Purpose of this Review
This review examined ways states provide Medicaid home and community based services (HCBS) to people with autism spectrum disorder (ASD). Since the last review, several issues may change the ASD policy landscape:

- DSM-5 ASD diagnostic criteria changed
- CMS Final Rule (CMS-2249-F/CMS-2296-F) intended to maximize community living and provide additional pathways for long-term service and supports programs, including 1915(g) State Plan HCBS and 1915(k) Community First Choice options
- Medicaid Early Periodic Screening, Diagnostic, and Treatment services (EPSDT) clarified as vehicle to provide early intervention services for children and youth with ASD (ages birth to 21). States create their own methods of delivering EPSDT, and services included.

All of these above factors were expected impact demand for and delivery of HCBS for individuals with ASD.

Methodology
This review was conducted in October 2015-February 2016, by two trained reviewers to collect and cross-check all data. These data are a snapshot of policy during data collection.

Search 1915(c) and 1115 Demonstrations on www.medicaid.gov including approved, pending, & terminated waivers

Specified target groups (appendix B-1 (a) and (b)) and states’ definition of developmental disability, and the ages in which services are provided were checked

Follow up calls and emails made to state personnel if waivers were (1) expired, or (2) eligibility criteria unclear

Policy changes in delivery of services since 2009-10 review

Added related clause
- Hawaii, Kansas, Kentucky, Louisiana, Michigan, Minnesota, Nebraska, New Jersey, Ohio, Virginia

Discontinued related clause
- Arizona, District of Columbia, Maine, Maryland, Massachusetts, Montana, Pennsylvania, Rhode Island, South Carolina, Vermont

Added ASD-Specific
- Arkansas, Connecticut, Idaho, Maine, North Dakota, Utah

Discontinued ASD-specific
- Indiana, New York, Wisconsin

Conclusions
- Gaps in HCBS are evident in and across states for people with ASD.
- EPSDT is intended to ensure services are available to children, but no nationwide policy is implemented to ensure HCBS to adults with ASD. Phasing out of 1915(c) ASD-specific children’s waivers may be likely.
- 1915(c) waivers requiring co-occurring ID may not address needs of all people with ASD.
- CMS transition plans may further diversify ways that states deliver HCBS to people with ASD. Future reviews should take these methods into account.
- Advocacy efforts in states appear to matter due to variability in service delivery methods.