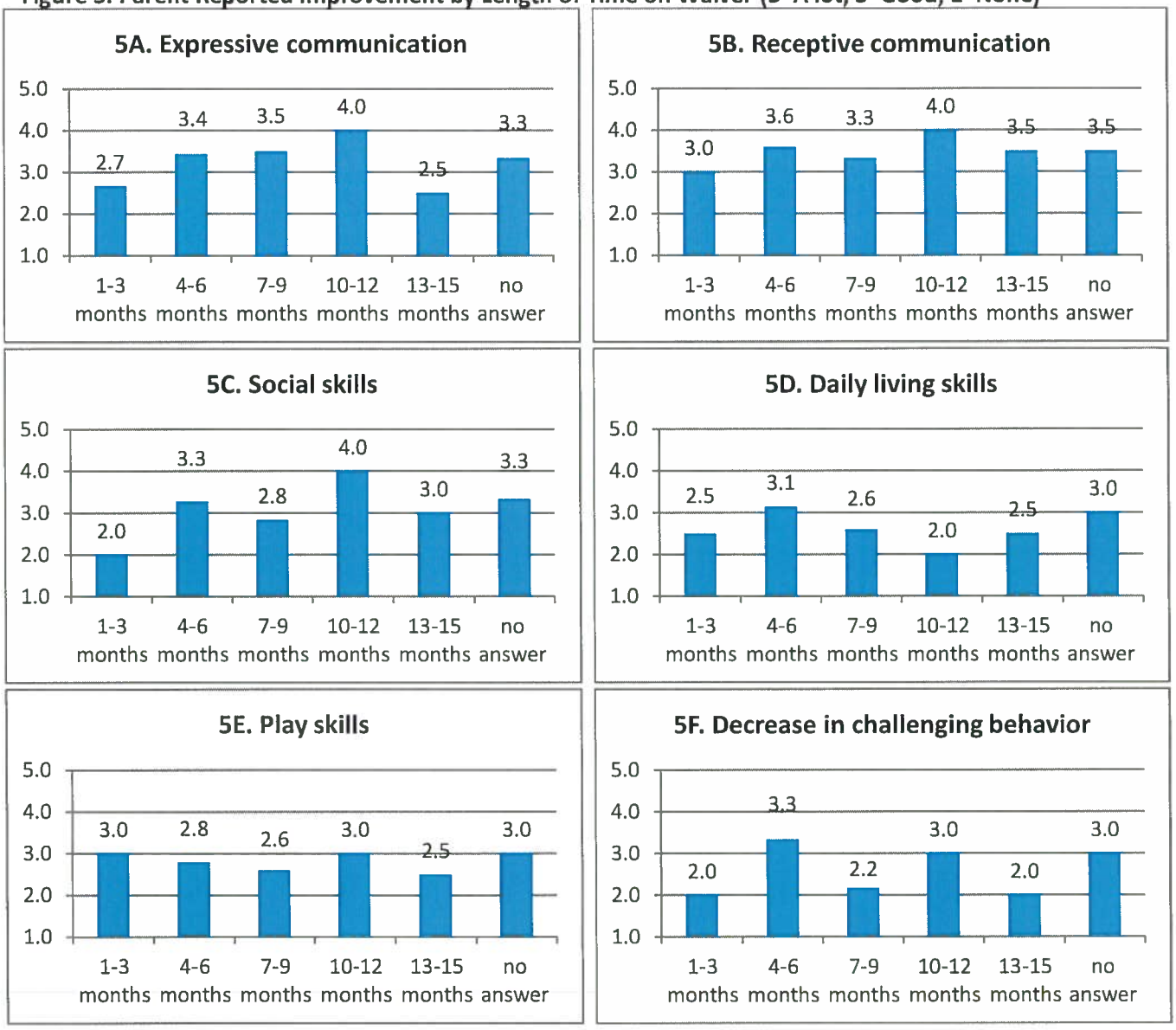
children were still receiving waiver services and may not have achieved goals to this point) (Figure 4B). Twenty-one (21) survey responses included the time the child has been receiving waiver services. These responses were broken down by perceived improvement by parents. Across all goal areas, 'Good' improvement is reported by the majority of parents, which represents a score of '3' on a five point scale. Parents reported 'Good' or better improvement in expressive and receptive communication skills at a higher rate than other areas of adaptive skills (91% and 95% respectively). 'Good' or better improvement was reported less often in the other areas of play skills (74%), social skills (74%), daily living skills (61%), and decrease in challenging behaviors (57%) (Figure 4B).



As the surveys were completed by all parents receiving waiver services at the same time, assessments of improvement offered by parents may be impacted by the length of time their child has been receiving services at the time of the survey. Thus, parent reported improvement is reported by length of the time the child has received services for each category in Figure 5. The graph represents the weighted average of parent reported improvement for the number of children in each goal category. To calculate the weighted average, each response was multiplied by the score it received (5 = A lot of improvement to 1 = No improvement), then divided by the number of responses for that category, as the number of responses varied for each time category by goal area. It is important to note that due to the low number of responses, there is no significant difference in the weighted average across time categories. As such, standard error bars are not shown.

For expressive communication, the weighted average improvement score increases in a linear fashion from a low of 2.7 (n=3) at one to three months of services received to 3.5 (n=6) at the 7-9 month category. The parent of an individual receiving services in the 10-12 month category reports also very good improvement (n=1, score

Figure 5. Parent Reported Improvement by Length of Time on Waiver (5=A lot, 3=Good, 1=None)



4), while the parent in the 13-15 months category reports minimal gains (n=1, score 2). The average weighted score of for expressive communication is 3.2. Scores of 'Good' (score 3) to a score of 4 are also reported for receptive communication skills, which received a higher weighted average score of 3.5. Both receptive and expressive communication skills are rated by parents as showing more improvement when compared to the other adaptive skills.

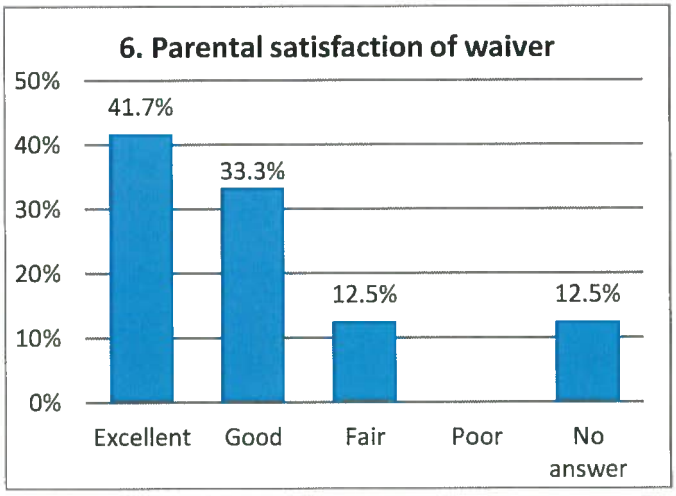
Table 1. Improvement Score by Parent Assessment

Category	Average Weighted Score
Expressive communication	3.2
Receptive communication	3.5
Social skills	3.1
Daily living skills	2.6
Play skills	2.8
Decreasing challenging behavior	2.6

For the categories of social skills, daily living skills, and decreases in challenging behavior, the higher weighted averages are offered by parents who have been receiving services in the 4-6 month range, as opposed to the 7-9 month category. Decreasing challenging behavior and daily living skills received the lowest overall

weighted average score of 2.6. Similar scores are reported in play skills, which received a slightly higher average weighted improvement score of 2.8.

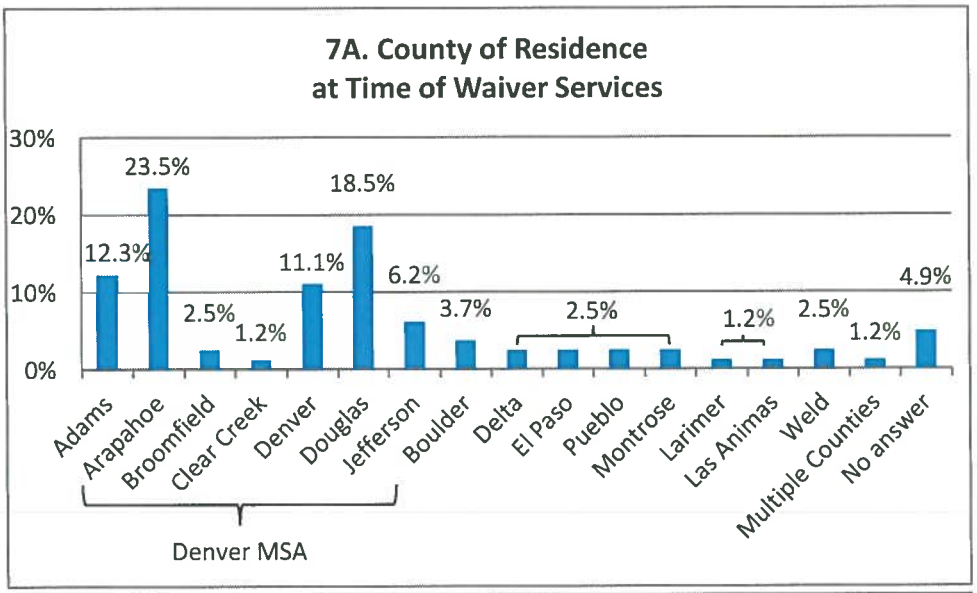
Overall, 75% of parents rated the services as 'Good' or 'Excellent' (n=18). A 'Fair' rating was given by 12.5% of parents (n=3) (Figure 6). The final three questions were presented as open-ended responses to allow for parents to make their own remarks and conclusions. Access to Applied Behavior Analysis therapy was cited as the most helpful intervention of the CWA Waiver (n=12). Others cited the funds to keep their child in a specialized school of their choice (n=3) and the ability to work longer hours because waiver services picked the child up after school for services.

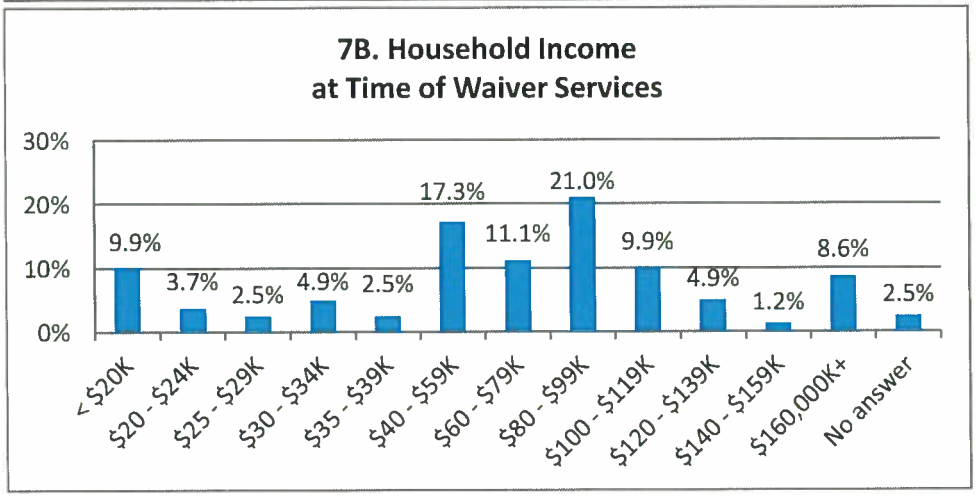


RESULTS: PAST CWA WAIVER RECIPIENTS

Past Recipient Family Demographics: A total of 365 surveys were sent to past recipients of the CWA waiver. Of these, 35 were returned as undeliverable and 81 were completed by 3/27/2015, for a completion rate of 24.5%. Most respondents elected to return the paper survey (95%), with five (6.2%) completing the survey through the secure online form. No respondents completed the application by phone.

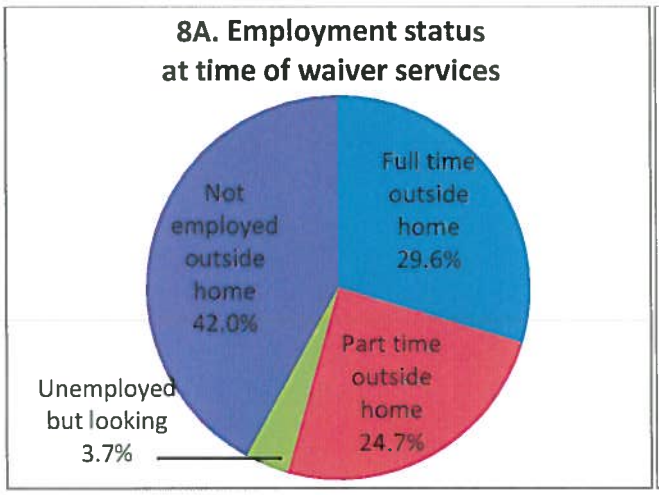
A parent (97.5%, n=79) or grandparent (2.5%, n=2) of the child receiving waiver services responded to the survey request. Respondents were most often female (86.4%, n=70), while 11.1% of responses came from a male caregiver (n=9; no

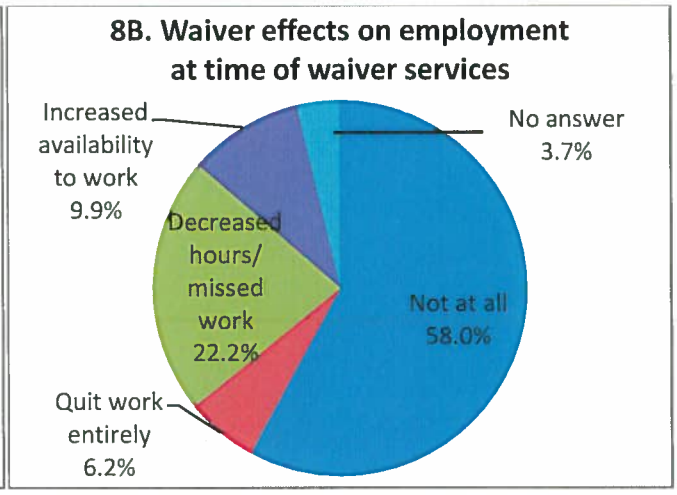




answer 2.5%, n=2). English was the primary language reported spoken in 96.3% of the homes (n=78), with Spanish being the primary language in 3.7% of homes (n=3). Most past recipients of the CWA waiver who responded to this survey lived in the Denver MSA at the time of waiver services (76.5%, n=60; outside Denver MSA 16; no answer, n=5) (Figure 7A). Among past recipients who provided an answer, median income range was $60-79,000 (Figure 7B). Average number of individuals living in the home is 3.8 (median 4). In addition to the CWA waiver, families have used family insurance (n=50), followed by paying out-of-pocket (n=41) and school services (n=44), help from family (n=15), and Part C services (n=7) to provide services for their children (only partial WIC/SSI data available and not included).

When asked about their employment status at the time of waiver services, 29.6% reported full time work (n=24), 24.7% reported working part time outside of the home (n=20), 3.7% were unemployed but looking (n=3), and 42% were a stay-at-home parent (n=34) (Figure 8A). A quarter of parents reported that their child's diagnoses led to a decrease in their employment (e.g. moved from full-time to part-time work, or quit work entirely) (25.9%, n=21). An additional 24.7% reported that they had to miss work and/or use vacation days due to their child's diagnoses. The remaining respondents said that their child's diagnoses had no effect on their employment status (44.4%, n=36. This number includes parents who were already stay-at-home). Receiving benefits from the CWA Waiver allowed 9.9% to increase the time they were able to work (n=8), caused 22.2% of respondents to substantially decrease work hours or miss work to receive waiver services (n=18), and an additional 6.2% to quit work entirely to help their child receive waiver services (n=5). The remaining 58% reported no change in employment status as a result of receiving waiver services (n=47) (Figure 8B).

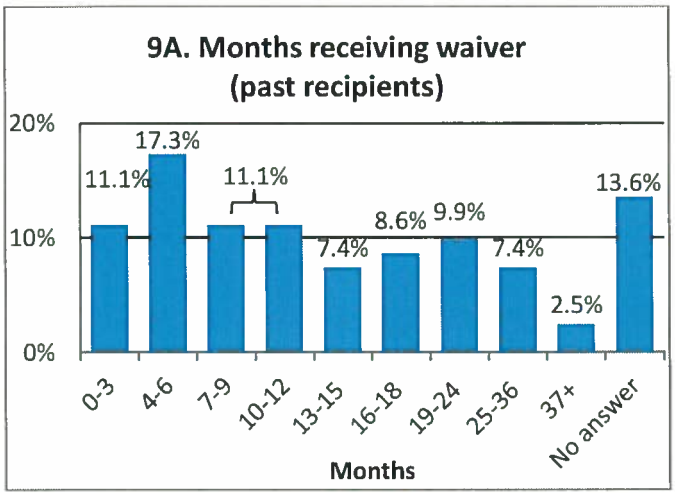


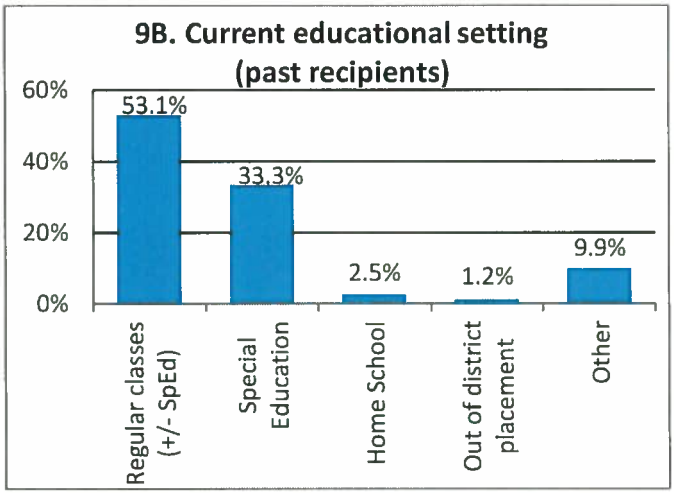


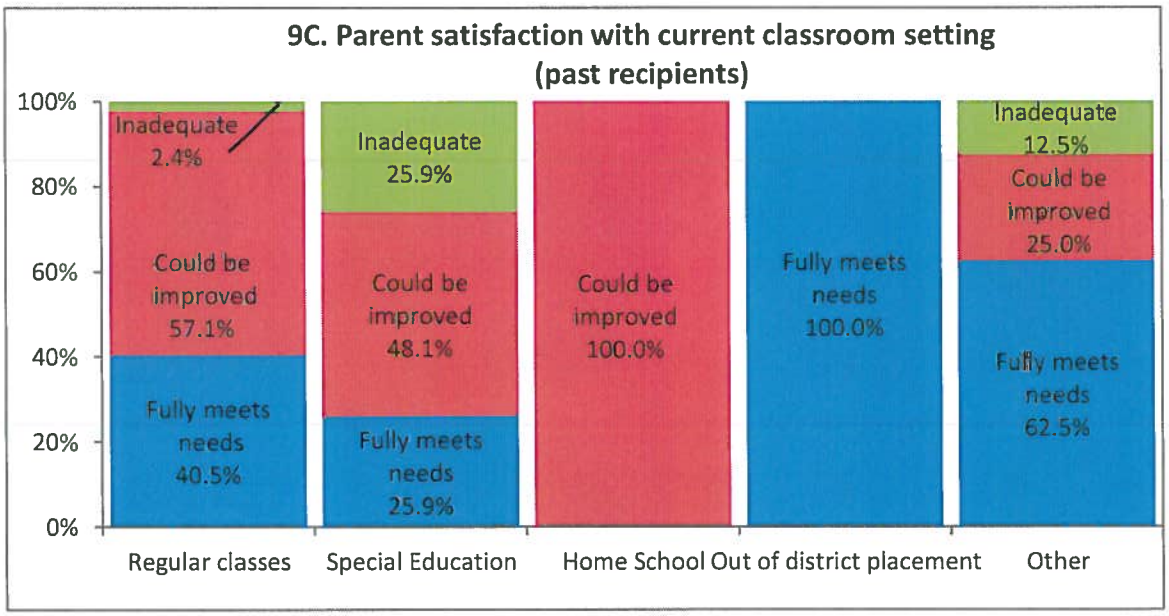
Past Recipient Child Demographics: According to the survey results, children who have received waiver services in the past have been 85.1% male (n=69), and 13.5% female (n=11) (no answer, n=1). Parents reported that their children received waiver services for an average of 13.4 months before aging out (median 11.5 months) (Figure 9A). The length of time receiving waiver services is historically higher than for those who are currently on the waiver, likely because those who received waiver at its inception did so at a young age and remained on waiver, as there was initially no waiting list. The current process results in children who have been on the waiting list for an average of 2.5 years (see Figure 13B), so children age out before receiving services for the duration that has been common in the past.

An Individualized Education Plan (IEP) currently supports 88.9% of the students (n=72), 12.3% reported

having a 504 Plan (n=10). Children being served in regular classroom settings, who may also receive some special education pullouts, account for 53.1% of individuals (n=43), with 33.3% (n=27) being placed in a Special Education classroom or autism school. Two individuals (2.5%) are home schooled, and an additional 9.9% have an alternate arrangement, such as day treatment or online school at home (n=8) (Figure 9B). Parental satisfaction with their child's educational setting of those whose children are in a regular classroom report that it 'Fully meets' their child's needs (n=17, 40.5%), while 57.1% responded that their child's situation 'Could be improved' (n=24). Parents of individuals in a primarily Special Education setting reported that the setting 'Fully meets needs' of their child (25.9%, n=7), while an additional 25.9% reported that it 'Is inadequate' (n=7). The remaining 48.1% report the setting 'Could be improved' (n=13). 'Other' arrangements resulted in high levels of satisfaction with 62.5% of parents with children in such a setting reporting that it 'Fully meets' their child's needs (n=5). Remaining parents in this category felt the arrangement 'Could be Improved' (25%, n=2) or 'Is Inadequate' (n=1, 12.5%). Those providing home school reported the services 'Could be improved' (n=2; total responses, n=81) (Fig 9C).

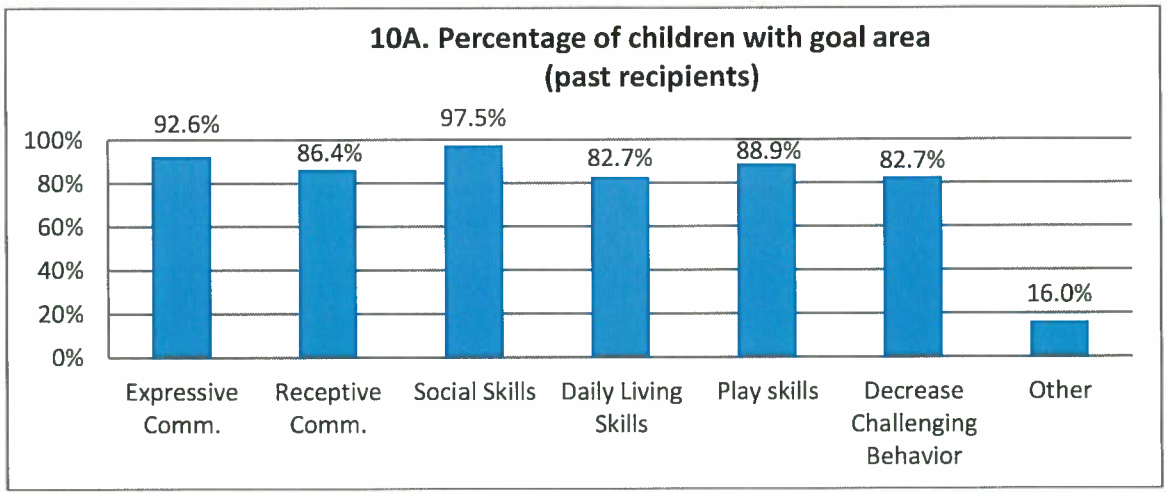




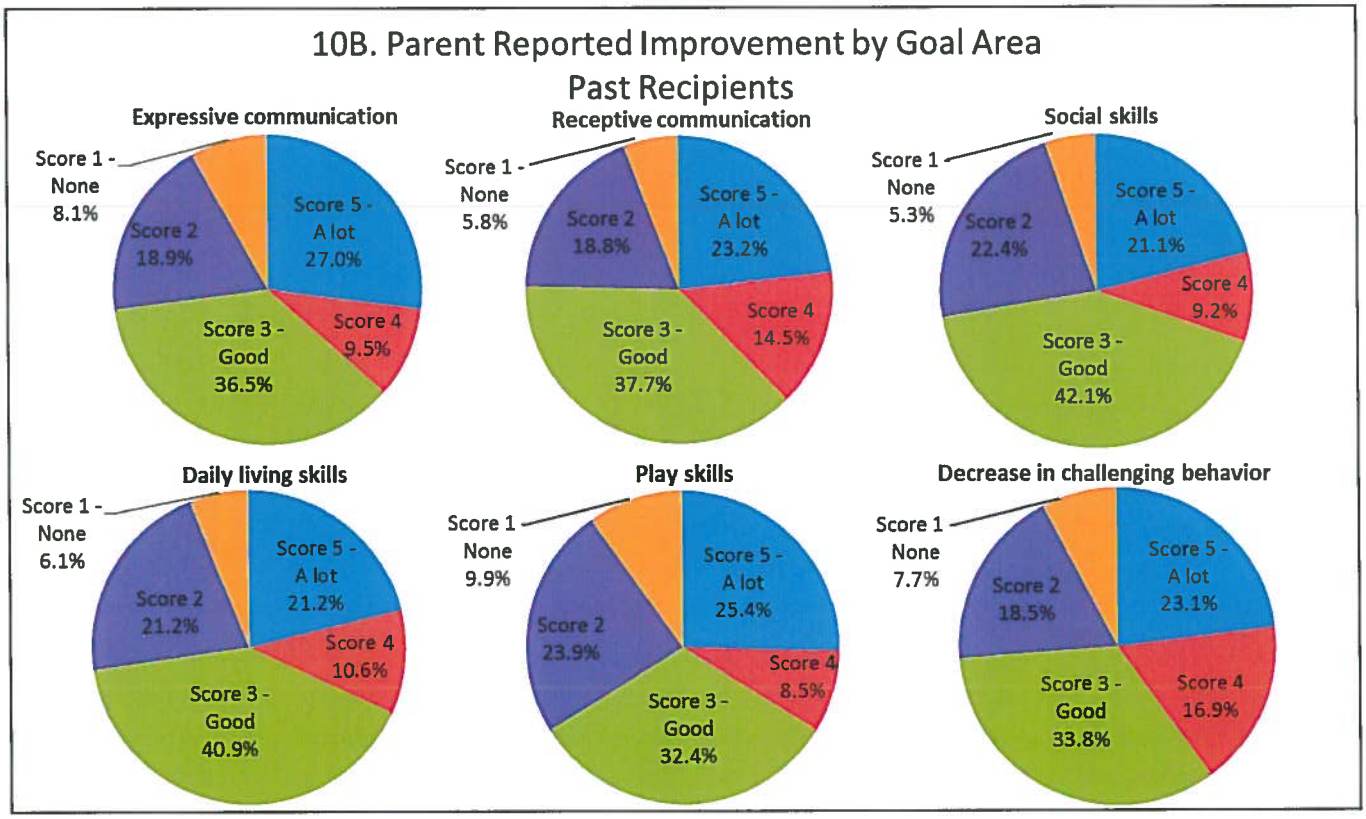


Parents were asked to identify their child's goal areas from a set of common behavior areas: expressive communication, receptive communication, social skills, daily living skills, play skills, decrease in challenging behavior. Write-in answers were also accepted, and all children had more than one goal area (Figure 10A). 'Other' goals included help with

sleep, anxiety, safety, and self-injurious behavior. Parents were also asked for their impression of their child's improvement in each of the goal areas. These parents were reporting on their child's perceived improvement up to four years after aging out of waiver services. Parents were also asked for their impression of their child's improvement in each of the goal areas (Figure 10B). The most commonly reported score across all goal areas was 'Good,' which represents a score of '3' on a five point scale.

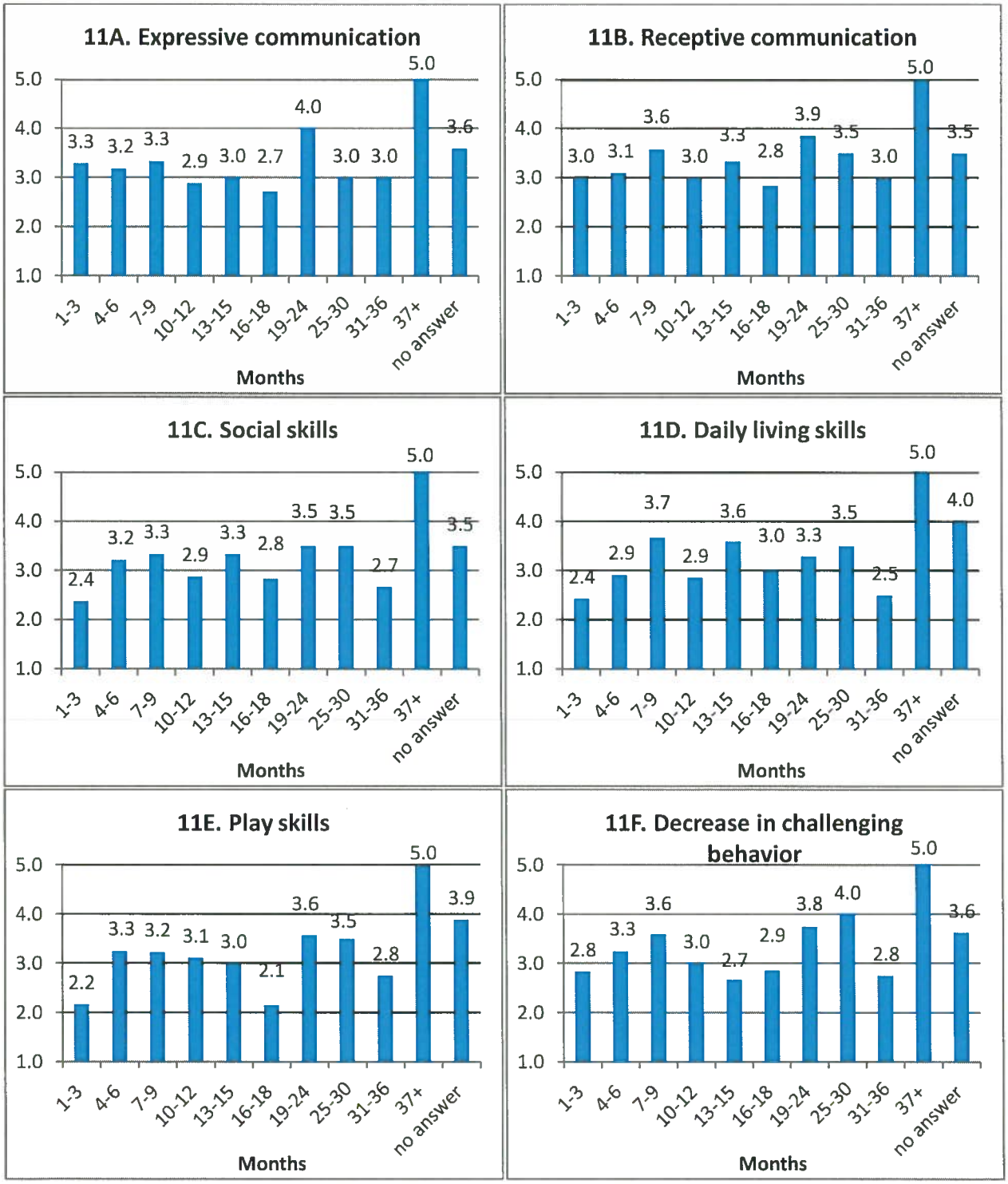


As all children did not receive an equal amount of services, improvement in each goal area may be a factor of the length of time their child had been receiving services at the time of the survey. Parent reported improvement in each goal area by length of the time the child has received services is reported in Figure 11. Sixty (60) parent responses included the length of time the child had received services; however, many parents indicated they were unsure of the actual amount of time, as their child received services some time ago.



Methods used to determine the weighted average are the same as those previously described (Figure 5, page 4), and data should be interpreted to represent trends rather than significant differences due to the relatively low number of individuals in each category.

Figure 11.Parent Reported Improvement by Length of Time on Waiver - Past (5=A lot, 3=Good, 1=None)



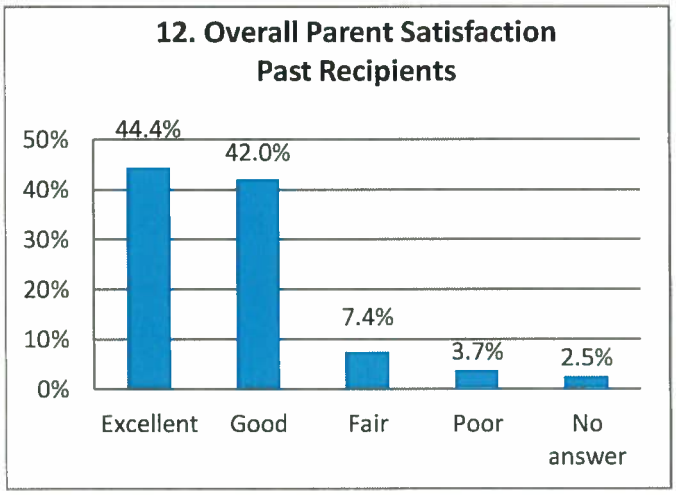
For both expressive communication and receptive communication, an increased perception in improvement corresponding to length of time of the waiver is not as apparent when compared to children currently receiving services. Both communication categories have overall weighted averages of 3.4.

Reported scores for children who have received waiver services in the past for the remaining goal areas of Social Skills (weighted average 3.3, Figure 11C), Daily Living Skills (weighted average 3.2, Figure 11D), Play Skills (weighted average 3.3, Figure 11E), and Decreases in Challenging Behavior for children (weighted average 3.4, Figure 11F), are higher than those reported by children currently receiving the waiver (Figure 5). This trend is especially evident in the reported scores for Challenging Behavior, in which 68% of parents report Good (score 3) or better improvement.

Overall, 86.4% of caregivers felt CWA services were 'Good' or 'Excellent' (n=70). A 'Fair' rating was given by 7.4% of parents (n=6), and a 'Poor' rating accounted for 3.7% of the responses (n=3) (Figure 12).

Table 2.Improvement by Parent Assessment (Past)

Category	Average Weighted Score
Expressive communication	3.4
Receptive communication	3.4
Social skills	3.3
Daily living skills	3.2
Play skills	3.3
Decreasing challenging behavior	3.4



Parent Recommendations for CWA waiver:

For all families receiving services, both those currently on the waiver and those who have received waiver services in the past, most responses regarding challenges of receiving waiver services could be divided into 5 categories: 1) Paperwork burden of initial application process; 2) Length of time on wait list; 3) Delay in getting services implemented; 4) Limited services covered; 5) Age cap of 6 years old. The most often cited recommendation from parents to improve waiver services is to shorten the wait time, followed by a recommendation to extend waiver services beyond age 6. Other parent recommendations included streamlining the waiver application process, increased coordination of service/provider availability, and to increase the number of provider and services covered.

While not asked directly, in the free response choices parents across all income brackets indicated that the CWA Waiver allowed them to improve therapy offered to their children. In low to middle income brackets, parents indicated their child was receiving none or few services before coming onto the CWA Waiver. In higher income brackets (>$100K), parents were more likely to indicate that the CWA Waiver allowed them to increase therapy to the recommended levels, which they were not able to previously afford. Additionally, parents acknowledged that the CWA Waiver benefits reduced stress on family finances and financial resources available for the rest of the family needs.

CWA Waiver Recommendations from Parent Survey: At the time of this report, expanded coverage for CWA Waiver services is under consideration in the Legislature. This expansion would address the primary suggestions

of removing the waiting list to allow children access to services at a younger age, as well as increase the age cap, and so are not included in the recommendations. Additional recommendations are below:

1) **Create and maintain a list of Providers that are accepted under the CWA Waiver.** This list may be created and maintained by HCPF or the relevant Community Centered Boards. A readily available list of Providers accepting new patients will be especially crucial for parents as more children begin to use the limited Provider pool.
2) **Increase awareness among Providers who do not already provide CWA Waiver services who may wish to become approved.** Many parents report a lack of available Providers, especially in rural areas.
3) **Increase education of covered services for Providers and Community Centered Boards.** Parents reported frustration with lack of Provider knowledge on what services they could provide and who could provide covered services.
4) **Increase communication with parents.** An often reported concern of parents was the lack of communication once their child did qualify for services, which results in a delay in getting services in place. A readily available flow chart for parents of steps and documentation that will be required to implement services will help address this delay is a common parent suggestion.
5) **Assist parents as they transition off the CWA Waiver and into other settings.** Apprehension and confusion about services available after the CWA Waiver ended was noted from both parents currently receiving the waiver and those who received the waiver in the past. Communication and planning for future assistance is vital.
6) **Consider a parental satisfaction survey at consistent, specific time points.** A parent's impression of improvement can be an incredibly useful gauge of service effectiveness, as parents are able to observe their children in real world contexts and environments. These surveys are most useful for analysis purposes when administered at regular intervals, such as every 6 months and at completion of a child's time on the waiver. A one-year follow up after completion of CWA Waiver services also would be advised. These surveys should be used in conjunction with standardized assessments by Providers.

CWA Waiver Provider Reporting on Children's Performance

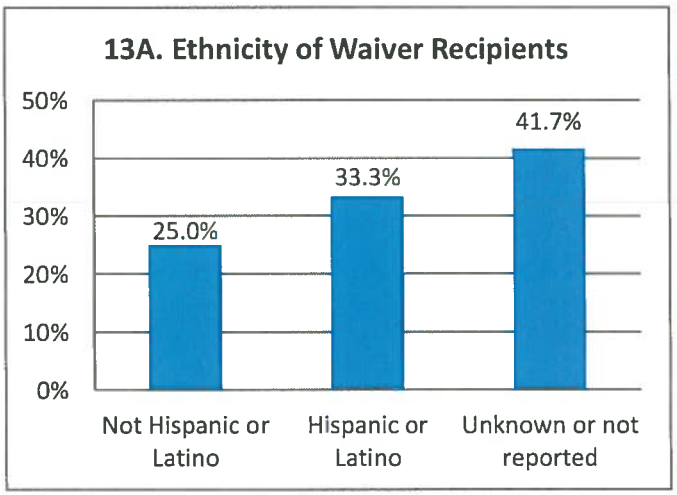
INTRODUCTION: The Provider Program Evaluation was authorized by Senate Bill 12-159. The goal of this portion of the program evaluation is to assess the adaptive skills of children receiving waiver services using standardized, norm-referenced tools. Lead Providers were asked to report their initial assessment at the time waiver services began, as well as the treatment plans for the subsequent 6 months, including type and frequency of therapy. Adaptive skill assessments are required every 6 months for children receiving CWA waiver services.

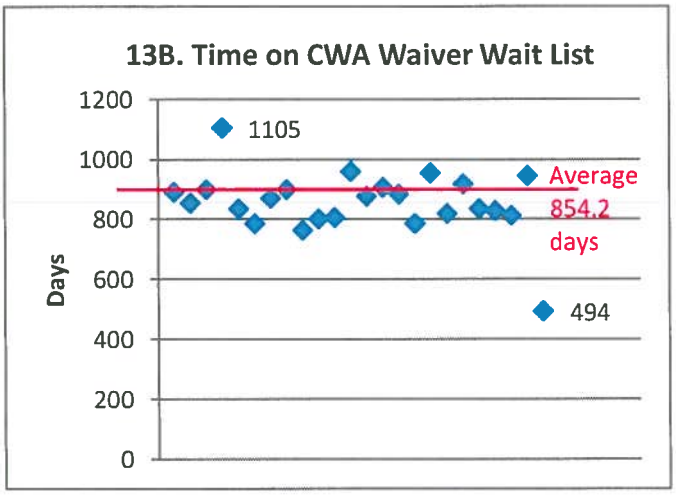
METHODS: The Provider database for reporting these assessments was set up using the secure REDCap system available through the University of Colorado Denver Anschutz Medical Campus. The plan for data collection was submitted to the Colorado Multiple Institutions Review Board (COMIRB) and determined that this Program Evaluation of the CWA Waiver Providers to be Not Human Subject Research (COMIRB #14-1103, approval notification attached). Using a Provider list obtained from HCPF, REDCap user names and log-in ability was

requested for 39 Providers from 35 centers or groups. The REDCap database was constructed to allow each provider access to records within their center or group. Staff of JFK Partners implementing this program evaluation is restricted to de-identified data; for example, all dates are shifted by the REDCap program upon export, so that they cannot be used as PHI.

Providers were notified of this project evaluation by multiple presentations from Candace Bailey (HCPF, Children's Waiver Specialist) in November 2013. Emails to Providers were also sent by Candace Bailey, on behalf of JFK Partners and Angela Rachubinski, PhD, who implemented the database and facilitated REDCap training. Two REDCap web-based trainings took place on 5/22/14 and 5/27/14, and an archived training video was made available for Providers to access at their convenience at http://www.screencast.com/t/QLTzaaYN2. Dr. Rachubinski served as point-of-contact for Provider questions regarding the REDCap system and to facilitate data entry by Providers.

RESULTS: Overall, provider compliance with entering the requested data was low. Data was requested for 73 individuals that have come onto the waiver since January 1, 2014. Twenty-four records were started in the system (32.9% completion rate), and 22 of those contain initial evaluation data. No records contain data at any follow-up time point. The 24 records that were entered come from 5 Providers: Consultants for Children, Inc (n=10); Firefly Autism (n=7), The Behavioral Growing Tree (n=3); Abigail L. Campbell (n=3); and Trumpet Behavioral Health (n=1). Providers indicate that their patients are predominately male (n=20, 83.3%), with only 12.5% female (n=3; no answer, 4.2%, n=1). A detailed ethnicity breakdown was not available for most patients, however at least a third of those coming on to the waiver since 2014 identify as Hispanic or Latino (n=8) (Figure 13A). However, this data was not reported for a large percentage of the patients either (41.7%, n=10; Not Hispanic or Latino, n=6, 25%).

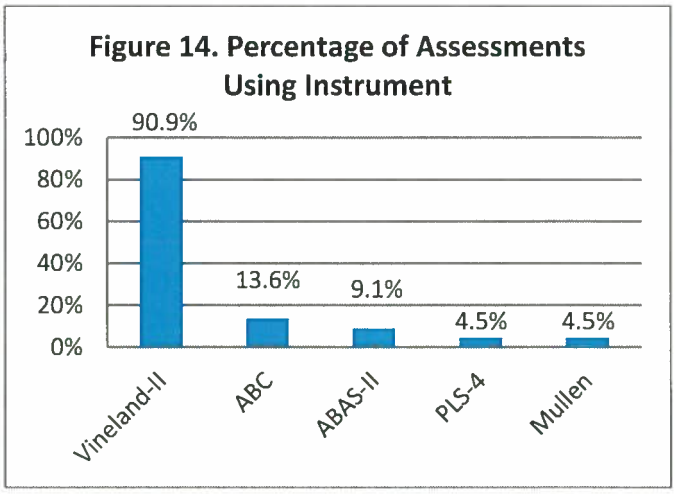




Waiting List: Information provided by HCPF shows that the time spent between identification of waiver eligibility and receiving the waiver averages 854.2 days (2.34 years) (Figure 13B). Median time on the wait list is 2.36 years. These data reflect the 24 records that were entered into the system for children that came onto the waiver since 1/1/2014.

Initial Provider Assessments Completed: Providers provide raw scores for relevant standardized, norm-referenced assessment instruments used to assess the adaptive skills of their patients. Providers may use more than one instrument if it is useful for their assessments, including but not limited to the Vineland Adaptive

Behavior Scales, Second Edition (Vineland-II), Scales of Independent Behavior, Revised (SIB-R), and Adaptive Behavior Assessment System, Second Edition (ABAS-II). The Vineland-II is the most commonly used adaptive assessment tool, which was used in 90.9% of assessments, as shown in Figure 14. The totals in Figure 14 are greater than 100%, as a Provider may have used more than one instrument to assess a child. (ABC = Aberrant Behavior Checklist; PLS-4 = Preschool Language Scale, 4th Ed.).



Summary/Recommendations for Provider Reporting of Children's Performance: Due to the low level of Provider participation and the short time period in which data was gathered, assessment of efficacy of provided services is limited. Providers are expected to assess adaptive skills every 6 months while providing Waiver services; however, many children currently on the waiver are not receiving services for 6 months before aging out, and so do not have this data point available. As so many children came onto the waiver since 1/1/2014 (73 of 75 openings turned over), it is possible that additional data will be entered shortly, as more children begin receiving waiver services.

The following suggestions pertain to the future implementation of the CWA Waiver Program Evaluation itself.

1) Data entered under 'Initial Evaluation' are sometimes from the evaluation at time of autism diagnosis, rather than the provider's initial assessment when waiver services began. However, the Provider's assessment when waiver services begin may be years after the initial diagnostic evaluation. This point will be clarified in future Provider training sessions. Additionally, the assessments pertaining to the initial autism diagnosis should also be entered in the future, as this may provide valuable insight into interim progress.
2) To increase the number of records entered, and thus the efficacy of such a program evaluation, future scope-of-work contracts may elect to include the ability for the Contractor to receive communication from the administering Community Centered Board (CCB) once a Provider begins providing services. The Contractor could then follow-up specifically with each Provider to ensure data is entered. Alternately, this could be undertaken by HCPF staff.
3) Data currently is entered by the Lead Provider; however, this may cause some confusion among Providers as to who is responsible for data entry. If the Contractor is notified of the Lead Provider by CCB staff when services commence, the Contractor can ensure the correct Provider is aware of data entry requirements. Alternatively, data entry can be performed by the CCB, instead of the Provider, as they should have access to this information in their case management files.
4) Require a final adaptive skills assessment, even if the child has not received services for 6 months. This is likely to be less of an issue in the future with expanded waiver services.