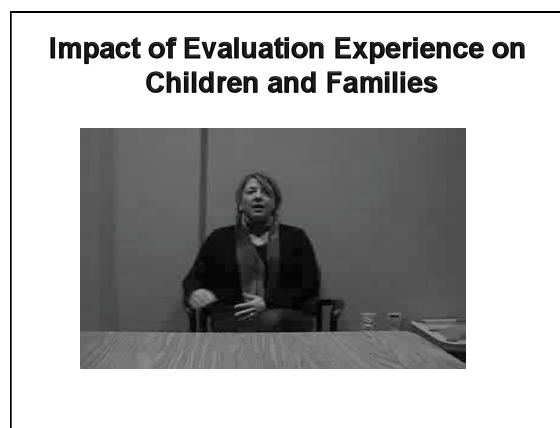
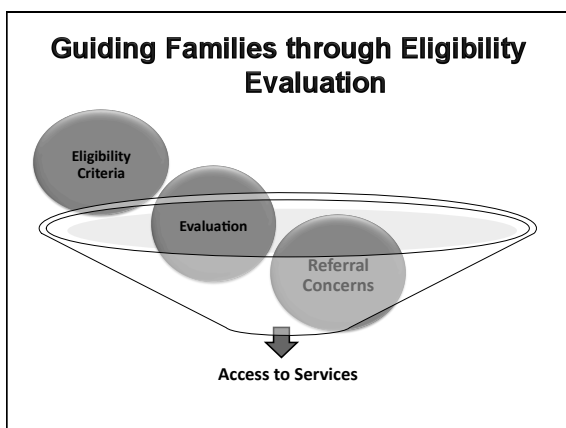


- ### PREVIEW
- **Understand** guidelines that define eligibility to autism services
 - **Utilize** information to help families access services that address their concerns and promote collaboration between entities to support positive outcomes for children and families
 - **Support** family and child resiliencies by matching needs with community resources
 - **Create** a support network to help problem solve the unique issues that challenge practitioners to put theory into practice
 - **Reflect** on lessons learned



- ### Multiple Classification Systems
- **Multiple Paths of Eligibility**
 - **Similarities and Differences**
 - Screening
 - Educational and Medical/Clinical Guidelines
 - The Evaluation Process
 - Accessing Services

- ### Screening in Minnesota
- **Resources for Screening**
 - Comparison of Minnesota Comprehensive [Screening Programs](#)
 - [Interagency Screening Task Force](#) Screening Website
 - [Minnesota Rules and Statutes](#) for Early Childhood Screening
 - CDC Recommendations for [Developmental Screening](#)

Screening in Minnesota

- **Resources for Screening**
 - **Early Childhood Screening Brochures**
 - Parent brochure describing the Early Childhood Screening program is available for download in the following languages: English, Hmong, Russian, Somali, Spanish and Vietnamese. Brochures can be ordered from the Minnesota Department of Education.
 - **Early Childhood Screening Video** available in seven languages and can be viewed at the Emergency & Community Health Outreach (ECHO) link. Available languages of the program include: English, Spanish, Hmong, Somali, Vietnamese, Lao, Khmer.

Referral Resource

Understand your child's development ►
Your child and special needs ►

1-866-693-GROW (4769)
www.mnparentsknow.info

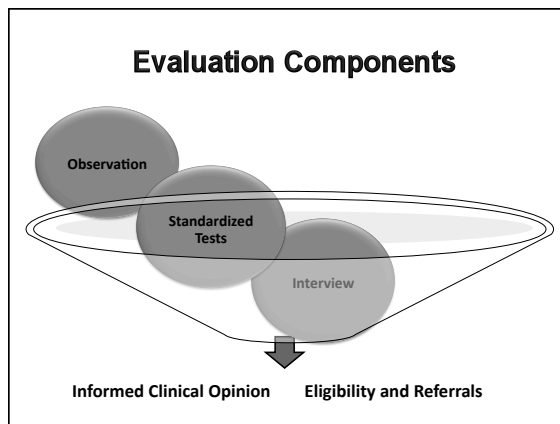
Classification Comparisons

	Educational	DSM-IV	DC:0-3R
Guided by	IDEA & MN Rule	Diagnostic Manual Criteria	Diagnostic Manual Criteria
Symptoms are adversely impacting	Academic Functioning (Ages 3 and above)	Adaptive Functioning	Emotional Regulation Relationships Capacity to Learn
Performed by	Team Membership defined in rule	Licensed Professional Diagnostic training	Team Membership Licensed Professional IMH training
Timing	Evaluation to be completed in 45 calendar for Part C and 30 school days for Part B	No specific time frame for completion	Defined as a process to be reviewed
Age	Birth – 21	Children and Adults	Birth – 3 Adapted to 3-5

Classification Comparisons

	Educational	DSM-IV	DC:0-3R
Process and Method	Specific evaluation process and procedures are required and methods are identified.	Not Specified: Process and procedures determined by referral concerns. Developmental or Cognitive testing for rule out of developmental delay (Axis II)	Not Specified: Determined by team input, multiple data across time. Developmental or Cognitive testing needed for rule out of delay (Axis III) Evaluation of skills across relationships (Axis II and Axis V)
Included	Observation Testing Interview	Observation Testing Interview	Observation Testing Interview
Evaluation of	Child as well as Family Concerns, Strengths and Resources (Part C)	Child, Family Concerns, Stressors	Child, Stressors, Relationships

- ### Evaluation
- Supports Parent Referral Concerns
 - Determines Eligibility for Services
 - Incorporates three components across all required areas and in various settings
 - **Interview**
 - **Observation**
 - **Testing**



Common Evaluation Components

- **Interview** – Supports the opportunity for caregivers to convey information in their own words, an opportunity that is absent during standardized testing.
- Findings from the National Research Council (2001) cited specific concerns expressed by mothers:
 - worry about their child's future welfare,
 - the child's inability to function independently and
 - the communities acceptance of the child.
- The interview should integrate the family's routines to identify the concerns, priorities, resources of the family and a profile of the child.
- Interviews in the medical or clinical settings also secure specific information to assist with differential diagnosis.

Common Evaluation Components cont'd

- **Testing** – Can be standardized, norm-referenced or criterion referenced.
 - Norm-referenced testing supports objective and measurable performance of a child
 - Criterion-referenced testing provides information about skills in a natural context
 - A variety of tests are used across settings
 - Measure general developmental domains as well as behaviors specific to Autism Spectrum Disorder

Common Evaluation Components Cont'd

- **Observation** - Supports the qualitative information the evaluator may need to address for eligibility in schools, diagnosis in medical/clinical settings or for intervention recommendations.
 - Can support or explain tests quantitative scores
 - Can be structured or non-structured
 - Can assist with identifying needs for the child and the family
 - Can identify environments and relationships that support or challenge the child

Eligibility Guidelines: Education

- Policy and procedure for identification and services are defined by:
 - **Federal Regulations** - Individuals with Disabilities Education Act (IDEA)
 - Part C - Birth through 2 years of age
 - Requires the Use of Informed Clinical Opinion
 - Part B - 3 through 21 years of age
 - **State Regulations**
 - Minnesota Rule 3525.1350 – Infants and Toddlers
 - Minnesota Rule Chapter 3525.1351 – Children 3 through 6
 - Minnesota Rule Chapter 3525.1325 – Autism Spectrum Disorder

MR 3525.1350 & MR1325.1351 Side-by-side

- | | |
|---|---|
| <p>Part C (Birth through 2)</p> <ul style="list-style-type: none"> • Categorically eligible OR • <u>Diagnosed physical or mental condition or disorder with a high probability of resulting in delay whether or not a need or delay is demonstrate</u> <p>d OR</p> <ul style="list-style-type: none"> • -1.5 SD delay in one or more of 5 developmental areas | <p>Part B (Three through 6)</p> <ul style="list-style-type: none"> • Categorically eligible OR • <u>Diagnosed physical or mental condition or disorder with a high probability of resulting in delay and an educational need OR</u> • -1.5 SD delay in two or more of 5 developmental areas |
|---|---|

Educational Eligibility Established

- Team meeting held to develop IFSP or IEP
 - Strengths
 - Educational needs
 - Goals/objectives
 - Services necessary to meet goals
 - (special instruction, speech, OT, PT...)
 - Setting/location
 - Intensity
- Ongoing Progress Reporting

Eligibility Guidelines: Medical / Clinical Evaluations

- Medical / Clinical
- Based on referral concerns
- Often includes
 - Overall developmental concern / question about autism
 - Specific concern about adaptive functioning
- Process influenced by
 - Referral concerns
 - Family and child factors
 - Other factors
- Outcome may influence eligibility of other services

Eligibility Guidelines: Community Services

- Medical / Clinical Diagnosis
 - DSM-IV-TR
 - DC:0-3R
 - Multidisciplinary
 - Embedded in relationships
 - Developmentally appropriate
 - Behaviorally defined
 - Individual differences highlighted
 - Overlap with DSM-IV TR (autism)
 - Can identify symptoms areas for at-risk babies
 - Guides recommendations for services
 - Framework for monitoring and ongoing intervention

DC:0-3R 5- Axis Framework

- **Axis I Primary Classification**
 - *What requires intervention in child*
- **Axis II Relationship Classification**
 - *What requires intervention in the relationship*
- **Axis III Physical, Neurological, Developmental**
 - *Medical contributions to functioning*
- **Axis IV Psychosocial Stressors**
 - *What requires intervention in the environment*
- **Axis V Social Emotional Functioning**
 - *Developmental contributions to functioning*

Eligibility Guidelines: Evaluations for Community Services

- Medical / Clinical Services
 - Medical Necessity
 - Based on standards of care
 - Related to symptoms of diagnosis
 - Risk for worsening symptoms / regression
 - Rehabilitation in children –
 - skills that autism prevented in typical developmental course
 - Insurance eligibility
 - Defined by contract
 - TEFRA back up

Eligibility Guidelines: Evaluations for Community Services

- Medical / Clinical Services
 - Mental Health / Behavioral Health Benefits
 - May require additional referral / in network listing
 - Allied Healthcare Services
 - Rehabilitative Services
 - Defined by discipline
 - Medical Services
 - Defined by discipline

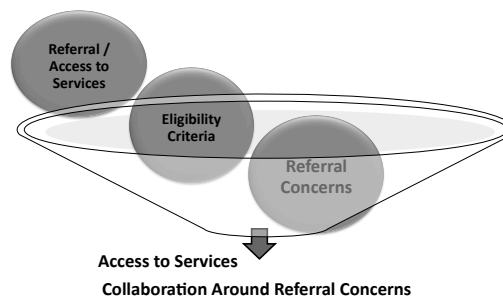
Eligibility Guidelines: Evaluations for Community Services

- County / State / Federal Programs
 - Eligibility Criteria
 - Medical / Clinical Diagnosis
 - Additional Information
 - Financial Criteria
 - Financial Support
 - Medical Assistance
 - TEFRA
 - Waiver programs
 - Minnesota Children with Special Needs MCSHN

Eligibility Guidelines: Community Services

- County / State / Federal
 - Eligibility Criteria
 - Medical / Clinical Diagnosis
 - Additional Information
 - Financial Criteria
 - Additional Support
 - Case Management
 - Commonly Used Services for People with DD
 - Personal Care Attendant Services (PCA)

Collaboration: Guiding Families to Services



Collaboration Around Services

- **Use your knowledge of eligibility guidelines to help guide families into resources that support the concerns that brought them to evaluation**
- Understand the components of evidence-based practice to collaborate around the common components of intervention that focus on different skill areas

Accessing Services Collaboration in Process

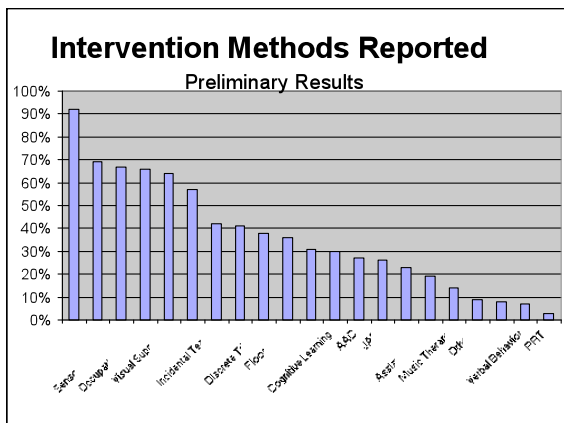
- Good match with multiple services / multiple payment streams
- Promotes model of **children and families first**
- Promotes consistent language across disciplines
- Minimizes confusion
- Promotes positive outcomes due to efficient and increased consistency across interventions
- Validates picture of child's risks and resiliencies
- Efficient use of resources
- Considers whole picture of risks and resiliencies

Guiding Families to Services

- Linked to Referral Concerns
- Identified by Evaluation across Disciplines
- Linked to Eligibility
- Operationalized by Intervention Plan
- Includes Criteria for Measurement / Outcomes
- Supported by Collaboration
- Includes Plan for Review

MN B-3 Autism Survey

- Developed and distributed April 2006
- Purpose was to gather information on early intervention practices with young children (<4 years of age) with ASD
- Web-based survey
- Identified interventions being implemented
- Results helped identify professional development needs



Collaboration Around Services

- Use your knowledge of guidelines for eligibility to help guide families into resources that support the concerns that brought them to evaluation
- **Understand the components of evidence-based practice to collaborate around the common components of intervention that focus on different skill areas**

Evidence-Based Practice Resources

- **National Autism Center**
 - Resources to promote the dissemination of information on evidence-based practices
- **National Professional Development Center on Autism Spectrum Disorders**
 - A multi-university center to promote the use of evidence-based practice for children and adolescents with Autism Spectrum Disorders
 - Minnesota was chosen as one of three states for the Year 2 Cohort (2009)
- **Ohio Center for Autism and Low Incidence (OCALI) Internet Modules**
 - Online modules on Autism Spectrum Disorders across a variety of subjects with varied partnership
- **National Early Childhood Technical Assistance**
 - Information related to Early support the overall technical assistance and information for those serving infants, toddlers and preschoolers. General and topical information available.

National Standards Project from National Autism Center

- **The National Standards Project goals:**
 - *Organize a network of individuals and agencies — all leaders in the field of autism research and treatment — to ratify a set of national standards derived from the empirical literature.*
 - *Provide a broad, informed, consensual validation of practices that will be widely disseminated to families, practitioners, organizations, and funding agencies.**
 - *Copies of the National Standards Project Report can be requested through the [National Autism Center](#)*

* As cited as the goals from the National Standards Project website

Understanding Evidence-Based Practice

- Not one method / strategy
- A continuum of evidence strength
- A continuum of approaches
- Similar components across methods
- Supported by multiple empirical studies

Guiding Families to Services

- With Knowledge of Evidence-Based Practices
 - adapt methods to support intervention that is matched
 - for autism
 - for developmental level
 - for unique child characteristics
 - for family characteristics and concerns

Collaboration in Practice



Collaboration – How?

- “Buy in”
 - Current systems may not reimburse time or dollars
 - Collaboration up front – pays off for long term continuity of service
- Way of thinking and acting
 - Power of relationships
 - Not a single action
 - Process
 - More timely but more thorough
- Think outside the box
 - Collaboration is unique to involvement of particular
 - Systems
 - Agencies
 - Professionals
 - Families
 - Child

Lessons Learned

- Benefits of Collaboration
 - Increased Knowledge Base
 - Improved Services for Children and Families
 - Enhanced Resources – Non Duplication of Services
 - Valued Relationships – Relationship Building Capacity
- Challenges in Collaboration
 - Limited Resources
 - Incomplete Data
 - Picture of Behavior Variable – Different in Different Settings
 - Different Picture, Different Diagnosis
 - Disagreement about Diagnosis / Interventions

Misc. Resources

- [ABCD in Minnesota](#)
- [Autism Society of Minnesota \(AuSMn\)](#)
- [Autism Resource Network](#)
- [PACER](#)
- [Arc of MN](#)
- [Fraser Resource Directory 9th Edition](#)

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