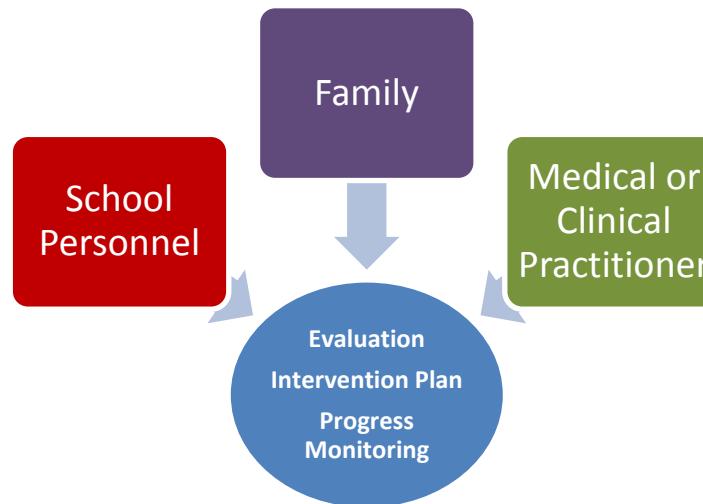




Services for School-age Children with Autism Spectrum Disorder (ASD): Coordination and Collaboration Opportunities

A collaborative approach between professionals improves consumer outcomes (Kelly & Tincani, 2013). The Michigan ASD State Plan identifies effective coordination and collaboration between agencies and service providers as a critical component in supporting individuals with ASD and their families. Implementation of the 2012 autism insurance benefit legislation has produced increased numbers of ASD service providers, resulting in an accompanying need and opportunity for collaboration.

Three primary sources for ASD services are: 1) Federal and state-regulated special education programs and services, (2) state-regulated private insurance benefits, and (3) state-regulated public insurance benefits¹. Each must follow requirements set forth in law, regulation, or officially adopted agency guidelines to determine ASD eligibility and services. The charts in this document compare and contrast these requirements as a basis for exploring and identifying coordination and collaboration opportunities. Although the processes are not identical across the three sources of services, they provide a rich opportunity to enhance outcomes for the child and reduce redundancies. While federal and state requirements inform opportunities for collaboration, the graphic below reminds the reader that in the end, coordination requires commitment from the actual participants in the life of the child with ASD.



¹ Interventions obtained at private expense constitute a fourth source of ASD services. However, the 'requirements' for privately procured services may vary significantly, and except as a source of information reviewed in evaluation/eligibility determinations, are outside of the scope of this document.

EVALUATION

Evaluation Process	IDEA / MARSE School Requirements	Private Insurance (Medical or Clinical) Practitioner Requirements	Public Insurance (Medicaid/MICchild Benefit) Practitioner Requirements
Initial Evaluation Planning	<ul style="list-style-type: none"> Consider existing evaluation data (e.g., from parent, school, practitioners) Evaluation plan for a “full and individual” evaluation to guide eligibility and intervention planning Written parent consent required for evaluation 	<ul style="list-style-type: none"> No required individualized evaluation plan 	<ul style="list-style-type: none"> No required individualized evaluation plan
Required Evaluators	<ul style="list-style-type: none"> School psychologist or psychiatrist, school social worker, an authorized provider of speech and language services R 340.1745(d) Other evaluators (e.g. occupational therapist) as indicated by the evaluation plan 	<ul style="list-style-type: none"> Specific multi-disciplinary team may include approved Autism Evaluation Center. Consumer needs to consult with individual insurance provider to locate approved evaluation center. 	<ul style="list-style-type: none"> Qualified Licensed Practitioner defined as: <ul style="list-style-type: none"> A physician with a specialty in psychiatry or neurology; a physician with a sub-specialty in developmental pediatrics, developmental-behavioral pediatrics, or related position; A psychologist A physician with a specialty in pediatrics, an advanced practice registered nurse, or a physician's assistant with training, experience, or expertise in ASD and/or behavioral health A clinical social worker, working within their scope of practice and is qualified and experienced in diagnosing ASD
Eligibility: Determination of Impairment / Diagnosis	<ul style="list-style-type: none"> No specific assessment tools required. Data must demonstrate the student meets MARSE criteria for ASD. Evaluators complete assessments per the evaluation plan and provide recommendation of eligibility to the individualized education program team within 30 school days of receipt of written parent consent 	<ul style="list-style-type: none"> No specific assessment tool is required other than the ADOS-2 (Autism Diagnostic Observation Schedule-Second Edition) 	<ul style="list-style-type: none"> Administration of ADOS-2, a developmental and family history interview (e.g. ADI-R), and Developmental Disabilities Children's Global Assessment Scale (DD-CGAS)

ELIGIBILITY

Eligibility Process	IDEA / MARSE School Requirements	Private Insurance (Medical or Clinical) Practitioner Requirements	Public Insurance (Medicaid/MICchild Benefit) Practitioner Requirements
Eligibility for Services	<ul style="list-style-type: none"> Full and individual evaluation includes evaluation for intervention planning purposes Data must demonstrate adverse educational impact including academic, behavioral, or social to the extent that special education program and/or services is/are necessary in order to benefit from their education. 	<ul style="list-style-type: none"> If a child is already receiving treatment for ASD, an insurer or HMO <i>may</i> as a condition to providing the coverage under autism insurance benefit legislation do all of the following: <ul style="list-style-type: none"> Require review of that treatment consistent with current protocols and may require a treatment plan Request results of the ADOS-2 used in the diagnosis of ASD for that insured or enrollee Request the ADOS-2 be performed not more frequently than once every 3 years Request that an annual development evaluation be conducted Consumer needs to consult with individual insurance provider to determine requirements for eligibility 	<ul style="list-style-type: none"> Adaptive behavior assessment using the Vineland-2 Cognitive ability assessment within 90 days of the start of service to determine the intensity of service
Report	<ul style="list-style-type: none"> A written report that includes a recommendation of eligibility, the student's present level of academic achievement and functional performance, and the educational needs of the student is provided to the parent or legal guardian. 	<ul style="list-style-type: none"> While not a requirement, a completed diagnostic report including a recommendation for service, may be provided to the parent or legal guardian and/or the insurance provider. 	<ul style="list-style-type: none"> The completed assessment, diagnosis, treatment plan, and recommendations from the evaluation are provided to the parent or legal guardian.
Reevaluation for Eligibility for Services	<ul style="list-style-type: none"> At least once every 36 months or when it is suspected there is no longer an adverse educational impact that requires special education, a reevaluation plan is established by: <ul style="list-style-type: none"> Reviewing existing evaluation data and other available information (REED per IDEA §300.305); Determining if any additional information is needed to make a redetermination of eligibility and if any revision is needed in IEP content 	<ul style="list-style-type: none"> If a child is receiving treatment for ASD, an insurer <i>may</i> as a condition to providing the coverage under autism insurance benefit legislation do all of the following: <ul style="list-style-type: none"> Require review of that treatment consistent with current protocols and may require a treatment plan Request results of the ADOS-2 used in the diagnosis of ASD for that insured or enrollee Request the ADOS-2 be performed not more frequently than once every 3 years Request an annual developmental evaluation be conducted Consumer needs to consult with individual insurance provider to determine requirements for eligibility 	<ul style="list-style-type: none"> Formal review of the IPOS no less than annually to include the ADOS-2 and DD-CGAS Ongoing determination of level of service (every 6 months) requires evidence of measurable and ongoing improvement in the targeted behaviors as demonstrated with the use of Assessment of Basic Language and Learning Skills- Revised (ABLLS-R), Assessment of Basic Language and Learning Skills-Revised (ABLLS-R), Verbal Behavior Milestones Assessment and placement Program (VB-MAPP), or Assessment of Functional Living Skills (AFLS) (MSA 15-59)

INTERVENTION PLAN

Intervention Plan Process	IDEA School Requirements	Private Insurance (Medical or Clinical) Practitioner Requirements	Public Insurance (Medicaid/MICchild Benefit) Practitioner Requirements
Participants in Plan Development	<ul style="list-style-type: none"> • Required participants in the IEP: <ul style="list-style-type: none"> – Parent of child – Regular education teacher – Special education teacher or provider – Representative of public agency qualified to provide or supervise provision of specially designed instruction – Individual who can interpret instructional implications of evaluation results (Initial/Reevaluation) – Child with a disability when appropriate 	<ul style="list-style-type: none"> • Board certified or licensed provider(s) when treatment is prescribed or ordered by a licensed physician or licensed psychologist 	<ul style="list-style-type: none"> • Person-Centered Plan (PCP) process results in the Individual Plan Of Service (IPOS) • Assessment and planning functions are completed by a team of individuals with a case manager or supports coordinator, or other qualified staff overseeing the development of the IPOS. • Qualified Behavior Health Provider (QBHP) and/or BCBA therapist • The family
Plan Development – Process/Content Areas	<ul style="list-style-type: none"> • Statement of Present Level of Academic Achievement and Functional Performance (PLAAFP) • Statement of needs related to the student's disability that impacts access and progress in general education Parent concerns • Transition services (students ≥16 years or older) • Needed supplementary aids and services (e.g. visual supports, augmentative communication systems, peer to peer support) • Measurable annual goals including measurable short-term objectives • Needed special education and related services (e.g. speech therapy, school social work services, specialized instruction) • Consideration of need for extended school year services 	<ul style="list-style-type: none"> • Treatment plan developed by board certified or licensed provider(s) when prescribed or ordered by a licensed physician or licensed psychologist • Behavioral health treatment means evidence-based counseling/treatment programs 	<ul style="list-style-type: none"> • Examine strengths, needs, preferences, abilities, interests, goals, and health status • Identify outcomes based on child's and family's stated goals • Develop meaningful and measurable goals to achieve the identified outcomes • Determine amount, scope, and duration of the medically-necessary services (including ABA) for those supports and services provided through the public health system • Link family to other services and supports the child and family may require • Case management
Service	<ul style="list-style-type: none"> • Pursuant to IEP: A free appropriate public education (FAPE) in the least restrictive environment (LRE) • FAPE – Special education and related services that are provided at public expense under public supervision and direction, and without charge to the parent (§34 CFR 300.17) • Special Education: Specially designed instruction at no cost to parents to meet the unique needs of a child with a disability (§34 CFR 300.39) 	<ul style="list-style-type: none"> • Pursuant to treatment plan: "Written, comprehensive, and individualized intervention plan that incorporates specific treatment goals and objectives..." • Treatment: Evidence-based care individually prescribed or ordered by licensed physician or psychologist as medically necessary: <ul style="list-style-type: none"> – Behavioral health treatment: counseling and treatment programs, including ABA, to maximum extent practicable, functioning of the individual; provided or supervised by BCBA or licensed psychologist 	<ul style="list-style-type: none"> • Pursuant to IPOS which must comply with MSA 15-59 for children 21 years and younger • ABA intervention at appropriate service intensity, setting(s), and duration to facilitate goal attainment <ul style="list-style-type: none"> – Focused Behavioral Intervention (FBI) – Comprehensive Behavioral Intervention (CBI) • Includes trainings of parents/caregivers to continue intervention in home environment • May reinforce skills or lessons taught in school, therapy, or other settings, but not to supplant services provided in school or to be provided when child would typically be in school but for the parent's choice to home school the child

Intervention Plan Process Continued on Next Page

Intervention Plan Process (cont.)	IDEA School Requirements	Private Insurance (Medical or Clinical) Practitioner Requirements	Public Insurance (Medicaid/MICchild Benefit) Practitioner Requirements
Service (Continued)	<ul style="list-style-type: none"> • Specially designed instruction – Adapting as appropriate to the needs an eligible child, the content, methodology, or delivery of instruction to <ol style="list-style-type: none"> 1. address the unique disability-related needs of the child; and 2. ensure access of the child to the general curriculum, so that the child may meet the educational standards that apply to all children. • Related Services: transportation and such developmental, corrective, and other supportive services required to assist a child with a disability to benefit from special education, including speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, early identification and assessment of disabilities in children, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services for diagnostic or evaluation purposes. Related services also include school health services and school nurse services, social work services in schools, and parent counseling and training. (§34 CFR 300.34) • Supplementary aids and services (§34 CFR 300.42) to support LRE 	<ul style="list-style-type: none"> • Pharmacy care: medications prescribed by a licensed physician and any health-related services medically necessary to determine the need or effectiveness of medications • Psychiatric care: direct or consultative • Psychological care: direct or consultative • Therapeutic care: services provided by licensed/certified speech therapist, occupational therapist, physical therapist, or social worker 	<ul style="list-style-type: none"> • MSA Bulletin 15-59 emphasizes that coordination with school and/or early intervention program is critical • Plan must document that these services do not include special education and related services available pursuant to the child's IDEA individualized education program (IEP) • All other services as deemed necessary per level of care • Select established and evidence based treatments that are based in the field of Applied Behavior Analysis (ABA) and listed in the work of the National Standards Project and the 1915i MDCH State Plan Amendment
Monitoring of Plan and/or Service	<ul style="list-style-type: none"> • IEP must be reviewed and revised as appropriate within 365 days of previous IEP • IEP team reconvenes to adjust IEP if sufficient progress of IEP goals are not being made or there is a change of circumstances within the IEP year • Evaluation of on-going progress on goals and objectives according to the schedule identified in the IEP 	<ul style="list-style-type: none"> • Required assessment from provider(s) at intervals determined by insurance or service providers to monitor progress and determine effectiveness • Report progress on goals 	<ul style="list-style-type: none"> • The ongoing determination of level of service (FBI, CBI) is done every 6 months utilizing assessment instruments such as ABLLS-R, AFLS, or VB-MAPP • The IPOS is reviewed at regular intervals, minimally every 3 months • Board Certified Behavior Analysts (BCBA) will monitor progress and Behavior Tech (BT) at rate of 1 hour for every 10 hours of treatment • Tools may include: VB-MAPP, ABLLS-R and/or AFLS

COLLABORATIVE OPPORTUNITIES

Opportunity for collaboration exists between service providers and families, and families are in a unique position to facilitate that collaboration. Considerations in the form of guiding questions for enhancing collaboration are provided below as well as specific examples of collaborative opportunities

Area	Considerations	Collaborative Opportunities
Evaluation and Eligibility	<ul style="list-style-type: none">• Across environments including school, home, and community:<ul style="list-style-type: none">– What data is available and needed to make a diagnosis or determine eligibility? In what way(s) can information be shared to reduce redundancy?– What data is available and needed to develop an intervention program / plan? In what way(s) can information be shared to inform the development of plans?	<ul style="list-style-type: none">• Include the family as an integral part of the assessment process• Identify a case manager to coordinate and organize the evaluation process and become the “point of contact” for the parent, school, and medical or clinical practitioner.• Design a consolidated release of information that can be utilized across agencies to share data• Conduct joint collaborative assessments which may include combined decision-making in designing and completing assessment components.• Develop relationships to increase collaborative opportunities.• Identify and utilize common assessments for practitioners during the evaluation process to avoid duplication of effort• Offer opportunities for participation in mutual meetings<ul style="list-style-type: none">– How: In-person, electronic, alternating location– What: Review of existing data, evaluation plan• Work with insurance companies to include compensation for time spent in collaboration (e.g., team meetings)
Intervention Service Plan	<ul style="list-style-type: none">• What data is available and needed to develop an intervention program / plan? In what way(s) can information be shared to inform the development of plans?• Do practitioners have similar goals for treatment or intervention?• What data is needed to monitor progress on developed goals? In what way(s) can data be shared to monitor progress across environments?• Does the data show progress on goals across environments? What changes does the data suggest are needed to ensure continued growth across environments?• Does the data indicate further needed assessments to determine continued eligibility or need (e.g. behavioral, academic, language, social)? In what way(s) can information be shared to inform the development of plans?	<ul style="list-style-type: none">• Designate new team leaders/case managers when needed (change in personnel) to coordinate and organize implementation of plans and monitoring of progress• Keep consolidated Release of Information form current• Develop electronic data sharing systems for progress monitoring• Provide joint trainings on evidence-based practices and implementation of developed intervention plans• Provide opportunities to model implementation of intervention components across plans• Offer opportunities for participation in mutual meetings<ul style="list-style-type: none">– How: In-person, electronic, alternating location– What: Review of existing data, evaluation plan• Team leaders/case managers coordinate and organize the exchange of progress data• Design common tools for progress monitoring across environments• Provide observation opportunities across various settings• Share/coordinate treatment goals between different settings• Utilize current technology (e.g., web cam supervised interventions) to expand access to services• Develop care coordinator within medical community to oversee coordination between multiple disciplines

GLOSSARY of TERMS, DEFINITIONS, and ASSESSMENTS

Acronym	Term	Definition
ABA	Applied Behavioral Analysis	A process of systematically applying the scientific principles of behavior to improve socially significant behaviors while demonstrating a reliable relationship between the procedures employed and the improvement behavior.
ASD	Autism Spectrum Disorder	A disorder that involves deficits in language and social communication and includes restrictive and repetitive behaviors. There are a number of diagnostic criteria for the disorder including those outlined by MARSE (R340.1715) and the Diagnostic and Statistical Manual of Mental Disorders (DSM) 5 th Edition (299.00/F84.0)).
BCBA	Board Certified Behavior Analyst	A certified behavior analyst holds a certification by the Behavior Analyst Certification Board (BACB) and provides social and functional behavioral assessment, functional analysis, ABA treatment, and supervision of ABA programs.
CMHP	Child Mental Health Professional	An individual who possesses at least a master's degree in a mental health-related field from an accredited school, has at least one year of experience in the examination, evaluation and treatment of children with ASD, and is able to diagnose within their scope of practice and professional license.
FAPE	Free Appropriate Public Education	An educational program that is individualized to a specific child, designed to meet that child's unique needs, provides access to the general curriculum, meets the grade-level standards established by the state, and from which the child receives educational benefit (20 U.S.C. §1401(9)). To provide FAPE, schools must provide students with an education that prepares the child for further education, employment, and independent living." (20 U.S.C. §1400(c)(5)(A)(i)).
IEP	Individualized Educational Program	A plan developed by a team for eligible students with disabilities that describes the offer of FAPE in the LRE including supplementary aids and services and special education and related services.
IDEA	Individuals with Disabilities Education Act	Federal special education law originally in 1975 with periodic reauthorizations the most recent being 2004. IDEA mandates the provision of FAPE for eligible students with disabilities ages 3-21.
IPOS	Individual Plan of Service	A plan developed through a PCP process that includes information about the individual, goals and outcomes, and the services needed to achieve those goals and outcomes.
LLP	Limited Licensed Psychologist	An LLP is required by state law to be under the supervision of a fully licensed psychologist. A limited license is granted to those holding a master's in psychology and a fully license is given to those with a doctorate.
LRE	Least Restrictive Environment	To the maximum extent appropriate, children with disabilities are educated in the general education classroom with children who are not disabled, and special classes, separate schooling, or other removal of children with disabilities from the regular education environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aides and services cannot be achieved satisfactorily.
MARSE	Michigan Administrative Rules for Special Education	A set of state rules that govern the delivery of special education programs and services in Michigan.
PCP	Person-Centered Plan	An ongoing problem-solving process used to assist individuals with disabilities plan for their future. In person centered planning, groups of people who know the individual well focus on that person's vision of what they would like to do in the future.
PLAAPP	Present Level of Academic Achievement and Functional Performance	The purpose of the PLAAPP is to identify needs related to the student's disability that interfere with access and progress in the general education curriculum and environments in order to design supports and services to address those needs and increase access to and progress in general education.
REED	Review of Existing Evaluation Data	A process of reviewing available information and assessment data to determine what additional information or assessment is needed to make a determination of eligibility and develop an IEP.
SAS	Supplementary Aids and Services	Aids, services, and other supports that are provided in regular education classes, other education-related settings, and in extracurricular and nonacademic settings, to enable children with disabilities to be educated with nondisabled children to the maximum extent appropriate.

Assessments

Acronym	Assessment	Definition
ABLLS-R	Assessment of Basic Language and Learning Skills – Revised	An assessment tool, curriculum guide, and skills-tracking system used to help guide the instruction of language and other critical skills for children with ASD or other developmental disabilities.
ADI-R	Autism Diagnostic Interview – Revised	A structured interview tool used to diagnose ASD, plan treatment, and distinguish ASD from other developmental disorders.
ADOS-2	Autism Diagnostic Observation Schedule – Second Edition	A direct assessment tool used for making diagnoses of ASD.
AFLS	Assessment of Functional Living Skills	An assessment of skills essential for participation in a wide range of family, community, and work environments which includes a skills tracking system and curriculum guide for the development of essential skills for achieving independence.
VB-MAPP	Verbal Behavioral Milestones Assessment and Placement Program	A language and social skills assessment and curriculum guide for individuals with ASD or other developmental disabilities.
Vineland - II	Vineland Adaptive Behavior Scales – Second Edition	An adaptive behavior assessment that measures the performance of day-to-day personal and social skills needed for personal and social independence.

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