

SB 2089 Amendments – Autism Spectrum Disorder Voucher Pilot Program

INTRODUCTION

The autism spectrum disorder voucher pilot program was implemented in 2014 as a method of providing direct funding of autism spectrum disorder related needs to families that wasn't available through other sources. Statutory language limits funding to specific, needed items and services primarily for the individual diagnosed with autism spectrum disorder (ASD). Utilization of the voucher program has revealed a key weakness – inflexible funding criteria which operates often to the exclusion of families' needs and supports directly relative to their child(ren) diagnosed with ASD. While there may only be one child in the family diagnosed with ASD, the diagnosis touches and impacts the entire family unit and support for that unit is lacking under this voucher program.

KEY FINDINGS

Key Findings #1

Expanding the autism voucher program to explicitly include family services and needs within the voucher's purview will fully implement the intention behind this legislation. The program was intended to empower families but is restricted by the statutory and policy program limits on what can be funded. Necessary family supports and services like transportation, community activities, and in-home supports are not explicitly funded yet are essential supports and services for families impacted by an ASD diagnosis.

Key Findings #2

Once the voucher program fully implements family-based services and supports, it is necessary to add two more parts to the program: 1) annual outreach efforts to find and engage families who can benefit from the voucher program, and 2) family care navigators who can help empower families to utilize the voucher's funding to its greatest extent for the benefit of child(ren) and family.

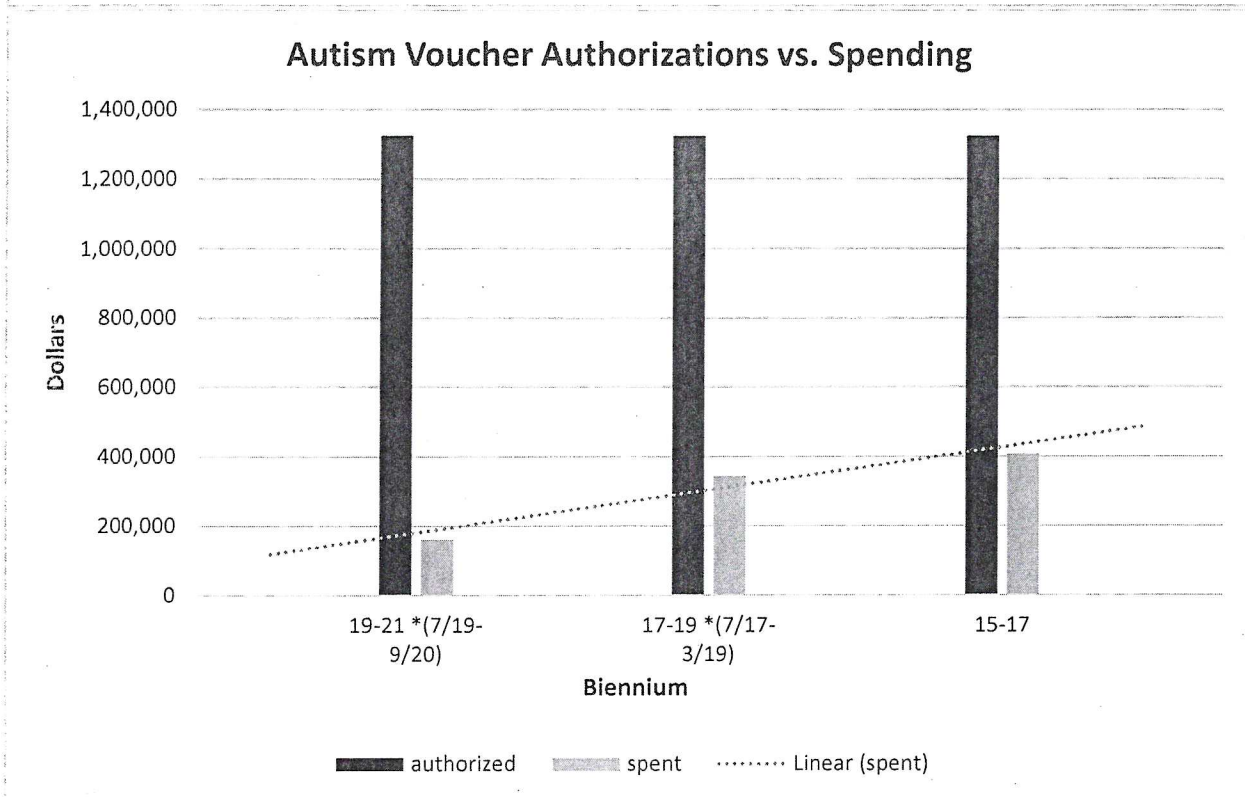
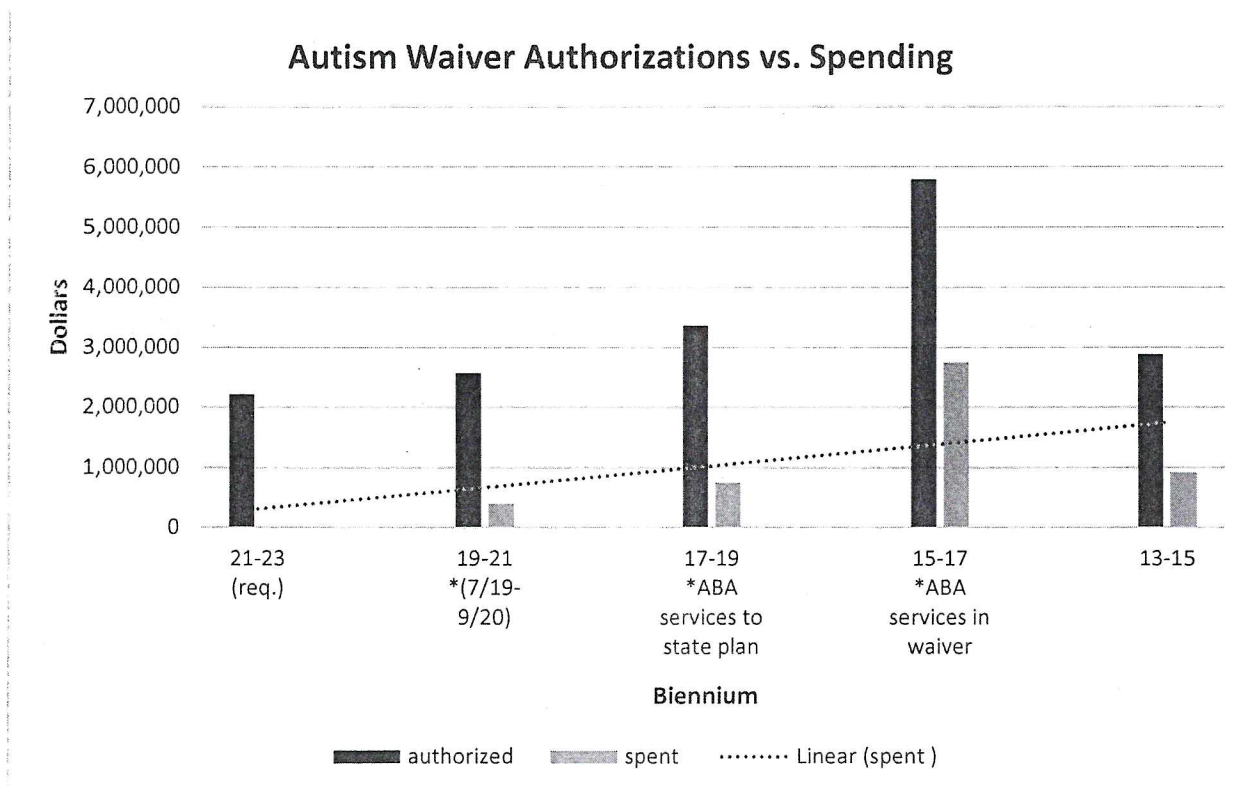
Key Findings #3

The fullest expression of this voucher program is to reach as many families as possible, filling any gaps left by other ASD programs and services. To achieve that goal, it's necessary to lower the income threshold to below 250% of the federal poverty level and extend the age limit to 21 years of age.

CONCLUSION

The voucher program's effectiveness does not lie solely in its spent or unspent dollars. An incomplete program will always have incomplete results. It is time to finish the work began in 2014 with clear commitments for implementation of family supports and services as well as individual supports and services for youth diagnosed with autism spectrum disorder and to expand the reach of the program to include as many families seeking services as possible.

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Source: Krista Fremming (Asst. Dir. Medical Services Division, Dept. of Human Services) presentation