

New York State Autism Cost Study Report

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Introduction

Chapter 210 of the Laws of 2018 directed five state agencies to estimate the costs to the state for the early diagnosis of autism spectrum disorder (ASD) and the long-term treatment of individuals with ASD. The study was to project an estimate future cost of services needed to accommodate the growth in the number of individuals being diagnosed with ASD. Please see [Appendix A](#) on page 13.

The five agencies included in this report are the New York State Office for People With Developmental Disabilities (OPWDD), the State Education Department (SED), the Department of Health (DOH), the Office of Children and Family Services (OCFS), and the Office of Mental Health (OMH). Each agency contributed information and data relevant to their individual programs and services.

As the number of New Yorkers with a diagnosis of ASD grows, New York's system of supports must be ready to support additional people with a broader array of services that can be tailored to each person's specific needs. The data contained in the following pages can be helpful to policymakers seeking to ensure that New Yorkers with an ASD diagnosis receive appropriate services today and in the future.

Executive Summary

The percentage of children diagnosed with ASD is increasing in the United States and in New York. Recent findings posted by the federal Centers for Disease Control and Prevention (CDC) from the Autism and Developmental Disabilities Monitoring Network show that an estimated one in 54 8-year-old children was identified with ASD in 2016, based on tracking in 11 communities across the United States. This number is higher than estimates from our 2014 report when one in 59 8-year-old children was identified with ASD. <https://www.cdc.gov/ncbddd/autism/features/new-asd-prevalence-numbers-show-gaps-are-closing.html>

The total number of New Yorkers with an ASD diagnosis cannot be determined with precision because there is no requirement that a person report their diagnosis to the government. In addition, a person with ASD may receive services supported by multiple state agencies concurrently or longitudinally over time, depending on when they receive a diagnosis of autism and depending on their level of functioning and impairment. For instance, the Department of Health may be responsible for Early Intervention services for someone under the age of 3, however when that child is older, both OPWDD and the SED may be involved. It is also important to note that not every special education eligible student will qualify for OPWDD services.

The available data, however, indicate that the number of New Yorkers on the autism spectrum is increasing. Between 2015 and 2020, the number of individuals served by OPWDD with a primary diagnosis of autism increased from 20,789 to 27,434. If this 7.2% annual rate of increase were to continue, OPWDD would serve approximately 38,800 people on the autism disorder spectrum by 2025.

Between 2015 and 2019 the number of individuals with a primary diagnosis of autism in public education decreased from 10,738 in 2015-16 school year to 9,280 in 2018-19. Private education costs were applicable for 3,984 students in the 2015-16 school year and increased to 4,034 in 2018-19. If these trends were to continue, students with ASD would number approximately 6,940 and 4,160 in public and private education, respectively, by the 2024-25 school year.

Depending upon the rate of increase, the range of increased cost for New York State to support people with a primary diagnosis ASD could be an additional \$365-835 million annually by 2025.

Note that combining the expenditures from different agencies is problematic from the perspective that data from the OPWDD is based on Medicaid Expenditures from July to June while the SED's annual expenditures were on a school year basis. The DOH data was reported on a July through June basis.

Office for People With Developmental Disabilities

OPWDD provides services and supports for people with intellectual and developmental disabilities, including individuals with an ASD diagnosis who meet the edibility criteria codified in Mental Hygiene Law section 1.03 (22). Examples of available services include employment supports, day habilitation, residential supports, and funding for assistive technology and environmental modifications to help people live more independently. Respite services are available for caregivers. Individuals eligible for OPWDD services can select a Care Coordination Organization (CCO) to help them access and coordinate services approved through OPWDD as well as coordinate dental, physical, and mental health services.

People eligible for OPWDD services who have a primary diagnosis of ASD continue to increase in number and as a percentage of people served by the agency. From 2016 through 2020, the total number of OPWDD service recipients with ASD went from 20,780 to 27,434 which is an average annual growth rate of 7.2 percent.

The percentage of OPWDD service recipients who have an autism diagnosis increased from 18.2 percent in 2016 to 22.5 percent in 2020 for a share increase of 4.3 percent, and if the trends continue the share will become 29 percent in 2025. While people with an ASD diagnosis still constitute a minority of the people served by OPWDD, they are the fastest growing population in raw numbers and percentages. Please see [Appendix B](#) on page 14.

OPWDD Medicaid utilization data for the past five years can be found on OPWDD's website at <https://opwdd.ny.gov/data>. Overall, OPWDD Medicaid utilization data reflects growth in the number of individuals served, total expenditures, and the average payment per individual. From 2016 to 2020, OPWDD Medicaid expenditures on services for individuals with a primary diagnosis of ASD grew from more than \$753 million to \$1.188

billion. If this five-year average annual growth rate of 12.1 percent were to continue, the Medicaid expenditure for individuals with an ASD diagnosis in the OPWDD system would grow by more than \$900 million to \$2.1 billion in 2025. The New York State share of that expenditure is approximately 50 percent of the total cost, or \$450 million. Please see [Appendix B](#) on page 14.

The growth in Medicaid expenditure on a per-person basis grew from \$36,255 in 2016 to \$43,402 in 2020 for an average annual growth rate of 4.5 percent. If this trend were to continue, the Medicaid expenditure per person would be \$54,101 in 2025, with New York State's share being approximately \$27,000 per person. Please see [Appendix B](#) on page 14.

Utilization of OPWDD Medicaid Services: Primary Diagnosis ASD June 2016 - June 2020

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2020 OPWDD NY Share | 2019- 2020 % change | 2016- 2020 AAGR | 2025 Medicaid Estimate* | 2025 NY Share Estimate* |
|--|----------|----------|----------|-----------|-----------|---------------------------|---------------------------|-----------------------|-------------------------------|-------------------------------|
| # of individuals | 20,780 | 22,510 | 24,033 | 25,574 | 27,434 | | 7.3 | 7.2 | 38,823 | |
| Total Medicaid Expenditure (\$million) | \$ 753.4 | \$ 816.0 | \$ 902.8 | \$1,086.9 | \$1,188.3 | \$ 594.1 | 9.3 | 12.1 | \$2,100.4 | \$1,050.2 |
| Expenditure per person | \$36,255 | \$36,250 | \$37,565 | \$42,502 | \$43,314 | \$21,657 | 1.9 | 4.5 | \$54,101 | \$27,051 |

*2025 Estimated Values calculated from 2020 base numbers extended 5 years using 2016-2020 Average Annual Growth Rate

State Education Department

Special Education Services

To be eligible for special education programs and services as a school-age student with a disability in New York State (NYS), a child must have a disability that affects his or her ability to learn and meet the criteria for one of the 13 disability categories defined in Commissioner's Regulations section 200.1(zz), including autism. The committee on special education's (CSE) determination of eligibility must be made on the basis of the individual evaluation. A school district must use a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information about the child that may assist in determining whether the child is a child with a disability and the educational needs of the child. While the CSE must consider a student's physical development (including the degree and quality of the student's motor and sensory development, health, vitality, and physical skills or limitations which pertain to the learning process), it cannot base its decision solely on a medical diagnosis.

Autism, as defined in Commissioner's Regulations section 200.1, means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3, which adversely affects a student's educational performance. Characteristics often associated with autism also include engagement in repetitive activities and stereotyped movements, resistance to environmental change or changes in daily routines, and unusual responses to sensory experiences. The determination of a disability category is used for eligibility purposes and does not prescribe the program or services a student will receive. While there are common features of autism, there is also great variability in needs of students with disabilities classified with autism. Decisions made by a CSE regarding the provision of special education services that are appropriate for a school-age student with a disability must be based on the child's unique needs, not on the disability category in which the student is classified. Additionally, Commissioner's Regulations section 200.13, as required under Chapter 410 of Law of 1978, establishes requirements relating to educational programs for students with autism, including that:

- the full continuum of special education program services must be available to students with autism as needed;
- instructional groupings serving students with autism must have the same chronological age range limitations as other students with disabilities grouped together for instructional purposes;
- class sizes for special classes and resource room for students with autism must be appropriate to meet their needs and meet the same requirements as these class sizes for other students with disabilities, provided that the class size of special classrooms composed entirely of students with autism cannot exceed six students, with one or more supplementary school personnel assigned to each class during periods of instruction (i.e., 6:1+1 special class);
- instructional services must be provided to meet the individual language needs of students with autism;
- students with autism must receive instruction that would promote their inclusion in resource room programs and regular classes to the maximum extent appropriate;
- where a student has been placed in programs containing students with other disabilities, or in a regular class placement, a special education teacher with a background in teaching students with autism must provide transitional support services in order to assure that the student's special education needs are being met;
- students with autism must have the same length of school day applicable to all students;
- students with autism must have the same entitlement to a free appropriate public education applicable to all students (i.e., until they obtain a high school diploma, or until the end of the school year in which they attain their 21st birthday, whichever occurs first); and
- provision must be made for parent counseling and training for the purpose of enabling parents to perform appropriate follow-up intervention activities at home.

In 2001, the SED worked with the New York Autism Network to develop and disseminate the Autism Program Quality Indicators (APQI) that reflect research-based components that have been linked to high quality and effective educational programs for students with autism. The APQIs promote the goal that all students in NYS receive special education that meets high educational standards by providing benchmarks of quality programs that result in successful outcomes for students with autism. The APQI were developed to apply to programs that serve children between the ages of three and 21, on the full range of the autism spectrum and ability levels, and in all educational settings. The purpose of the APQI is to provide a tool for schools or programs to self-evaluate educational services as a whole rather than an evaluation of services provided to any specific child.

From 2016 to 2020, state, federal, and local expenditures for special education services for students with a primary diagnosis of ASD grew from approximately \$1.08 billion to \$1.17 billion for a growth rate of two percent annually. During this same period, the state share grew from approximately \$378 million to \$463 million for an annual growth rate of 5.2 percent. If this trend were to continue through the 2024-25 school year, the total cost for special education services for students with a primary diagnosis of ASD would increase to approximately \$1.4 billion with a state share cost approaching \$643 million.

Special Education Expenditures for People with a Primary Diagnosis of Autism Spectrum Disorder

| | 2015-2016 | 2016-2017 | 2017-2018 | 2018-2019 | 2019-2020 | 2018-19/2019-20 % change | 2015-16/19-20 AAGR | 2024-25 Education Estimate |
|---|------------|------------|------------|------------|------------|--------------------------|--------------------|----------------------------|
| Total Educational Expenditure (\$million) | \$ 1,079.3 | \$ 1,085.1 | \$ 1,098.7 | \$ 1,141.1 | \$ 1,168.7 | 2.4% | 2.0% | \$ 1,391.1 |
| State Educational Expenditure (\$million) | \$ 377.9 | \$ 386.5 | \$ 411.7 | \$ 438.2 | \$ 462.7 | 5.6% | 5.2% | \$ 642.9 |
| County Educational Expenditure (\$million) | \$ 13.7 | \$ 15.1 | \$ 17.8 | \$ 20.3 | \$ 23.1 | 13.9% | 13.9% | \$ 44.4 |
| School District Educational Expenditure (\$million) | \$ 687.7 | \$ 683.5 | \$ 669.2 | \$ 682.6 | \$ 682.9 | 0.1% | -0.2% | \$ 705.1 |

ACCES-VR

In addition to special education expenses, SED spent approximately \$3.54 million state dollars in 2017 for ACCES-VR services for people with an ASD diagnosis which grew to \$4.65 million in 2021. If this average annual increase of 7.1 percent were to continue, the state share cost of ACCES-VR services for people with an ASD diagnosis would increase by \$980,000 to \$5.48 million in 2025.

State ACCES-VR Expenditures for People with Primary Diagnosis of Autism Spectrum Disorder

| | 2017 | 2018 | 2019 | 2020 | 2021 | 2020/2021 % change | 2017/21 AAGR | 2025 Education Estimate |
|--|---------|---------|---------|---------|---------|--------------------|--------------|-------------------------|
| # of Individuals | 6,002 | 6,634 | 7,361 | 7,218 | 7,398 | 2.5% | 5.4% | 8,770 |
| NYS Employment Expenditure (\$million) | \$ 3.54 | \$ 4.09 | \$ 4.56 | \$ 4.22 | \$ 4.65 | 10.2% | 7.1% | \$ 5.48 |
| NYS Expenditure per person | \$ 589 | \$ 617 | \$ 619 | \$ 584 | \$ 628 | 7.5% | 1.6% | \$ 625 |

Department of Health

New York State Early Intervention Program

The New York State Early Intervention Program (EIP) is part of the national Early Intervention Program for infants and toddlers with disabilities and their families. First created by Congress in 1986 under the Individuals with Disabilities Education Act (IDEA), the EIP is administered by the New York State DOH through the Bureau of Early Intervention. In NYS, the EIP is established in Article 25 of the Public Health Law and has been in effect since July 1, 1993. To be eligible for services, children must be under three years of age and have a confirmed disability or established developmental delay, as defined by the State, in one or more of the following areas of development: physical, cognitive, communication, social-emotional, and/or adaptive.

The EIP offers a variety of therapeutic and support services to infants and toddlers with disabilities and their families, including family education and counseling, home visits, and parent support groups, special instruction, speech pathology and audiology, occupational therapy, physical therapy, psychological services, service coordination, nursing services, nutrition services, social work services, vision services, and assistive technology devices and services. Major provisions of the New York Public Health Law that govern the EIP require:

- Local administration of the program by an Early Intervention Official (EIO) designated by the chief elected official of each of the 57 counties and New York City. The EIO is responsible for ensuring eligible children and families receive the services included in the Individualized Family Service Plan (IFSP) that is developed for the child and family.
- Identification and referral of children at risk or suspected of disability by primary referral sources (including physicians and other health-care providers).
- Periodic developmental screening and tracking of at-risk children.
- Provision of service coordination services to eligible children and their families.
- A multidisciplinary evaluation of children referred to the program, at no cost to families, to determine eligibility.
- IFSPs for eligible children and their families.
- Provision of early intervention services as specified in the IFSP at no cost to the family.
- Delivery of services in natural settings in the community where peers are typically found to the maximum extent appropriate.

ASDs are a group of severe disorders of development. They can disrupt social relationships and communication, play, and academic skills. ASDs usually lead to lifelong disability. Science shows that early detection of ASD, when followed by the right interventions, can lead to better outcomes for children affected by autism. These include improved language, social, and adaptive functioning, and a reduction in inappropriate behaviors. It is important to identify and refer children with ASD as early as possible to

the EIP. More information about autism is available from the New York State DOH Bureau of Early Intervention's publication *Clinical Practice Guideline on Autism/Pervasive Developmental Disorders: Assessment and Intervention for Young children (Age 0-3 years)* at https://www.health.ny.gov/community/infants_children/early_intervention/disorders/autism/.

Early Intervention Expenditures for Infants and Toddlers with Autism Spectrum Disorder

| Early Intervention Program Year from July to June | 2015-2016 | 2016-2017 | 2017-2018 | 2018-2019 | 2019-2020 | 2018-2019/2019-2020 % change | 2015-2016/2019-2020 AAGR | 2024-2025 Early Intervention Estimate |
|--|-----------|-----------|-----------|-----------|-----------|------------------------------|--------------------------|---------------------------------------|
| # of Individuals with ASD | 10,799 | 12,377 | 12,767 | 12,385 | 14,177 | 14.5% | 7.3% | 16,359 |
| Total Early Intervention Expenditure (\$ million) | \$255.8 | \$271.4 | \$294.9 | \$311.4 | \$304.8 | -2.1% | 4.6% | \$316.7 |
| Medicaid Early Intervention Expenditure (\$ million) | \$90.6 | \$98.6 | \$106.0 | \$110.8 | \$115.0 | 3.8% | 6.2% | \$118.0 |
| Escrow Early Intervention Expenditure (\$ million) | \$163.1 | \$170.6 | \$186.5 | \$197.9 | \$187.4 | -5.3% | 3.7% | \$196.4 |
| State Early Intervention Expenditure (\$ million) (25% of Medicaid + 49% of Escrow Expenditures) | \$102.6 | \$108.3 | \$117.9 | \$124.7 | \$120.6 | -3.3% | 4.2% | \$125.7 |
| County Early Intervention Expenditure (\$ million) (25% of Medicaid + 51% of Escrow Expenditures) | \$105.8 | \$111.7 | \$121.7 | \$128.6 | \$124.3 | -3.4% | 4.2% | \$129.7 |

The early intervention services were adjudicated by commercial insurance as applicable first, then by Medicaid, which in NYS is funded at 50 percent of federal share, 25 percent of State share and 25 percent of county share, and lastly, any claims that are not reimbursed by commercial insurance or Medicaid are reimbursed from an escrow account funded by the county of fiscal responsibility, which reimburses for 100 percent of the service cost. Subsequently, the county of fiscal responsibility is reimbursed by the State for 49 percent of their costs from the escrow account. The above expenditure data from the EIP's State Fiscal Agent indicated an increase of number of children served with ASD from 10,799 in year 2015-2016 to 14,177 in year 2019-2020 for an average annual growth rate (AAGR) of 7.3 percent with an estimate of 16,359 in year 2024-2025. The State expenditure from 25 percent of Medicaid and 49 percent of the escrow increased from \$102.6 million in year 2015-2016 to \$120.6 million in year 2019-2020 for an AAGR of 4.2 percent with an estimate of \$125.7 million in year 2024-2025. The years reflect July 1 of one calendar year through June 30 of the following calendar year.

In 2017, the NYS DOH, as lead agency for the EIP in NYS, issued an updated evidence-based ASD Clinical Practice Guideline at [report recommendations update.pdf \(ny.gov\)](#) and would recommend it to all families with young children and pediatric providers.

[Medicaid covered services for people with Autism Spectrum Disorder](#)

Medicaid is a health insurance plan for low-income New Yorkers and New Yorkers with certain disabilities. Individuals may be eligible for Medicaid if they receive Supplemental Security Income (SSI) or meet certain income, resource, age, or disability requirements. Medicaid can pay for a variety of medical services that can help individuals continue to live in their home, or for special services available to participants in waivers. Some of the covered services include doctor and clinic services, prescription and non-prescription drugs, home care, personal care aides, adult day care, lab tests, transportation to medical

care, physical, occupational and speech therapy, mental health and substance use services, x-rays, and durable medical equipment such as wheelchairs, orthotics, and prosthetic appliances.

Below are additional descriptions of newly covered Medicaid services for individuals under 21 years old including applied behavior analysis services; Children and Family Treatment and Support Services; followed by an analysis of Medicaid utilization and costs for individuals with a primary diagnosis of ASD where services are not captured by OPWDD or EIP.

[Applied Behavior Analysis \(ABA\) Services for individuals under 21 years old with Autism Spectrum Disorder who are Medicaid members](#)

Effective October 1, 2021, NYS Medicaid-enrolled Licensed Behavior Analysts (LBAs) can bill Medicaid for applied behavior analysis (ABA) services provided to Medicaid members. ABA therapy involves the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior. ABA therapy is commonly used to treat individuals with ASD. ABA services can be provided by NYS Medicaid-enrolled LBAs, Certified Behavior Analyst Assistants, or other individuals specified under Article 167 of NYS Education Law working under the supervision of LBAs. This means that individuals under 21 years of age with a diagnosis of ASD as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) who are NYS Medicaid fee for service and Medicaid managed care members can get Medicaid coverage for these services.

[Children and Family Treatment and Support Services \(CFTSS\)](#)

NYS Medicaid released the CFTSS provider manual in December 2018, updated in January 2021 as a guide to six children's health and behavioral health Medicaid State Plan services. These services are an outgrowth of the NYS Medicaid Redesign efforts and the direction of the NYS Children's Medicaid Redesign Subcommittee. These CFTSS are authorized under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefits. EPSDT is an array of Medicaid benefits for children under 21 years of age, which historically have been focused primarily on children's preventive medical care (e.g., well baby visits, vaccinations, and screenings at designed ages). This set of Medicaid State Plan services will enable a greater focus on prevention and early intervention by providing a broader array of available services and the capacity to intervene earlier in a child/youth's life. The addition of these new services offers opportunities to better meet the behavioral health needs at earlier junctures in a child/youth's life to prevent the onset or progression of behavioral health conditions. This expansion of access to and the range of these services will also help prevent the need for more restrictive and higher intensity services for children and youth. The following services will be available to any child eligible for Medicaid who meets relevant medical necessity criteria: Other Licensed Practitioner; Crisis Intervention; Community Psychiatric

Supports & Treatment; Psychosocial Rehabilitation Services; Family Peer Support Services; and Youth Peer Support, and are described further on the NYS DOH website https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/proposed_spa.htm.

This array of services will allow interventions to be delivered in the home and other natural community-based settings where children/youth and their families live. By providing a greater level of flexibility and the capacity for more individualized service delivery, including crisis intervention services, NYS hopes to achieve the guiding principle behind the Medicaid benefit redesign for children and their families to receive “the right services, at the right time, and in the right amount.” The utilization of CFTSS is intended to be individualized to the needs of the child at any point in their development or treatment trajectory. Therefore, a behavioral health need can be identified by multiple sources including parents and other caregivers, pediatricians, care managers, clinicians, school personnel, or the young person themselves. Anyone can make a referral for services, although the determination for medical necessity must be made by a licensed practitioner.

Medicaid Utilization

The total Medicaid spending and the number of individuals in the table below represent individuals who had a claim where the primary diagnosis was ASD in the year and the associated Medicaid expenditures. Each year started July 1 and ended June 30 the following year. For this analysis, we removed claims associated with Early Intervention and OPWDD services to avoid duplication. If an individual had both OPWDD services/Early Intervention services and another Medicaid service where ASD was listed as the primary diagnosis, the individual was counted in the number with a Medicaid claim for that year. If an individual with ASD only had OPWDD or Early Intervention services and no other Medicaid services, they are not included in this count of Medicaid individuals, as they are represented in the OPWDD and EI analyses above. Using this logic, the count of individuals among Medicaid, OPWDD, and Early Intervention includes duplication of individuals if they received multiple services. However, since Early Intervention and OPWDD services were removed from this section of the report, cost is not duplicated among the EI services, the OPWDD services, and the gross Medicaid costs across these three service types.

The number of individuals with a primary diagnosis of ASD eligible for Medicaid has increased from 2016 at 29,933 to 2020 at 46,098. There has been a steady increase in gross Medicaid spending over the same five-year period with a smaller increase from FY 2019 to FY 2020, that may or may not be accounted for by the changes in access to healthcare during the COVID-19 pandemic. The average annual growth rate over the five years shows an 11.7 percent increase in the number of individuals with an autism spectrum diagnoses and a 25.4 percent increase in the gross Medicaid costs. The FY 2025 projected Medicaid cost based on the past years, using the 2016-2020 average adjusted growth rate is \$580 million, with a projected Medicaid state share of \$290 million.

The state Medicaid share is based on 50 percent of the total cost and does not account for enhanced Federal match.

*Number of Individuals and Medicaid Spending
(excluding expenditures reported for OPWDD and EI services above)
for Primary Diagnosis Autism Spectrum Disorder (YE June 2016 - YE June 2020)*

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2020 NY Share | 2019-2020 % change | 2016-2020 AAGR | 2025 Medicaid Estimate | 2025 NY Share Estimate |
|---------------------------|----------|----------|----------|----------|----------|---------------|--------------------|----------------|------------------------|------------------------|
| # of Individuals | 29,933 | 37,747 | 41,825 | 44,929 | 46,098 | | 2.6% | 11.7% | 80,158 | |
| Gross Spend (in Millions) | \$ 79.1 | \$ 118.5 | \$ 160.2 | \$ 183.1 | \$ 187.0 | \$ 93.5 | 2.13% | 25.4% | \$ 580.0 | \$ 290.0 |
| Gross Spend Per Person | \$ 2,642 | \$ 3,140 | \$ 3,831 | \$ 4,075 | \$ 4,057 | \$ 2,029 | | | \$ 7,235 | \$ 3,618 |

Office of Children and Family Services and Office of Mental Health

The OCFS and NYS OMH do not have any data regarding the provision of services to individuals with a diagnosis of ASD. While the agencies do provide services to some people on the spectrum, the services are related to other needs, not necessarily the ASD diagnosis. An increase in the number of individuals with an ASD diagnosis would not necessarily generate additional expenses for these state agencies.

Report Findings and Recommendations

Data from OPWDD, SED, and DOH indicate that NYS funded approximately \$1.3 billion dollars in services and supports to New Yorkers with a primary diagnosis of ASD in 2020. If the growth rates through 2025 are 6% for OPWDD, 3.3% for SED, 0.4% for DOH early intervention and 12.7% for other DOH services, NYS's total expenditure will be \$1.6 billion by 2025. If the trends of the past five years were to continue for the next five, it is estimated that NYS would have a total state expenditure of \$2.1 billion by 2025. Given these estimates, NYS would need to increase its investment in the range of \$365-835 million.

New York Expenditures in millions of dollars

| | 2020 | 50% of 5-year AAGR | 2025 (est. from 50% of AAGR) | 5-year AAGR | 2025 (est. from AAGR) | Range of Estimated Increase |
|--------------------------|-------------------|--------------------|------------------------------|-------------|-----------------------|-----------------------------|
| OPWDD | \$ 594.1 | 6.0% | \$ 796.3 | 12.1% | \$ 1,050.2 | \$ 202.2 - 456.1 |
| SED | \$ 471.4 | 3.3% | \$ 554.2 | 6.6% | \$ 648.3 | \$ 82.8 - 176.9 |
| DOH (Early Intervention) | \$ 120.6 | 0.4% | \$ 123.1 | 0.8% | \$ 125.7 | \$ 2.5 - 5.1 |
| DOH (excluding EI) | \$ 93.5 | 12.7% | \$ 170.0 | 25.4% | \$ 290.0 | \$ 76.5 - 196.5 |
| Total | \$ 1,279.6 | | \$ 1,643.7 | | \$ 2,114.2 | \$ 364.1 - 834.6 |

Recommendations

Regarding recommendations for future actions, the state agencies that contributed to this report have representatives assigned as ex-officio members of the NYS Autism Spectrum Disorders Advisory Board to help support the board members who are appointed by the Governor and legislative leaders. Since the purpose of the Board is to recommend ways that the state can improve services and outcomes for New Yorkers with an ASD diagnosis, the participating agencies would defer to the important recommendations made by the full Board in their most recent report which can be found here: <https://opwdd.ny.gov/autism-spectrum-disorders-advisory-board>

Appendix A: Chapter 210 of 2018

New York State Unconsolidated Law

§ 1. Section 1. The commissioner of the office for people with developmental disabilities, the commissioner of education, the commissioner of health, the commissioner of the office of children and family services and the commissioner of mental health shall cause a study to be performed on the costs to the state for the early diagnosis of autism spectrum disorder and the long-term treatment of individuals with autism spectrum disorder. Such study shall include, but not be limited to, a projected estimate of future cost to the state associated with state services that will be needed to accommodate the growth in the number of individuals being diagnosed with autism spectrum disorder.

§ 2. On or before April 1, 2021, the commissioner of the office for people with developmental disabilities, the commissioner of education, the commissioner of health, the commissioner of the office of children and family services and the commissioner of mental health shall deliver a copy of the findings of the study conducted pursuant to section one of this act and any legislative recommendations he or she deems to be necessary to the governor, the temporary president of the senate, the speaker of the assembly, the chair of the mental health and developmental disabilities committee of the senate, and the chair of the mental health committee of the assembly.

§ 3. This act shall take effect immediately.

Appendix B: OPWDD Data

| Utilization of OPWDD Medicaid Services by Primary IDD Diagnosis Category (YE June 2016 - YE June 2020) | | | | | | | | | | | | |
|--|----------------------|------------------|-----------------|-----------------|-----------------|-----------------|-----------------|------------------|-----------------|------------------|--------------------|-------------------|
| Primary IDD Dx Category | Metric | Year Ending June | | | | | 2020 NY Share | 2025 Estimate* | 2025 Est. NY* | 2020 % of Tot | 2019-2020 % Chg | 2016-2020 AAGR |
| | | 2016 | 2017 | 2018 | 2019 | 2020 | | | | | | |
| AUTISM SPECTRUM DISORDERS | Total Individuals | 20,780 | 22,510 | 24,033 | 25,574 | 27,434 | | 38,823 | | 22.5% | 7.3% | 7.2% |
| | Medicaid Expenditure | \$753,376,999 | \$815,982,205 | \$902,730,753 | \$1,086,950,913 | \$1,188,280,267 | \$594,140,134 | \$2,100,400,175 | \$1,050,200,087 | 14.2% | 9.3% | 12.1% |
| | Avg Pymt / Indiv | \$36,255 | \$36,250 | \$37,565 | \$42,502 | \$43,314 | \$21,657 | \$54,101 | \$27,051 | 1.9% | -0.6% | 4.5% |
| CEREBRAL PALSY | Total Individuals | 4,368 | 4,423 | 4,502 | 4,473 | 4,447 | | 4,548 | | 3.6% | 0.4% | 0.4% |
| | Medicaid Expenditure | \$225,956,441 | \$236,518,272 | \$246,608,107 | \$271,552,769 | \$280,593,254 | \$140,296,627 | \$367,826,362 | \$183,913,181 | 3.4% | 3.3% | 5.6% |
| | Avg Pymt / Indiv | \$51,730 | \$53,475 | \$54,777 | \$60,709 | \$63,097 | \$31,549 | \$80,881 | \$40,440 | 3.9% | 3.9% | 5.1% |
| EPILEPSY/SEIZURE DISORDERS | Total Individuals | 1,062 | 1,141 | 1,207 | 1,259 | 1,281 | | 1,619 | | 1.1% | 1.7% | 4.8% |
| | Medicaid Expenditure | \$40,565,483 | \$44,364,100 | \$49,787,168 | \$57,459,365 | \$61,753,858 | \$30,876,929 | \$104,423,535 | \$52,211,768 | 0.7% | 7.5% | 11.1% |
| | Avg Pymt / Indiv | \$38,197 | \$38,882 | \$41,249 | \$45,639 | \$48,208 | \$24,104 | \$64,486 | \$32,243 | 5.6% | 6.0% | 6.0% |
| INTELLECTUAL DISABILITY MILD | Total Individuals | 42,718 | 42,779 | 42,698 | 42,473 | 42,455 | | 42,129 | | 34.8% | 0.0% | -0.2% |
| | Medicaid Expenditure | \$2,560,521,469 | \$2,616,907,907 | \$2,701,574,189 | \$2,928,241,580 | \$3,046,121,982 | \$1,523,060,991 | \$3,784,607,773 | \$1,892,303,887 | 36.5% | 4.0% | 4.4% |
| | Avg Pymt / Indiv | \$59,940 | \$61,173 | \$63,272 | \$68,944 | \$71,749 | \$35,875 | \$89,835 | \$44,917 | 4.1% | 4.1% | 4.6% |
| INTELLECTUAL DISABILITY MODERATE | Total Individuals | 10,552 | 11,056 | 11,403 | 11,801 | 12,072 | | 14,284 | | 9.9% | 2.3% | 3.4% |
| | Medicaid Expenditure | \$899,123,578 | \$921,622,057 | \$944,664,808 | \$1,007,865,497 | \$1,043,643,848 | \$521,821,824 | \$1,257,385,053 | \$628,692,526 | 12.5% | 3.5% | 3.8% |
| | Avg Pymt / Indiv | \$85,209 | \$83,359 | \$82,844 | \$85,405 | \$86,452 | \$43,226 | \$88,031 | \$44,015 | 1.2% | 0.4% | 0.4% |
| INTELLECTUAL DISABILITY SEVERE | Total Individuals | 6,321 | 6,277 | 6,161 | 6,024 | 5,900 | | 5,413 | | 4.8% | -2.1% | -1.7% |
| | Medicaid Expenditure | \$814,924,481 | \$810,762,958 | \$798,519,664 | \$811,815,344 | \$812,966,960 | \$406,483,480 | \$810,526,670 | \$405,263,335 | 9.7% | 0.1% | -0.1% |
| | Avg Pymt / Indiv | \$128,923 | \$129,164 | \$129,609 | \$134,764 | \$137,791 | \$68,896 | \$149,738 | \$74,869 | 2.2% | 2.2% | 1.7% |
| INTELLECTUAL DISABILITY PROFOUND | Total Individuals | 6,519 | 6,273 | 6,048 | 5,805 | 5,549 | | 4,537 | | 4.6% | -4.4% | -3.9% |
| | Medicaid Expenditure | \$1,114,692,936 | \$1,099,210,766 | \$1,042,807,346 | \$1,026,787,654 | \$998,062,524 | \$499,031,262 | \$869,282,374 | \$434,641,187 | 12.0% | -2.8% | -2.7% |
| | Avg Pymt / Indiv | \$170,991 | \$175,229 | \$172,422 | \$176,890 | \$179,863 | \$89,932 | \$191,604 | \$95,802 | 1.7% | 1.7% | 1.3% |
| INTELLECTUAL DISABILITY UNSPECIFIED | Total Individuals | 4,370 | 4,418 | 4,432 | 4,391 | 4,373 | | 4,377 | | 3.6% | -0.4% | 0.0% |
| | Medicaid Expenditure | \$321,207,957 | \$329,261,640 | \$337,296,119 | \$360,717,042 | \$371,051,565 | \$185,525,783 | \$444,369,490 | \$222,184,745 | 4.4% | 2.9% | 3.7% |
| | Avg Pymt / Indiv | \$73,503 | \$74,527 | \$76,105 | \$82,149 | \$84,851 | \$42,425 | \$101,529 | \$50,765 | 3.3% | 3.3% | 3.7% |
| OTHER DEVELOPMENTAL DISORDERS/DELAYS | Total Individuals | 1,851 | 2,322 | 3,074 | 3,873 | 4,954 | | 16,959 | | 4.1% | 27.9% | 27.9% |
| | Medicaid Expenditure | \$69,392,103 | \$75,704,382 | \$84,319,611 | \$104,159,272 | \$125,115,505 | \$62,557,752 | \$261,404,156 | \$130,702,078 | 1.5% | 20.1% | 15.9% |
| | Avg Pymt / Indiv | \$37,489 | \$32,603 | \$27,430 | \$26,894 | \$25,255 | \$12,628 | \$15,414 | \$7,707 | -6.1% | -9.4% | -9.4% |
| OTHER NEUROLOGICAL IMPAIRMENTS | Total Individuals | 3,194 | 3,367 | 3,497 | 3,573 | 3,632 | | 4,265 | | 3.0% | 1.7% | 3.3% |
| | Medicaid Expenditure | \$81,613,065 | \$90,562,189 | \$106,284,844 | \$128,771,906 | \$141,027,155 | \$70,513,577 | \$279,403,321 | \$139,701,660 | 1.7% | 9.5% | 14.7% |
| | Avg Pymt / Indiv | \$25,552 | \$26,897 | \$30,393 | \$36,040 | \$38,829 | \$19,415 | \$65,512 | \$32,756 | 7.7% | 7.7% | 11.0% |
| UNKNOWN/NOT IDENTIFIED | Total Individuals | 11,826 | 11,009 | 10,880 | 10,594 | 9,801 | | 7,750 | | 8.0% | -7.5% | -4.6% |
| | Medicaid Expenditure | \$222,715,627 | \$234,482,302 | \$246,773,960 | \$277,676,754 | \$280,345,059 | \$140,172,530 | \$373,783,973 | \$186,891,987 | 3.4% | 1.0% | 5.9% |
| | Avg Pymt / Indiv | \$18,833 | \$21,299 | \$22,681 | \$26,211 | \$28,604 | \$14,302 | \$48,229 | \$24,115 | 9.1% | 9.1% | 11.0% |
| Grand Total | Total Individuals | 113,561 | 115,975 | 117,935 | 119,840 | 121,898 | | 133,185 | | 1.7% | 1.8% | 1.8% |
| | Medicaid Expenditure | \$7,104,090,139 | \$7,275,378,778 | \$7,461,426,570 | \$8,061,998,095 | \$8,348,961,777 | \$4,174,480,889 | \$10,653,412,883 | \$5,326,706,441 | 3.6% | 3.6% | 4.1% |
| | Avg Pymt / Indiv | \$62,557 | \$62,949 | \$63,267 | \$67,273 | \$68,491 | \$34,246 | \$79,989 | \$39,995 | 1.8% | 2.3% | 2.3% |

*2025 Estimated Values calculated from 2020 base numbers extended 5 years using 2016-2020 AAGR

| Utilization of Certified Residential Services (FFS & MC) by Primary IDD Diagnosis Category (YE June 2016 - YE June 2020) | | | | | | | | | | |
|--|--------------------------|--------------|--------------|--------------|--------------|--------------|------------|-----------------------------|--------------------------------|-------------------|
| Primary IDD Diagnosis Category | Service Recipient Counts | | | | | | 2025 Est.* | 2020 Percent of Total | 2019-2020 Percent Change | 2016-2020 AAGR |
| | 2016 | 2017 | 2018 | 2019 | 2020 | 2020 | | | | |
| AUTISM SPECTRUM DISORDERS | 2857 | 3023 | 3226 | 3472 | 3641 | 4930 | | 9.6% | 4.9% | 6.2% |
| CEREBRAL PALSY | 1075 | 1089 | 1103 | 1110 | 1108 | 1151 | | 2.9% | -0.2% | 0.8% |
| EPILEPSY/SEIZURE DISORDERS | 221 | 229 | 245 | 261 | 264 | 330 | | 0.7% | 1.1% | 4.5% |
| INTELLECTUAL DISABILITY - MILD | 14429 | 14472 | 14559 | 14560 | 14514 | 14621 | | 38.4% | -0.3% | 0.1% |
| INTELLECTUAL DISABILITY - MODERATE | 5568 | 5552 | 5491 | 5415 | 5306 | 4996 | | 14.0% | -2.0% | -1.2% |
| INTELLECTUAL DISABILITY - SEVERE | 4820 | 4709 | 4562 | 4424 | 4281 | 3691 | | 11.3% | -3.2% | -2.9% |
| INTELLECTUAL DISABILITY - PROFOUND | 5898 | 5688 | 5474 | 5240 | 4990 | 4049 | | 13.2% | -4.8% | -4.1% |
| INTELLECTUAL DISABILITY - UNSPECIFIED | 1986 | 2001 | 1996 | 1980 | 1963 | 1935 | | 5.2% | -0.9% | -0.3% |
| OTHER DEVELOPMENTAL DISORDERS/DELAYS | 325 | 326 | 334 | 342 | 339 | 357 | | 0.9% | -0.9% | 1.1% |
| OTHER NEUROLOGICAL IMPAIRMENTS | 349 | 382 | 415 | 434 | 447 | 609 | | 1.2% | 3.0% | 6.4% |
| UNKNOWN/NOT IDENTIFIED | 1085 | 1073 | 1070 | 1038 | 976 | 855 | | 2.6% | -6.0% | -2.6% |
| Grand Total | 38613 | 38544 | 38475 | 38276 | 37829 | 36871 | | | -1.2% | -0.5% |

*2025 Estimated Value calculated from 2020 base numbers extended 5 years using 2016-2020 AAGR

**Utilization of Structured Day Programs (FFS & MC)
by Primary IDD Diagnosis Category
(YE June 2016 - YE June 2020)**

| Primary IDD Diagnosis Category | Service Recipient Counts | | | | | | 2025 Est.* | 2020 Percent of Total | 2019-2020 Percent Change | 2016-2020 AAGR |
|---------------------------------------|--------------------------|--------------|--------------|--------------|--------------|--------------|------------|-----------------------------|--------------------------------|-------------------|
| | Year Ending June | | | | | | | | | |
| | 2016 | 2017 | 2018 | 2019 | 2020 | | | | | |
| AUTISM SPECTRUM DISORDERS | 5531 | 5792 | 6171 | 6501 | 6763 | 8696 | 13.9% | 4.0% | 5.2% | |
| CEREBRAL PALSY | 1661 | 1660 | 1701 | 1708 | 1689 | 1725 | 3.5% | -1.1% | 0.4% | |
| EPILEPSY/SEIZURE DISORDERS | 270 | 268 | 292 | 314 | 319 | 393 | 0.7% | 1.6% | 4.3% | |
| INTELLECTUAL DISABILITY - MILD | 19117 | 19169 | 19365 | 19339 | 19064 | 18998 | 39.1% | -1.4% | -0.1% | |
| INTELLECTUAL DISABILITY - MODERATE | 5934 | 6057 | 6166 | 6231 | 6174 | 6488 | 12.7% | -0.9% | 1.0% | |
| INTELLECTUAL DISABILITY - SEVERE | 5047 | 4942 | 4805 | 4664 | 4497 | 3893 | 9.2% | -3.6% | -2.8% | |
| INTELLECTUAL DISABILITY - PROFOUND | 5836 | 5609 | 5353 | 5105 | 4850 | 3848 | 9.9% | -5.0% | -4.5% | |
| INTELLECTUAL DISABILITY - UNSPECIFIED | 2423 | 2411 | 2380 | 2379 | 2343 | 2247 | 4.8% | -1.5% | -0.8% | |
| OTHER DEVELOPMENTAL DISORDERS/DELAYS | 547 | 525 | 524 | 524 | 504 | 455 | 1.0% | -3.8% | -2.0% | |
| OTHER NEUROLOGICAL IMPAIRMENTS | 589 | 585 | 626 | 653 | 668 | 782 | 1.4% | 2.3% | 3.2% | |
| UNKNOWN/NOT IDENTIFIED | 1684 | 1745 | 1789 | 1874 | 1875 | 2144 | 3.8% | 0.1% | 2.7% | |
| Grand Total | 48639 | 48763 | 49172 | 49292 | 48746 | 48880 | | -1.1% | 0.1% | |

*2025 Estimated Value calculated from 2020 base numbers extended 5 years using 2016-2020 AAGR

**Utilization of Care Coordination (FFS & MC)
by Primary IDD Diagnosis Category
(YE June 2016 - YE June 2020)**

| Primary IDD Diagnosis Category | Service Recipient Counts | | | | | | 2025 Est.* | 2020 Percent of Total | 2019-2020 Percent Change | 2016-2020 AAGR |
|---------------------------------------|--------------------------|---------------|---------------|---------------|---------------|---------------|------------|-----------------------------|--------------------------------|-------------------|
| | Year Ending June | | | | | | | | | |
| | 2016 | 2017 | 2018 | 2019 | 2020 | | | | | |
| AUTISM SPECTRUM DISORDERS | 19427 | 21174 | 22741 | 24234 | 26382 | 38675 | 23.7% | 8.9% | 8.0% | |
| CEREBRAL PALSY | 4042 | 4136 | 4228 | 4221 | 4217 | 4446 | 3.8% | -0.1% | 1.1% | |
| EPILEPSY/SEIZURE DISORDERS | 1007 | 1092 | 1160 | 1211 | 1241 | 1611 | 1.1% | 2.5% | 5.4% | |
| INTELLECTUAL DISABILITY - MILD | 40549 | 40867 | 40893 | 40602 | 40739 | 40978 | 36.7% | 0.3% | 0.1% | |
| INTELLECTUAL DISABILITY - MODERATE | 9213 | 9970 | 10349 | 10788 | 11321 | 14647 | 10.2% | 4.9% | 5.3% | |
| INTELLECTUAL DISABILITY - SEVERE | 5242 | 5350 | 5346 | 5283 | 5219 | 5190 | 4.7% | -1.2% | -0.1% | |
| INTELLECTUAL DISABILITY - PROFOUND | 4829 | 4836 | 4777 | 4731 | 4593 | 4314 | 4.1% | -2.9% | -1.2% | |
| INTELLECTUAL DISABILITY - UNSPECIFIED | 4112 | 4187 | 4213 | 4180 | 4189 | 4287 | 3.8% | 0.2% | 0.5% | |
| OTHER DEVELOPMENTAL DISORDERS/DELAYS | 1700 | 2137 | 2835 | 3582 | 4722 | 16933 | 4.2% | 31.8% | 29.1% | |
| OTHER NEUROLOGICAL IMPAIRMENTS | 3101 | 3254 | 3390 | 3484 | 3545 | 4190 | 3.2% | 1.8% | 3.4% | |
| UNKNOWN/NOT IDENTIFIED | 4772 | 4943 | 4970 | 4939 | 4948 | 5177 | 4.5% | 0.2% | 0.9% | |
| Grand Total | 97994 | 101946 | 104902 | 107255 | 111116 | 130016 | | 3.6% | 3.2% | |

*2025 Estimated Value calculated from 2020 base numbers extended 5 years using 2016-2020 AAGR

**Utilization of Respite Services (FFS & MC)
by Primary IDD Diagnosis Category
(YE June 2016 - YE June 2020)**

| Primary IDD Diagnosis Category | Service Recipient Counts | | | | | | 2025 Est.* | 2020 Percent of Total | 2019-2020 Percent Change | 2016-2020 AAGR |
|---------------------------------------|--------------------------|--------------|--------------|--------------|--------------|--------------|------------|-----------------------------|--------------------------------|-------------------|
| | Year Ending June | | | | | | | | | |
| | 2016 | 2017 | 2018 | 2019 | 2020 | | | | | |
| AUTISM SPECTRUM DISORDERS | 6137 | 6459 | 7008 | 7413 | 7591 | 9902 | 34.8% | 2.4% | 5.5% | |
| CEREBRAL PALSY | 816 | 801 | 823 | 818 | 782 | 741 | 3.6% | -4.4% | -1.1% | |
| EPILEPSY/SEIZURE DISORDERS | 171 | 193 | 218 | 237 | 242 | 374 | 1.1% | 2.1% | 9.1% | |
| INTELLECTUAL DISABILITY - MILD | 6934 | 6875 | 6903 | 6935 | 6705 | 6429 | 30.8% | -3.3% | -0.8% | |
| INTELLECTUAL DISABILITY - MODERATE | 1123 | 1284 | 1582 | 1787 | 1884 | 3597 | 8.6% | 5.4% | 13.8% | |
| INTELLECTUAL DISABILITY - SEVERE | 382 | 428 | 444 | 462 | 479 | 636 | 2.2% | 3.7% | 5.8% | |
| INTELLECTUAL DISABILITY - PROFOUND | 108 | 115 | 125 | 125 | 125 | 150 | 0.6% | 0.0% | 3.7% | |
| INTELLECTUAL DISABILITY - UNSPECIFIED | 652 | 674 | 687 | 685 | 679 | 714 | 3.1% | -0.9% | 1.0% | |
| OTHER DEVELOPMENTAL DISORDERS/DELAYS | 387 | 496 | 748 | 1050 | 1428 | 7303 | 6.6% | 36.0% | 38.6% | |
| OTHER NEUROLOGICAL IMPAIRMENTS | 670 | 717 | 793 | 824 | 846 | 1132 | 3.9% | 2.7% | 6.0% | |
| UNKNOWN/NOT IDENTIFIED | 821 | 926 | 999 | 1037 | 1035 | 1383 | 4.7% | -0.2% | 6.0% | |
| Grand Total | 18201 | 18968 | 20330 | 21373 | 21796 | 27304 | | 2.0% | 4.6% | |

*2025 Estimated Value calculated from 2020 base numbers extended 5 years using 2016-2020 AAGR

**Utilization of Employment Supports (FFS & MC)
by Primary IDD Diagnosis Category
(YE June 2016 - YE June 2020)**

| Primary IDD Diagnosis Category | Service Recipient Counts | | | | | | 2025 Est.* | 2020 Percent of Total | 2019-2020 Percent Change | 2016-2020 AAGR |
|---------------------------------------|--------------------------|--------------|--------------|--------------|--------------|--------------|------------|-----------------------------|--------------------------------|-------------------|
| | Year Ending June | | | | | | | | | |
| | 2016 | 2017 | 2018 | 2019 | 2020 | | | | | |
| AUTISM SPECTRUM DISORDERS | 1872 | 2092 | 2282 | 2462 | 2515 | 3638 | 16.3% | 2.2% | 7.7% | |
| CEREBRAL PALSY | 417 | 426 | 405 | 378 | 323 | 235 | 2.1% | -14.6% | -6.2% | |
| EPILEPSY/SEIZURE DISORDERS | 156 | 149 | 149 | 152 | 145 | <150 | 0.9% | -4.6% | -1.8% | |
| INTELLECTUAL DISABILITY - MILD | 11235 | 11118 | 10733 | 10025 | 9238 | 7233 | 59.7% | -7.9% | -4.8% | |
| INTELLECTUAL DISABILITY - MODERATE | 1745 | 1609 | 1499 | 1274 | 1091 | 607 | 7.1% | -14.4% | -11.1% | |
| INTELLECTUAL DISABILITY - SEVERE | 470 | 383 | 322 | 232 | 181 | 55 | 1.2% | -22.0% | -21.2% | |
| INTELLECTUAL DISABILITY - PROFOUND | 48 | 39 | 33 | 22 | <20 | <150 | | | | |
| INTELLECTUAL DISABILITY - UNSPECIFIED | 911 | 911 | 880 | 801 | 723 | 542 | 4.7% | -9.7% | -5.6% | |
| OTHER DEVELOPMENTAL DISORDERS/DELAYS | 264 | 274 | 279 | 252 | 226 | 186 | 1.5% | -10.3% | -3.8% | |
| OTHER NEUROLOGICAL IMPAIRMENTS | 381 | 399 | 415 | 406 | 405 | 437 | 2.6% | -0.2% | 1.5% | |
| UNKNOWN/NOT IDENTIFIED | 559 | 587 | 637 | 630 | 605 | 668 | 3.9% | -4.0% | 2.0% | |
| Grand Total | 18058 | 17987 | 17634 | 16634 | 15470 | 12750 | | -7.0% | -3.8% | |

*2025 Estimated Values calculated from 2020 base numbers extended 5 years using 2016-2020 AAGR

**Utilization of Clinical Supports (FFS & MC)
by Primary IDD Diagnosis Category
(YE June 2016 - YE June 2020)**

| Primary IDD Diagnosis Category | Service Recipient Counts | | | | | | 2025 Est.* | 2020 Percent of Total | 2019-2020 Percent Change | 2016-2020 AAGR |
|---------------------------------------|--------------------------|--------------|--------------|--------------|--------------|--------------|------------|-----------------------------|--------------------------------|-------------------|
| | Year Ending June | | | | | | | | | |
| | 2016 | 2017 | 2018 | 2019 | 2020 | | | | | |
| AUTISM SPECTRUM DISORDERS | 4536 | 4575 | 4806 | 4763 | 4477 | 4404 | 14.6% | -6.0% | -0.3% | |
| CEREBRAL PALSY | 1306 | 1308 | 1359 | 1343 | 1304 | 1302 | 4.3% | -2.9% | 0.0% | |
| EPILEPSY/SEIZURE DISORDERS | 186 | 193 | 201 | 212 | 206 | 234 | 0.7% | -2.8% | 2.6% | |
| INTELLECTUAL DISABILITY - MILD | 12342 | 11780 | 11558 | 11180 | 10660 | 8876 | 34.8% | -4.7% | -3.6% | |
| INTELLECTUAL DISABILITY - MODERATE | 3741 | 3479 | 3559 | 3529 | 3280 | 2783 | 10.7% | -7.1% | -3.2% | |
| INTELLECTUAL DISABILITY - SEVERE | 1814 | 1690 | 1692 | 1629 | 1583 | 1335 | 5.2% | -2.8% | -3.3% | |
| INTELLECTUAL DISABILITY - PROFOUND | 1422 | 1363 | 1311 | 1219 | 1195 | 962 | 3.9% | -2.0% | -4.3% | |
| INTELLECTUAL DISABILITY - UNSPECIFIED | 1184 | 1199 | 1212 | 1152 | 1113 | 1030 | 3.6% | -3.4% | -1.5% | |
| OTHER DEVELOPMENTAL DISORDERS/DELAYS | 396 | 465 | 554 | 633 | 636 | 1150 | 2.1% | 0.5% | 12.6% | |
| OTHER NEUROLOGICAL IMPAIRMENTS | 497 | 496 | 530 | 496 | 506 | 517 | 1.7% | 2.0% | 0.4% | |
| UNKNOWN/NOT IDENTIFIED | 7859 | 6802 | 6708 | 6418 | 5651 | 3742 | 18.5% | -12.0% | -7.9% | |
| Grand Total | 35283 | 33350 | 33490 | 32574 | 30611 | 25631 | | -6.0% | -3.5% | |

*2025 Estimated Value calculated from 2020 base numbers extended 5 years using 2016-2020 AAGR

**Utilization of Self-Directed Services (FFS & MC)
by Primary IDD Diagnosis Category and Self-Direction Type
(YE June 2016 - YE June 2020)**

| Primary IDD Dx Category | Self-Direction Type | Year Ending June | | | | | 2025 Est.* | 2019-2020 Percent Change | 2016-2020 AAGR |
|---------------------------------------|---------------------------------|------------------|--------------|--------------|--------------|--------------|--------------|--------------------------------|-------------------|
| | | 2016 | 2017 | 2018 | 2019 | 2020 | | | |
| AUTISM SPECTRUM DISORDERS | Agency Supported Self Direction | 1196 | 1469 | 1369 | 1357 | 1349 | 1568 | -0.6% | 3.1% |
| | Budget Authority Self Direction | 1978 | 3003 | 4108 | 5674 | 7324 | 37618 | 29.1% | 38.7% |
| | Total | 2965 | 4176 | 5225 | 6725 | 8356 | 30512 | 24.3% | 29.6% |
| CEREBRAL PALSY | Agency Supported Self Direction | 201 | 223 | 219 | 218 | 205 | 210 | -6.0% | 0.5% |
| | Budget Authority Self Direction | 358 | 474 | 624 | 788 | 959 | 3287 | 21.7% | 27.9% |
| | Total | 528 | 652 | 803 | 967 | 1125 | 2896 | 16.3% | 20.8% |
| EPILEPSY/SEIZURE DISORDERS | Agency Supported Self Direction | 54 | 62 | 73 | 74 | 81 | 134 | 9.5% | 10.7% |
| | Budget Authority Self Direction | 81 | 125 | 165 | 236 | 309 | 1647 | 30.9% | 39.8% |
| | Total | 127 | 179 | 225 | 291 | 370 | 1408 | 27.1% | 30.6% |
| INTELLECTUAL DISABILITY - MILD | Agency Supported Self Direction | 1488 | 1813 | 1779 | 1781 | 1843 | 2408 | 3.5% | 5.5% |
| | Budget Authority Self Direction | 1651 | 2360 | 3013 | 3860 | 4695 | 17338 | 21.6% | 29.9% |
| | Total | 2937 | 3840 | 4481 | 5301 | 6190 | 15719 | 16.8% | 20.5% |
| INTELLECTUAL DISABILITY - MODERATE | Agency Supported Self Direction | 208 | 290 | 309 | 348 | 354 | 688 | 1.7% | 14.2% |
| | Budget Authority Self Direction | 164 | 295 | 480 | 719 | 1006 | 9712 | 39.9% | 57.4% |
| | Total | 345 | 534 | 749 | 1028 | 1323 | 7100 | 28.7% | 39.9% |
| INTELLECTUAL DISABILITY - SEVERE | Agency Supported Self Direction | 62 | 85 | 75 | 81 | 78 | 104 | -3.7% | 5.9% |
| | Budget Authority Self Direction | 53 | 80 | 112 | 145 | 184 | 872 | 26.9% | 36.5% |
| | Total | 106 | 151 | 178 | 216 | 255 | 764 | 18.1% | 24.5% |
| INTELLECTUAL DISABILITY - PROFOUND | Agency Supported Self Direction | <20 | 24 | 21 | 21 | 24 | 24 | 14.3% | |
| | Budget Authority Self Direction | 34 | 46 | 51 | 53 | 65 | 146 | 22.6% | 17.6% |
| | Total | 50 | 67 | 70 | 72 | 86 | 169 | 19.4% | 14.5% |
| INTELLECTUAL DISABILITY - UNSPECIFIED | Agency Supported Self Direction | 138 | 194 | 195 | 217 | 216 | 378 | -0.5% | 11.9% |
| | Budget Authority Self Direction | 200 | 289 | 378 | 462 | 557 | 2004 | 20.6% | 29.2% |
| | Total | 322 | 447 | 542 | 640 | 735 | 2062 | 14.8% | 22.9% |
| OTHER DEVELOPMENTAL DISORDERS/DELAYS | Agency Supported Self Direction | 104 | 132 | 169 | 176 | 191 | 408 | 8.5% | 16.4% |
| | Budget Authority Self Direction | 149 | 237 | 352 | 630 | 1106 | 13551 | 75.6% | 65.1% |
| | Total | 235 | 336 | 494 | 780 | 1267 | 10409 | 62.4% | 52.4% |
| OTHER NEUROLOGICAL IMPAIRMENTS | Agency Supported Self Direction | 161 | 213 | 223 | 217 | 211 | 296 | -2.8% | 7.0% |
| | Budget Authority Self Direction | 287 | 442 | 592 | 800 | 996 | 4718 | 24.5% | 36.5% |
| | Total | 429 | 608 | 773 | 968 | 1163 | 4046 | 20.1% | 28.3% |
| UNKNOWN/NOT IDENTIFIED | Agency Supported Self Direction | 154 | 199 | 175 | 183 | 184 | 230 | 0.5% | 4.6% |
| | Budget Authority Self Direction | 344 | 579 | 730 | 956 | 1126 | 4958 | 17.8% | 34.5% |
| | Total | 473 | 744 | 879 | 1103 | 1274 | 4396 | 15.5% | 28.1% |
| Grand Total | | 8517 | 11734 | 14419 | 18091 | 22144 | 73108 | 22.4% | 27.0% |

*2025 Estimated Values calculated from 2020 base numbers extended 5 years using 2016-2020 AAGR

Appendix C: State Education Department

Date Updated: 09/15/2021 & 09/16/2021

Statewide Summary of Costs for Students with Autism Disability Classification

| | | ACTUAL | | | | | PROJECTED | | | | | | |
|--|---|-----------------------------|---------------|---------------|------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Placement Type | Data Type | 2015-16 | 2016-17 | 2017-18 | Average % Change | 2018-19 | 2019-20 | 2020-21 | 2021-22 | 2022-23 | 2023-24 | 2024-25 | |
| NOTES: | FTE/individual counts and cost totals reflect verified claims for reimbursement by the school districts with fiscal responsibility, with the exception of 10-month chapter placements. Since online verification wasn't available for all school years, 10-month chapter placement data reflects submitted approvals instead. | | | | | | | | | | | | |
| | Summers are associated with the school year they precede. Summer 2021 is associated with the 2021-22 school year, for example. | | | | | | | | | | | | |
| | Projected values in the "Projected" column generated based on average year-to-year percent change based on the years listed in the "Actual" columns. Each row is projected separately, so the sum of the State share for Private and Public Excess Cost based on State Aid Formulas. | | | | | | | | | | | | |
| | District share for 10-month chapter and homeless placements is a chargeback assessed based on the district of origin's basic contribution. | | | | | | | | | | | | |
| | SUMMER 4408 (Education, Maintenance, Transportation) July/August | FTE | 16,267.9 | 17,752.2 | 20,673.6 | 12.790% | 23,317.8 | 26,300.2 | 29,664.1 | 33,458.2 | 37,737.6 | 42,564.4 | 48,008.5 |
| | | Total Verified Cost | \$136,162,345 | \$149,484,262 | \$176,762,770 | 14.016% | \$201,538,071 | \$229,785,912 | \$261,993,007 | \$298,714,291 | \$340,582,478 | \$388,318,965 | \$442,746,261 |
| | | State Share (70%) | \$95,313,642 | \$104,638,984 | \$123,733,939 | 14.016% | \$141,076,650 | \$160,850,138 | \$183,395,105 | \$209,100,003 | \$238,407,734 | \$271,823,275 | \$309,922,382 |
| | | County Share (10%) | \$13,616,235 | \$14,948,426 | \$17,676,277 | 14.016% | \$20,153,807 | \$22,978,591 | \$26,199,301 | \$29,871,429 | \$34,058,248 | \$38,831,896 | \$44,274,626 |
| | | School District Share (20%) | \$27,232,469 | \$29,896,852 | \$35,352,554 | 14.016% | \$40,307,614 | \$45,957,182 | \$52,398,601 | \$59,742,858 | \$68,116,496 | \$77,663,793 | \$88,549,252 |
| Cost per FTE | | \$8,370 | \$8,421 | \$8,550 | 1.072% | \$8,642 | \$8,734 | \$8,828 | \$8,923 | \$9,018 | \$9,115 | \$9,213 | |
| State Share (70%) | | \$5,859 | \$5,894 | \$5,985 | 1.072% | \$6,049 | \$6,114 | \$6,180 | \$6,246 | \$6,313 | \$6,380 | \$6,449 | |
| County Share (10%) | | \$837 | \$842 | \$855 | 1.072% | \$864 | \$873 | \$883 | \$892 | \$902 | \$911 | \$921 | |
| School District Share (20%) | | \$1,674 | \$1,684 | \$1,710 | 1.072% | \$1,728 | \$1,747 | \$1,766 | \$1,785 | \$1,804 | \$1,823 | \$1,843 | |
| PRIVATE EXCESS COST (Education) September-June | FTE | 3,983.9 | 3,752.8 | 3,896.2 | 4.033% | 4,054.4 | 4,075.2 | 4,096.2 | 4,117.3 | 4,138.5 | 4,159.8 | 4,159.8 | |
| | Total Verified Cost | \$196,773,171 | \$194,097,258 | \$210,878,074 | 223.074,567 | \$223,074,567 | \$232,792,694 | \$242,934,187 | \$253,517,488 | \$264,561,846 | \$276,087,345 | \$288,114,947 | |
| | State Share | \$121,819,498 | \$119,984,781 | \$131,041,981 | \$136,856,840 | 4.049% | \$142,398,086 | \$148,163,694 | \$154,162,748 | \$160,404,699 | \$166,899,383 | \$173,657,033 | |
| | School District Share | \$74,953,673 | \$74,112,477 | \$79,836,094 | \$86,217,727 | 4.865% | \$90,411,934 | \$94,810,176 | \$99,422,379 | \$104,258,949 | \$109,330,803 | \$114,649,395 | |
| | Cost per FTE | \$49,392 | \$51,720 | \$54,123 | \$55,304 | 3.848% | \$57,432 | \$59,642 | \$61,937 | \$64,320 | \$66,795 | \$69,365 | |
| | State Share | \$30,578 | \$31,972 | \$33,633 | \$33,929 | 3.546% | \$35,132 | \$36,378 | \$37,668 | \$39,003 | \$40,386 | \$41,818 | |
| | School District Share | \$18,814 | \$19,748 | \$20,491 | \$21,375 | 4.347% | \$22,304 | \$23,274 | \$24,285 | \$25,341 | \$26,443 | \$27,592 | |
| | PUBLIC EXCESS COST (Education) September-June | FTE | 10,737.8 | 10,362.6 | 9,611.3 | 9,280.4 | -4.729% | 8,841.5 | 8,423.4 | 8,025.1 | 7,645.5 | 7,284.0 | 6,939.5 |
| | | Total Actual Cost | \$737,834,728 | \$733,230,915 | \$702,584,039 | \$707,892,286 | -1.349% | \$698,340,143 | \$688,916,895 | \$679,620,802 | \$670,450,149 | \$661,403,242 | \$652,478,412 |
| State Share | | \$153,692,776 | \$155,114,181 | \$149,915,553 | \$153,233,983 | -0.071% | \$153,125,128 | \$153,016,350 | \$152,907,649 | \$152,799,026 | \$152,690,479 | \$152,582,010 | |
| School District Share | | \$584,141,952 | \$578,116,734 | \$552,668,486 | \$554,658,302 | -1.691% | \$545,215,015 | \$535,900,545 | \$526,713,153 | \$518,751,123 | \$510,712,763 | \$502,896,402 | |
| Cost per FTE | | \$68,714 | \$70,758 | \$73,100 | \$76,278 | 3.544% | \$78,982 | \$81,781 | \$84,679 | \$87,681 | \$90,788 | \$94,006 | |
| State Share | | \$14,313 | \$14,969 | \$15,598 | \$16,512 | 4.880% | \$17,317 | \$18,162 | \$19,049 | \$19,978 | \$20,953 | \$21,976 | |
| School District Share | | \$54,401 | \$55,789 | \$57,502 | \$59,767 | 3.187% | \$61,671 | \$63,637 | \$65,665 | \$67,758 | \$69,917 | \$72,146 | |
| SUMMER 4408 SDI/RELATED SERVICES (Education, Related Services, Transportation) July/August | | # of individuals | 470 | 423 | 395 | 348 | -9.5% | 315 | 285 | 258 | 234 | 212 | 192 |
| | | Total Verified Cost | \$545,971 | \$595,765 | \$615,599 | \$654,421 | -2.2% | \$693,485 | \$482,787 | \$472,321 | \$462,081 | \$452,063 | \$442,263 |
| | State Share (70%) | \$382,180 | \$417,035 | \$360,919 | \$353,095 | -2.2% | \$345,440 | \$337,951 | \$330,624 | \$323,457 | \$316,444 | \$309,584 | |
| | County Share (10%) | \$54,597 | \$59,576 | \$51,560 | \$50,442 | -2.2% | \$49,349 | \$48,279 | \$47,232 | \$46,208 | \$45,206 | \$44,226 | |
| | School District Share (20%) | \$109,194 | \$119,153 | \$103,120 | \$100,884 | -2.2% | \$98,697 | \$96,557 | \$94,464 | \$92,416 | \$90,413 | \$88,453 | |
| | Cost per individual | \$1,162 | \$1,408 | \$1,339 | \$1,449 | 8.2% | \$1,567 | \$1,695 | \$1,833 | \$1,983 | \$2,145 | \$2,320 | |
| | State Share (70%) | \$813 | \$986 | \$937 | \$1,014 | 8.2% | \$1,097 | \$1,186 | \$1,283 | \$1,388 | \$1,501 | \$1,624 | |
| | County Share (10%) | \$116 | \$141 | \$134 | \$145 | 8.2% | \$157 | \$169 | \$183 | \$198 | \$214 | \$232 | |
| | School District Share (20%) | \$232 | \$282 | \$268 | \$290 | 8.2% | \$313 | \$339 | \$367 | \$397 | \$429 | \$464 | |
| 10-MONTH CHAPTERS 47, 66 & 721 (Education, Transportation, Administrative, CSE) September-June Approval Data | FTE | 91.2 | 86.0 | 80.6 | 76.8 | 67.0 | 62.0 | 57.5 | 53.2 | 49.3 | 45.7 | | |
| | Total Verified Cost | \$6,605,629 | \$6,175,676 | \$6,378,371 | \$6,337,637 | \$5,367,913 | \$4,865,819 | \$4,632,669 | \$4,410,690 | \$4,199,347 | | | |
| | State Share | \$5,679,644 | \$5,283,696 | \$5,539,722 | \$5,522,924 | \$4,606,239 | \$4,387,134 | \$4,178,451 | \$3,979,694 | \$3,790,392 | \$3,610,094 | | |
| | School District Share | \$925,984 | \$891,981 | \$838,649 | \$814,713 | \$761,673 | \$725,464 | \$690,977 | \$658,129 | \$626,842 | \$597,043 | | |
| | Cost per FTE | \$72,458 | \$71,813 | \$79,176 | \$82,528 | \$80,170 | \$78,232 | \$84,532 | \$86,801 | \$89,132 | \$91,525 | | |
| | State Share | \$62,301 | \$61,440 | \$68,766 | \$71,919 | \$68,794 | \$70,648 | \$72,553 | \$74,508 | \$76,517 | \$78,579 | | |
| | School District Share | \$10,157 | \$10,372 | \$10,410 | \$10,609 | \$11,376 | \$11,706 | \$12,046 | \$12,396 | \$12,756 | \$13,126 | | |
| | 2-MONTH CHAPTERS 47, 66 & 721 (Education, Transportation) July/August | FTE | 84.7 | 76.0 | 72.0 | 66.4 | 61.3 | 56.5 | 52.1 | 48.1 | 44.4 | 40.9 | |
| | | Total Verified Cost | \$727,059 | \$674,039 | \$673,761 | \$649,055 | \$625,256 | \$602,328 | \$580,242 | \$558,966 | \$538,469 | \$518,724 | |
| State Share (70%) | | \$508,942 | \$471,828 | \$471,633 | \$454,339 | \$437,679 | \$421,630 | \$406,169 | \$391,276 | \$376,928 | \$363,107 | | |
| County Share (10%) | | \$72,706 | \$67,404 | \$67,376 | \$64,906 | \$62,526 | \$60,233 | \$58,024 | \$55,897 | \$53,847 | \$51,872 | | |
| School District Share (20%) | | \$145,412 | \$134,808 | \$134,752 | \$129,811 | \$125,051 | \$120,466 | \$116,048 | \$111,793 | \$107,694 | \$103,745 | | |
| Cost per FTE | | \$8,587 | \$8,869 | \$9,358 | \$9,769 | \$10,198 | \$10,647 | \$11,115 | \$11,603 | \$12,113 | \$12,646 | | |
| State Share (70%) | | \$6,011 | \$6,208 | \$6,550 | \$6,838 | \$7,139 | \$7,453 | \$7,780 | \$8,122 | \$8,479 | \$8,852 | | |
| County Share (10%) | | \$859 | \$887 | \$936 | \$977 | \$1,020 | \$1,065 | \$1,111 | \$1,160 | \$1,211 | \$1,265 | | |
| School District Share (20%) | | \$1,717 | \$1,774 | \$1,872 | \$1,954 | \$2,040 | \$2,129 | \$2,223 | \$2,321 | \$2,423 | \$2,529 | | |
| 10-MONTH HOMELESS & RUNAWAY YOUTH (Education) September-June | FTE | 18.1 | 17.4 | 20.9 | 25.3 | 26.5 | 29.2 | 32.3 | 35.7 | 39.4 | 43.5 | | |
| | Total Verified Cost | \$688,633 | \$795,137 | \$894,678 | \$1,059,609 | \$1,245,732 | \$1,445,001 | \$1,676,146 | \$1,944,265 | \$2,255,273 | \$2,616,031 | | |
| | State Share | \$457,568 | \$561,805 | \$615,181 | \$729,537 | \$966,338 | \$1,167,649 | \$1,410,898 | \$1,704,822 | \$2,059,977 | \$2,489,119 | | |
| | School District Share | \$231,064 | \$233,332 | \$279,497 | \$330,072 | \$279,394 | \$295,813 | \$313,198 | \$331,605 | \$351,093 | \$371,726 | | |
| | Cost per FTE | \$38,046 | \$45,677 | \$42,752 | \$41,819 | \$47,083 | \$50,915 | \$52,918 | \$56,101 | \$59,475 | \$63,052 | | |
| | State Share | \$25,280 | \$32,273 | \$29,397 | \$28,792 | \$36,523 | \$40,500 | \$44,908 | \$49,797 | \$55,218 | \$61,230 | | |
| | School District Share | \$12,766 | \$13,404 | \$13,356 | \$13,027 | \$10,560 | \$10,117 | \$9,693 | \$9,287 | \$8,898 | \$8,525 | | |