



We are collecting information from providers across the state serving individuals with Autism Spectrum Disorder to help the state understand what kind of services/treatments/supports are needed to support Nevada residents with Autism Spectrum Disorder (ASD) across the lifespan. We are also trying to identify what prevents people who need assistance from getting the help they require. We are hoping you will share information on all the barriers that limit the clients you currently serve from accessing the services you provide or what is currently causing a wait list. All responses will remain anonymous.

To complete this survey online, please go to: <https://www.surveymonkey.com/s/ASD-Providers>

Deadline for survey submission is: **Friday, September 19th, 2014.**

ORGANIZATIONAL PROFILE QUESTIONS

Please answer the following questions to help us understand the organization you are representing as you complete this survey.

1. Which of the following best describes your organization?

(check all that apply)

- Current provider of ASD services
- Current provider with a State Agency
- Provider of Applied Behavior Analysis (ABA)
- Provider of Speech Therapy
- Provider of Occupational Therapy
- Provider of Education
- Provider of Funding/Resources
- Job Coach/Job Developer provider
- Provider for Basic Skills Training
- Provider for Respite
- Social Skills/Life Skills provider
- Psychologist
- Provider of alternative therapies
- Provider of Medical Treatment
- Provider of Transportation
- Provider of Housing and/or Residential Services
- Personal Care Attendant
- Other _____

2. What County is your organization based in?

- | | |
|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Carson City | <input type="checkbox"/> Lincoln |
| <input type="checkbox"/> Churchill | <input type="checkbox"/> Lyon |
| <input type="checkbox"/> Clark | <input type="checkbox"/> Mineral |
| <input type="checkbox"/> Douglas | <input type="checkbox"/> Nye |
| <input type="checkbox"/> Elko | <input type="checkbox"/> Pershing |
| <input type="checkbox"/> Esmeralda | <input type="checkbox"/> Storey |
| <input type="checkbox"/> Eureka | <input type="checkbox"/> Washoe |
| <input type="checkbox"/> Humboldt | |
| <input type="checkbox"/> White Pine | |
| <input type="checkbox"/> Lander | |

3. What Counties do you serve?

- | | |
|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Carson City | <input type="checkbox"/> Lincoln |
| <input type="checkbox"/> Churchill | <input type="checkbox"/> Lyon |
| <input type="checkbox"/> Clark | <input type="checkbox"/> Mineral |
| <input type="checkbox"/> Douglas | <input type="checkbox"/> Nye |
| <input type="checkbox"/> Elko | <input type="checkbox"/> Pershing |
| <input type="checkbox"/> Esmeralda | <input type="checkbox"/> Storey |
| <input type="checkbox"/> Eureka | <input type="checkbox"/> Washoe |
| <input type="checkbox"/> Humboldt | <input type="checkbox"/> White Pine |
| <input type="checkbox"/> Lander | |

4. What age of clients do you serve with an Autism Spectrum Disorder?

5. What is the average age when your clients first access treatment/services/supports within your organization?

6. How are your clients or families paying for the services you provide? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Self-Funded | <input type="checkbox"/> ATAP |
| <input type="checkbox"/> Regional Center | <input type="checkbox"/> School District |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Other _____ | |

7. How many clients with ASD do you or your organization currently serve?

8. How many are currently on your wait list?

9. Number of staff within your organization?

- | | |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> 1-5 | <input type="checkbox"/> 6-10 |
| <input type="checkbox"/> 11-19 | <input type="checkbox"/> 20-25 |
| <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51+ |

SURVEY QUESTIONS

10. How does your organization address professional development?
11. What quality control measures do you or does your organization have in place?
12. Do you track and /or report outcomes?
13. What information do you provide your clients about resources and choices available in their community?
14. Have you attempted to contract or enroll with at least one private insurance company in order to provide autism services covered under AB162? <input type="checkbox"/> Yes <input type="checkbox"/> No
15. What are the 3 biggest issues you find when working with private insurance companies?
a.
b.
c.
16. What services have been denied by insurance coverage?
17. What was the reason(s) for denial? <input type="checkbox"/> Not medically necessary <input type="checkbox"/> Benefits terminated <input type="checkbox"/> Not a covered service <input type="checkbox"/> Not in-network provider <input type="checkbox"/> Reached \$36,000 limit <input type="checkbox"/> Other _____
18. When an issue with insurance coverage presents do you refer the individual or family to the Nevada Office for Consumer Health Assistance (GovCHA)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know/unaware of this resource
19. Can you please tell us what is working well for you as a provider in Nevada?
20. When serving transitioning youth or adults with ASD, how do you support self-determination and choice?
21. We are trying to understand the greatest needs of individuals who are living with ASD in Nevada. Can you please provide us with the 3 most pressing needs you observe for the individuals you serve?
a.
b.
c.

22. There are a number of reasons why people may not receive the assistance they need. Please indicate which of the following you believe prevents your clients or families from accessing services, treatments and/or supports and the severity of the issue.

Barriers to Services	Is this an issue?		If you answered yes, please indicate to what extent you believe this issue prevents your clients from accessing care.			
	No	Yes	Big Problem	Medium Problem	Little Problem	Isolated Issue
Lack of medical insurance						
Lack of transportation						
Insurance doesn't cover enough treatment hours						
Access to a diagnosis						
Insurance doesn't cover needed services/treatment						
Cost prohibitive, or lack of money, or lack of resources						
Long wait lists						
Not enough services available						
Staffing/workforce issues						
Parents are unaware of resources						
Behavioral Issues						
Stigma associated with ASD						
Professional Development						
Do not know where to refer client for additional supports						
Parents/caregivers are unaware of research in regards to ASD						
Certification or Licensing issues						

23. How do you educate the families and clients you serve on evidence-based treatment and research?

24. What do you think Nevada's priorities should be if we are going to achieve the greatest outcomes for individuals with ASD and their families? Please list them in order of importance.

Most important issue to address for people with ASD:

Second most important issue to address for people with ASD:

Third most important issue to address for people with ASD:

25. Please use this space to add any specific recommendations for improving the outcomes of individuals with ASD in Nevada:

Thank you for taking the time to complete this survey. Your input is valuable and appreciated!