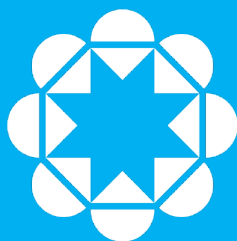




**AUTISM WORKGROUP:  
MEDICAID ADVISORY COMMITTEE  
FINAL REPORT:  
DECEMBER 31, 2025**



**HFS**

Illinois Department of  
Healthcare and Family Services

## **The Authority and Purpose of the Autism Work Group of the Medicaid Advisory Committee**

[House Resolution 818](#), from the 103<sup>rd</sup> General Assembly, urges the Medicaid Advisory Committee (MAC) to examine, make recommendations, and develop a strategic plan through specific stakeholder input around the medical and dental services for individuals with intellectual and developmental disabilities (I/DD), and specifically those with autism spectrum disorders, receiving Medicaid services. The progress reports and strategic plan must be submitted to the Governor and the Illinois General Assembly.

### **Workgroup Mandates For the Medicaid Advisory Committee (from House Resolution 818):**

- **“Make recommendations** that will expand the network of Medicaid enrolled specialty providers for persons with autism and is urged to assess the following, consulting with relevant stakeholders with lived experience and provider experts:
  - (1) Strategies to improve access for adult Medicaid customers experiencing autism to specialty providers, including, but not limited to, dentists, anesthesiologists, phlebotomists, and occupational therapists;
  - (2) Ways to improve provider services under the Adults with Developmental Disabilities Waiver”
- **Written Report:** The Workgroup of the MAC will provide progress reports to the Governor and Illinois General Assembly by December 31, 2024, and June 30, 2025.
- **Final Report:** The Workgroup of the MAC will provide a final report and strategic plan with measurable objectives to the Governor and General Assembly by December 31, 2025.

### **Stakeholder Recruitment**

- (1) One representative of the Department of Healthcare and Family Services;
- (2) One representative of the Department of Human Services;
- (3) One representative of the Department of Insurance;
- (4) One representative of the Children's Behavioral Health Transformation Initiative;
- (5) One representative from the Illinois Council on Developmental Disabilities;
- (6) One representative of the Illinois State Board of Education and/or an educator who specializes in working with children with autism;
- (7) Two parent advocates of persons with disabilities;

(8) At least one representative of each of the following provider groups:

- (a) Dental care;
- (b) Primary care;
- (c) Behavioral Health; and
- (d) Occupation, Speech, and Physical Therapy;

(9) At least four representatives of non-profit entities representing people with disabilities, including at least two representatives of rural areas and two representatives of Cook and collar counties;

(10) One representative of an advocacy organization focused on residents of Illinois State-Operated Developmental Centers (SODCs) or Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD); and

(11) One current employee of a Community Integrated Living Arrangement (CILAs).

## **Introduction**

The Autism Workgroup of the Medicaid Advisory Committee met throughout 2025 to review key service needs, provider barriers and gaps in care impacting children and adults with autism and disabilities. Discussions shed a light on significant topic areas that were utilized to develop two surveys that will be disseminated as part of the workgroup’s strategic plan. The Workgroup aims to utilize the results generated from both surveys to aid in developing recommendations for improving access to health care services for people with Autism. Therefore, the Workgroup formerly agreed to continue its strategic plan beyond the reporting deadline into 2026 to execute the survey dissemination plan, collect and gather stakeholder input generated from survey results, and translate findings into actionable policy and program recommendations in collaboration with the Department.

## **2025 Progress To Date and Workgroup Goals**

- **First Meeting: April 14, 2025**

The Autism Workgroup of the MAC (workgroup) met, where Dr. James D. Benz, DDS, Chair of the Department of Dentistry and Program Director at Advocate Illinois Masonic Medical Center was a guest speaker, and gave a presentation titled, “Discussion on Barriers Faced by Providers: Dentistry”.

Following the presentation, the workgroup discussed questions regarding barriers and resources. During the discussion, Dr. Benz reviewed reimbursement for subspecialty services and the impact that reimbursement rates could have on incentivizing providers, especially those that provide services to adults with Autism.

**Following the presentations, Workgroup members provided the following recommendations:**

- The need for more clinical training on the treatments for adults with Autism among dental professionals
- Creating a more cohesive approach in establishing patients on a dental program ensuring continuity of care
- Increasing provider connections to the Dental Society to help close the loop on provider referrals

Tony Kolbeck, HFS Bureau Chief of Provider Enrollment Services, provided an overview of the Medicaid provider revalidation process to the workgroup.

**Following the presentations, Workgroup members provided the following recommendations:**

- Recommendation to invite Managed Care Organization (MCO) representatives to future workgroup meetings, to gain a deeper understanding of how these organizations deliver care to children and adults with disabilities.
- Recommendation that the Autism workgroup proactively monitor changes in state and federal legislation.
- Recommendation that legislative updates be provided in future meetings.
- **Second Meeting: June 17, 2025**

Samantha Alloway was nominated as Chair of the MAC Autism Workgroup.

Dr. Dana Weiner, Chief Officer for Children’s Behavioral Health Transformation, gave a presentation titled, “In-home Behavioral Health Aides for Youth with Autism,” in which an overview was provided of the Children’s Behavioral Health Transformation Initiative (CBHTI). Workgroup members held a discussion after the presentation, in which several questions were raised.

**Following the presentations, Workgroup members provided the following recommendations:**

- There should be more discussion about in-home Medicaid services for several underserved groups, including:
  - Children with Autism and developmental delays on the PUNS list but not yet in a waiver.
  - Children with Autism without developmental delays, who won’t qualify for PUNS.
  - Medicaid-eligible children whose families struggle to access services through EPSDT.

- DSP recruitment, to include ongoing workforce challenges, need for better training, credentialing pathways, and support for one-on-one staff serving individuals with high needs
- Streamlining process for individuals with severe Autism to access sedation for necessary dental care
- Recommendation to add outpatient therapy access and Medicaid coverage for traditional and non-traditional therapies

- **Third Meeting: September 25, 2025**

Multiple presentations were provided. The first presentation was from Emma Watters-Reardon, HFS Director of Policy, titled “One Big Beautiful Bill Act (OBBBA) Summary.” The next presentation was from Kristine Herman, HFS Bureau Chief of Behavioral Health, titled “Behavioral Health Services Available to Children and Adults with Disabilities.” The final presentation was from Cara Milanti, Executive Director, Behavioral Clinical Operations, Blue Cross Blue Shield of Illinois, titled “Managed Care’s Touch Points with Children and Adults with Disabilities.”

**Following the presentations, Workgroup members provided the following recommendations:**

- The workgroup recommended creating a report on how to improve access to all different services for people living with disabilities. Emphasis was placed on prioritizing and themes and thinking about how to write recommendations.
- Suggestion made by a workgroup member to create a provider line, if one does not already exist, where providers can call to find out what services are available through Medicaid.
- The workgroup recommended creating a survey, to be sent out to all providers, family members, and individuals receiving services.
- A request to learn more about the synergy between the HFS rural health transformation plan and the impact on the disability community.

- **Fourth Meeting: December 17, 2025**

Presentation on the Division of Developmental Disabilities (DDD) waiver was given, which included a recap of clinical eligibility, behavioral services available, as well as Support Services Teams (SST). Also discussed was the stabilization home program, a temporary comprehensive in-house support for people who are experiencing acute behavioral health conditions.

Next the workgroup reviewed the survey questions on the two surveys they created. One focused on adults with disabilities and the other focused on children with disabilities.

**Following the presentations, Workgroup members provided the following recommendations:**

- Workgroup members recommended updating the phrasing and options provided in a few of the survey questions.
- The following surveys will shed light on the following topic areas:
  - Service Awareness and Use;
  - Oral Health/Dental;
  - Satisfaction and Priorities; and
  - Additional Comments

### **Initial Strategic Plan**

The survey dissemination plan and measurable objectives for the initial strategic plan include:

- Survey(s) will be converted to an online format by March 2026
- Dissemination of survey to key stakeholders between April 2026-June 2026;
- Analyze initial data and identify trends June 2026-July 2026
- Initial results will then be presented and discussed among workgroup members by July 2026;
- Further recommendations and next steps will then be generated by the workgroup.

**CONCLUSION:** In accordance with House Resolution (HR) 818, the Medicaid Advisory Committee’s Autism Workgroup has fulfilled its charge by convening required stakeholders, identifying priority areas, and establishing a strategic plan in the form of a survey with measurable objectives. Completion of a fully data-driven conclusion is dependent on the dissemination, participation, and analysis of stakeholder surveys to be initiated in late 2026, a process that extends beyond the reporting deadline. The workgroup will continue its review of survey findings and stands ready to inform the Governor and the Illinois General Assembly of its recommendations to improve access to health care services for people with Autism once they are finalized and formally approved.

**The surveys have been included as Appendix A and Appendix B of this report.**

## **Autism Work Group Members**

- **Samantha Alloway** – (Arc of Illinois) – Non-Profit Entity
- **Lore Baker** – (AID) – Non-Profit Entity
- **Mike Baker** – Parent Advocate
- **Charlene Bennett** – (IAG) – Non-Profit Entity
- **Stephanie Brown** – Parent Advocate
- **Caroline (Carrie) Chapman** – (Legal Council for Health Justice) – Non-Profit Entity
- **Rebecca Doran** – Illinois State Board of Education
- **Jennifer Gentile** – Department of Human Services
- **John Haley (ILADD)** - ICF/SODC Advocacy Organization
- **Lauren Hintzman** – Occupational, Speech, and Physical Therapy – Provider Group
- **Kristen Huffman Gottschling** – (PACTT) – Non-Profit Entity
- **Kimberly Mercer-Schleider** – Illinois Council on Developmental Disabilities
- **Sarah Myerscough-Mueller** – Department of Healthcare and Family Services
- **Mathew Pickett** – Department of Insurance
- **Dr. Robert Rada** – Dental Care – Provider Group
- **Alexandria Saulsberry** – Behavioral Health and Primary Care – Provider Group
- **Dana Weiner** – Children’s Behavioral Health Transformation Initiative

## **APPENDIX A: Illinois Medicaid Intellectual and Developmental Disabilities Services Needs Assessment Questionnaire – for ADULTS**

### **Section 1: About You**

1. Please check the box or boxes that best define you and your relationship with the intellectual and developmental disabilities (I/DD) system. *(Select all that apply.)*
  - Individual with I/DD
  - Parent/guardian of an individual with I/DD
  - Family member of an individual with I/DD
  - Caregiver of an individual with I/DD
  - I/DD Educator
  - I/DD Healthcare professional
  - I/DD Service provider
  - I/DD Advocate
  - Other: \_\_\_\_\_
  
2. What is the age of the individual with I/DD you are representing (if applicable)?
  - 18–21 years
  - 22–35 years
  - 36+ years
  - Not applicable
  
3. In what county in Illinois do you or does the individual with I/DD live? \_\_\_\_\_

### **Section 2: Service Awareness and Use**

4. Does the individual with I/DD currently receive services through Illinois Medicaid?
  - Yes
  - No
  - Not sure
  
5. Does the individual receive I/DD services out of state?
  - Yes
  - No
  
6. Please indicate where the services are being received: \_\_\_\_\_. For the following list of services, which does the individual currently receive (currently receiving), which has the individual qualified for and is waiting to receive (applied and awaiting), and which they would like/need to receive but have not applied (need)? *(Select all that apply across each column.)*

<b>Service</b>	<b>Currently Receiving</b>	<b>Applied and Awaiting</b>	<b>Need</b>
Diagnostic Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applied Behavior Analysis Therapy/Adaptive Behavior Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HCBS Waiver Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Care or In-Home Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health or Behavioral Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical/Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community-Integrated Living Arrangement (CILA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day Programming/Supported Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crisis Stabilization Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State-Operated Developmental Center (SODC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other: \_\_\_\_\_

7. Please indicate which of the following services you know to be covered under Illinois Medicaid.  
(Select all that apply.)

- Diagnostic Evaluation
- Applied Behavioral Analysis Therapy/Adaptive Behavior Support
- Speech Therapy
- Occupational Therapy
- Physical Therapy
- Care Coordination
- Case Management
- Personal Care or In-Home Support
- Mental Health or Behavioral Health Services
- Respite care
- Transportation
- Dental care
- Medical/Health Care
- Community Integrated Living Arrangement
- Day Programming/Supported Employment
- Psychiatric Care
- Medication Management
- Crisis Stabilization Services
- Intermediate Care Facilities for Individuals with Intellectual Disabilities
- State Operated Developmental Centers
- Other: \_\_\_\_\_

8. If the individual is receiving care through your Managed Care Organization (MCO), what services/supports are they receiving?
- Diagnostic Evaluation
  - Care Coordination
  - Durable Medical Equipment
  - Medical/Health Care
  - Applied Behavioral Analysis Therapy/Adaptive Behavior Support
  - Speech Therapy
  - Occupational Therapy
  - Physical Therapy
  - Other: \_\_\_\_\_

### Section 3: Oral Health/Dental

9. Specific to oral/dental health, which of the following services has the individual received? (*Select all that apply.*)
- Preventative Care (cleanings, exams)
  - Sedation
  - Tooth extraction (including wisdom teeth)
  - Restorative Treatments (fillings, crowns, root canals)
  - Cosmetic Treatments (veneers, teeth whitening)
  - Tooth Replacement (bridges, dentures, implants)
  - Minor Procedures (wisdom tooth)
  - Periodontal (gum) disease treatment
  - Orthodontics (braces)
10. What are the biggest barriers individuals with I/DD face in receiving oral/dental health services? (*Select all that apply.*)
- Long wait times to access providers.
  - Lack of specialized training for providers.
  - Barriers to accessing care (e.g., transportation, insurance issues/prior authorization, etc.).
  - Lack of coordination between providers.
  - Lack of providers qualified to provide care to individuals with I/DD.
  - Lack of facilities to accommodate the needs of individuals with I/DD.
  - Other, please describe: \_\_\_\_\_

#### Section 4: Service Needs and Gaps

11. Has the individual experienced any challenges when accessing the services that were checked as being received in question #5?

Yes

No

If yes, please explain which services and what challenges they experienced: \_\_\_\_\_

12. Has the individual ever been misdiagnosed with a behavioral issue which was in reality an undetected medical or dental issue?

Yes

No

13. Has the individual ever had their medical or dental needs undermined due to diagnostic overshadowing?

Yes

No

14. What are the biggest barriers to accessing I/DD services through Medicaid? *(Select all that apply.)*

Waitlists

Lack of providers in my area

Services not covered

Lack of information about available services

Difficult eligibility process

Transportation or travel challenges

Language or cultural barriers

Lack of providers in my area that serve individuals with I/DD

Lack of small customized CILAs that support people with I/DD

Other: \_\_\_\_\_

#### Section 5: Satisfaction and Priorities

15. How satisfied are you with the current I/DD-related services provided through Medicaid?

Very satisfied

Somewhat satisfied

Neutral

Somewhat dissatisfied

Very dissatisfied

16. What areas should Illinois prioritize when improving Medicaid services for individuals with I/DD? *(Select your top 3.)*

- Early intervention and diagnosis
- Access to Applied Behavior Analysis therapy/Adaptive Behavior Support services
- Access to therapy services
- Transition to adulthood
- Employment and vocational training
- Housing and supportive/independent living
- Behavioral and mental health services
- Family and caregiver support
- Reducing waitlists
- Cultural/linguistic accessibility
- Community Integrated Living Arrangements
- Day Programming/Supported Employment
- Respite Services
- Dental Services/Sedation
- Crisis Stabilization Services
- Crisis Response Team Services
- Physician Services
- Customized In-Home Supports
- Intermediate Care Facilities for Individuals with Intellectual Disabilities
- State Operated Developmental Centers
- Other: \_\_\_\_\_

### Section 5: Additional Comments

17. Is there anything else you would like to share about the needs of individuals with I/DD receiving services under Illinois Medicaid? \_\_\_\_\_

## **APPENDIX B: Illinois Medicaid Intellectual and Developmental Disabilities Services Needs Assessment Questionnaire – for CHILDREN**

### **Section 1: About You**

1. Please check the box or boxes that best define you and your relationship with the intellectual and developmental disabilities (I/DD) system. *(Select all that apply.)*
  - Individual with I/DD
  - Parent/guardian of an individual with I/DD
  - Family member of an individual with I/DD
  - Caregiver of an individual with I/DD
  - I/DD Educator
  - I/DD Healthcare professional
  - I/DD Service provider
  - I/DD Advocate
  - Other: \_\_\_\_\_
  
2. What is the age of the individual with I/DD you are representing (if applicable)?
  - 0–3 years
  - 4–12 years
  - 13–17 years
  - 18–21 years
  - Not applicable
  
3. In what county in Illinois do you and the individual with I/DD live? \_\_\_\_\_

### **Section 2: Service Awareness and Use**

4. Does the individual with I/DD currently receive services through Illinois Medicaid?
  - Yes
  - No
  - Not sure
  
5. Does the individual receive I/DD services out of state?
  - Yes
  - No

Please indicate where the services are being received: \_\_\_\_\_

6. For the following list of services, which does the individual currently receive (currently receiving), which has the individual qualified for and is waiting to receive (applied and awaiting), and which they would like/need to receive but have not applied (need)? *(Select all that apply across each column.)*

<b>Service</b>	<b>Currently Receiving</b>	<b>Applied and Awaiting</b>	<b>Need</b>
Diagnostic Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applied Behavior Analysis Therapy/Adaptive Behavior Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeding Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HCBS Waiver Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Care or In-Home Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health or Behavioral Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapeutic Child Care/Daycare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical/Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child Group Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day Programming/Supported Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crisis Stabilization Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care Institution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medically Complex for the Developmentally Disabled Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Did the individual with I/DD experience any challenges when accessing these services?

Yes

No

If yes, please explain which services and what challenges you experienced: \_\_\_\_\_

8. Please indicate which of the following services you know to be covered under Illinois Medicaid.  
(Select all that apply.)

Diagnostic Evaluation

Applied Behavior Analysis Therapy/Adaptive Behavior Support

Speech Therapy

Occupational Therapy

Physical Therapy

Care Coordination

Case Management

Personal Care or In-Home Support

Incontinence Supplies

Mental Health or Behavioral Health Services

Respite care

Transportation

Dental care

- Medical/Health Care
- Child Group Home
- Day Programming/Supported Employment
- Psychiatric Care
- Medication Management
- Crisis Stabilization Services
- Child Care Institution
- Medically Complex for the Developmentally Disabled Facility
- Other: \_\_\_\_\_

9. If the individual is receiving care through a Managed Care Organization (MCO), what services/supports are they receiving?

- Diagnostic Evaluation
- Care Coordination
- Durable Medical Equipment
- Medical/Health Care
- Applied Behavior Analysis Therapy/Adaptive Behavior Support
- Speech Therapy
- Occupational Therapy
- Physical Therapy
- Developmental Therapy
- Other: \_\_\_\_\_

### Section 3: Oral Health/Dental

10. Specific to oral/dental health, which of the following services has the individual received? (*Select all that apply.*)

- Preventative Care (cleanings, exams)
- Sedation
- Tooth extraction (including wisdom teeth)
- Restorative Treatments (fillings, crowns, root canals)
- Cosmetic Treatments (veneers, teeth whitening)
- Tooth Replacement (bridges, dentures, implants)
- Minor Procedures (wisdom tooth)
- Periodontal (gum) disease treatment
- Orthodontics (braces)

11. What are the biggest barriers individuals with I/DD face in receiving oral/dental health services? *(Select all that apply.)*

- Long wait times to access providers.
- Lack of specialized training for providers.
- Barriers to accessing care (e.g., transportation, insurance issues/prior authorization, etc.).
- Lack of coordination between providers.
- Lack of providers qualified to provide care to individuals with I/DD.
- Lack of facilities to accommodate the needs of individuals with I/DD.
- Other, please describe:

#### **Section 4: Service Needs and Gaps**

12. Has the individual experienced any challenges when accessing the services that were checked as being received in question #6 above?

- Yes
- No

If yes, please explain which services and what challenges they experienced: \_\_\_\_\_

13. Has the individual ever been misdiagnosed with a behavioral issue which was in reality an undetected medical or dental issue?

- Yes
- No

14. Has the individual ever had their medical or dental needs undermined due to diagnostic overshadowing?

- Yes
- No

15. What are the biggest barriers to accessing I/DD services through Medicaid? *(Select all that apply.)*

- Waitlists
- Lack of providers in my area
- Services not covered
- Lack of information about available services
- Difficult eligibility process
- Transportation or travel challenges

- Language or cultural barriers
- Lack of providers in my area that serve individuals with I/DD
- Lack of small customized CILAs that support people with I/DD
- Other: \_\_\_\_\_

### Section 5: Satisfaction and Priorities

16. How satisfied are you with the current I/DD-related services provided to the individual through Medicaid?
- Very satisfied
  - Somewhat satisfied
  - Neutral
  - Somewhat dissatisfied
  - Very dissatisfied
17. What areas should Illinois prioritize when improving Medicaid services for individuals with I/DD? (*Select your top 3.*)
- Early intervention and diagnosis
  - Access to Applied Behavior Analysis therapy/Adaptive Behavior Support services
  - Access to therapy services
  - Transition to adulthood
  - Employment and vocational training
  - Housing and supportive/independent living
  - Behavioral and mental health services
  - Family and caregiver support
  - Reducing waitlists
  - Cultural/linguistic accessibility
  - Child Group Homes
  - Day Programming/Supported Employment
  - Respite Services
  - Dental Services/Sedation
  - Crisis Stabilization Services
  - Crisis Response Team Services
  - Physician Services
  - Customized In-Home Supports
  - Child Care Institutions

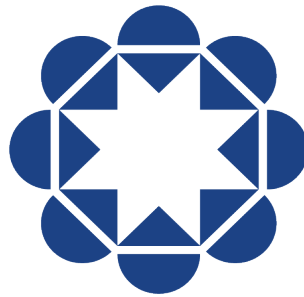
Medically Complex for the Developmentally Disabled Facilities

Other: \_\_\_\_\_

**Section 5: Additional Comments**

18. Is there anything else you would like to share about the needs of individuals with I/DD receiving services under Illinois Medicaid? \_\_\_\_\_

For printed copies, additional information, or to submit comments and questions about this report, please contact:



# HFS

## Illinois Department of Healthcare and Family Services

IL Department of Healthcare and Family Services

Attention: Boards and Commissions

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