



**IDENTIFYING AUTISM SPECTRUM DISORDERS IN MINNESOTA:  
*EDUCATIONAL LABEL VS MEDICAL DIAGNOSIS***

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*University of Minnesota and the Department of Education:  
A Learn the Signs Act Early Event*

# Preview

- Growing Concern of Autism
- Importance of Early Intervention
- Path of Referral to Services
- Supporting Families through Collaboration



*Research has shown that a diagnosis of autism at age 2 can be reliable, valid, and stable. Despite evidence that ASDs can be identified at 18 months or younger, many children do not receive final diagnoses until they are much older. This delay results in lost opportunities for specialized early intervention.*

- Centers for Disease Control and Prevention





# March 2012



- 1/88
- 5x more common in boys
  - Boys 1/54
  - Girls 1/252
- All racial, ethnic, socioeconomic groups
- 1% prevalence Europe, Asia, North America
- 62% did NOT have cognitive disability

# Increased Identification

## Identified Prevalence of Autism Spectrum Disorders

ADDM Network 2000-2008

Combining Data from All Sites

Surveillance Year	Birth Year	Number of ADDM Sites Reporting	Prevalence per 1,000 Children (Range)	This is about 1 in X children...
2000	1992	6	6.7 (4.5-9.9)	1 in 150
2002	1994	14	6.6 (3.3-10.6)	1 in 150
2004	1996	8	8.0 (4.6-9.8)	1 in 125
2006	1998	11	9.0 (4.2-12.1)	1 in 110
2008	2000	14	11.3 (4.8-21.2)	1 in 88

78%



23%



# Minnesota Findings



- Findings from the National Survey of Children with Special Health Care Needs 2009/2010
  - **Large numbers across systems**
    - DHS (2010) 2012 children <5 served
    - MDE (2011) 1561 children <5 served
      - *Report on Early Intervention Services on Minnesota's Children with ASD (2012)*
  - **Majority have autism plus additional health conditions**
  - ***Most screened between 1- 5 years***
  - **Less than 1/3 were diagnosed before 4 years**  
(compared to 1/2 in other states)
  - **349.2% increase special education ASD eligibility 1999-2008**

*Larson & Lakin 2010*



# Screening in Minnesota

- **Resources for Screening**

- [MN Interagency Developmental Screening Task Force](#)

- Follow Along – MDH
- Headstart

- [Minnesota Rules and Statutes](#) for Early Childhood Screening

- MN Recommendations for [Developmental Screening](#)

- Pediatricians and Clinics

# Referral Resource

**help me**



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

**1-866-693-GROW (4769)**

**[www.mnparentsknow.info](http://www.mnparentsknow.info)**



*Referral Concerns*

**Behaviors of Autism**

*Service Areas*

**MDE**

**Medical /  
Clinical  
CTSS /Ins**

**Community  
Services**

*Eligibility Criteria*

**Part B & C  
Criteria**

**DSM-IV  
DC:0-3R**

**IQ  
Adaptive Beh  
Diagnosis**

**No Criteria  
Membership**

*Category/  
Diagnosis*

**ASD  
Disability  
Category**

**Diagnosis**

**Service  
Eligible**

**Service  
Eligible**

*Menu of Services*

**Mainstream  
Special Ed  
Gifted**

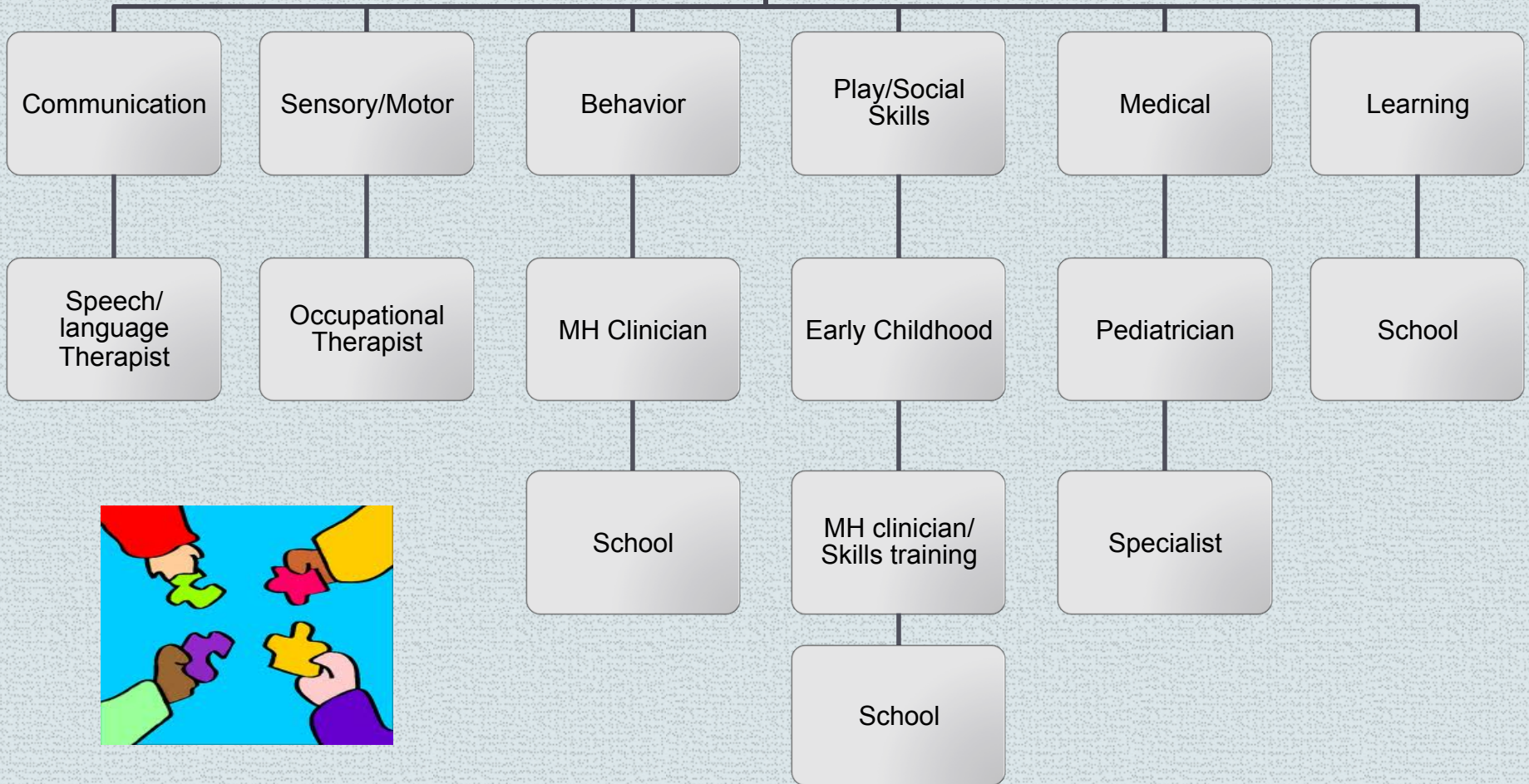
**Mental  
Health  
Behavioral  
Health**

**County  
Services**

**Education  
Support  
Advocacy**

# *Referral Concerns*

# Referral Concerns of Autism





# *Service Areas*

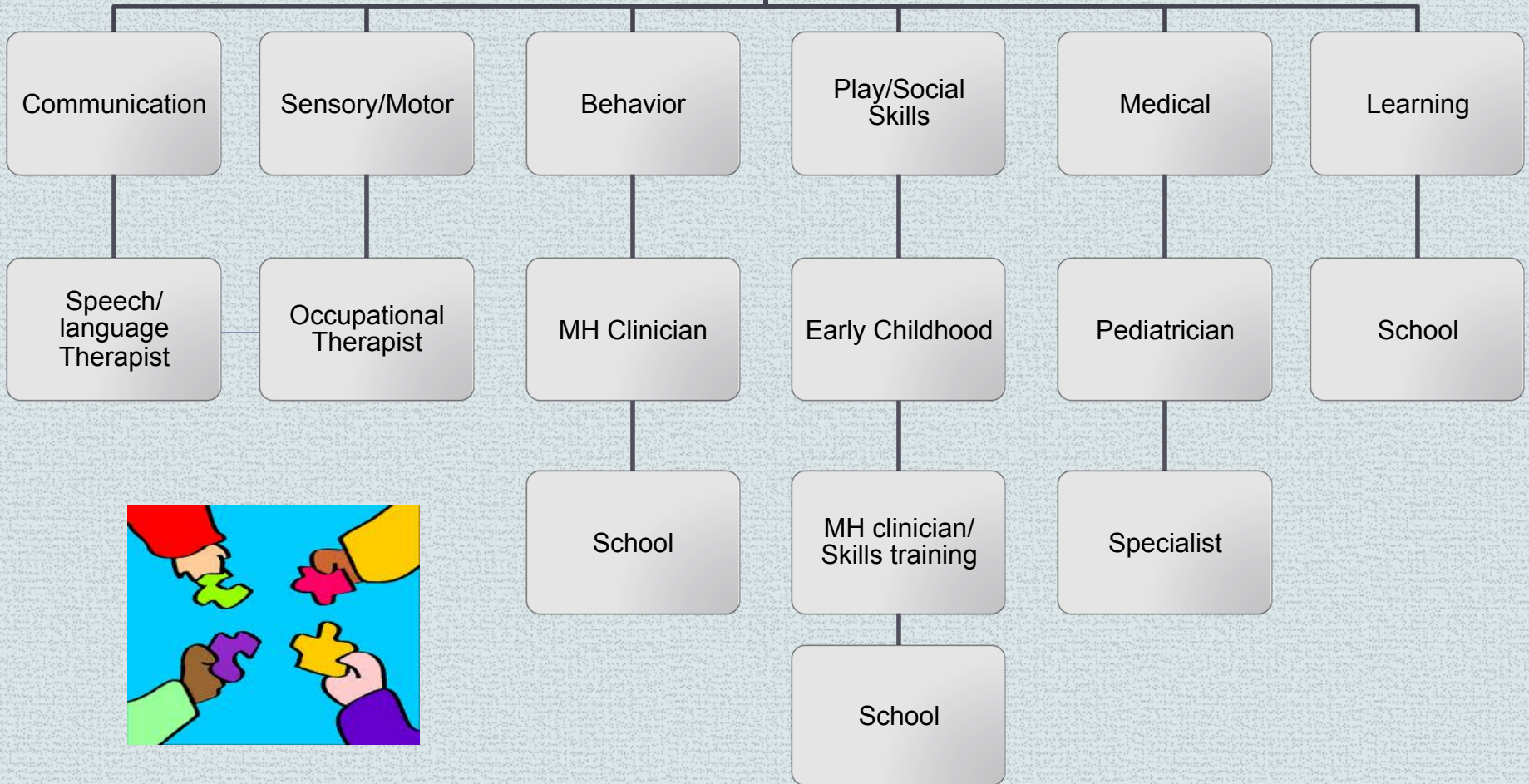
**EDUCATION**



**COMMUNITY**

**MEDICAL**

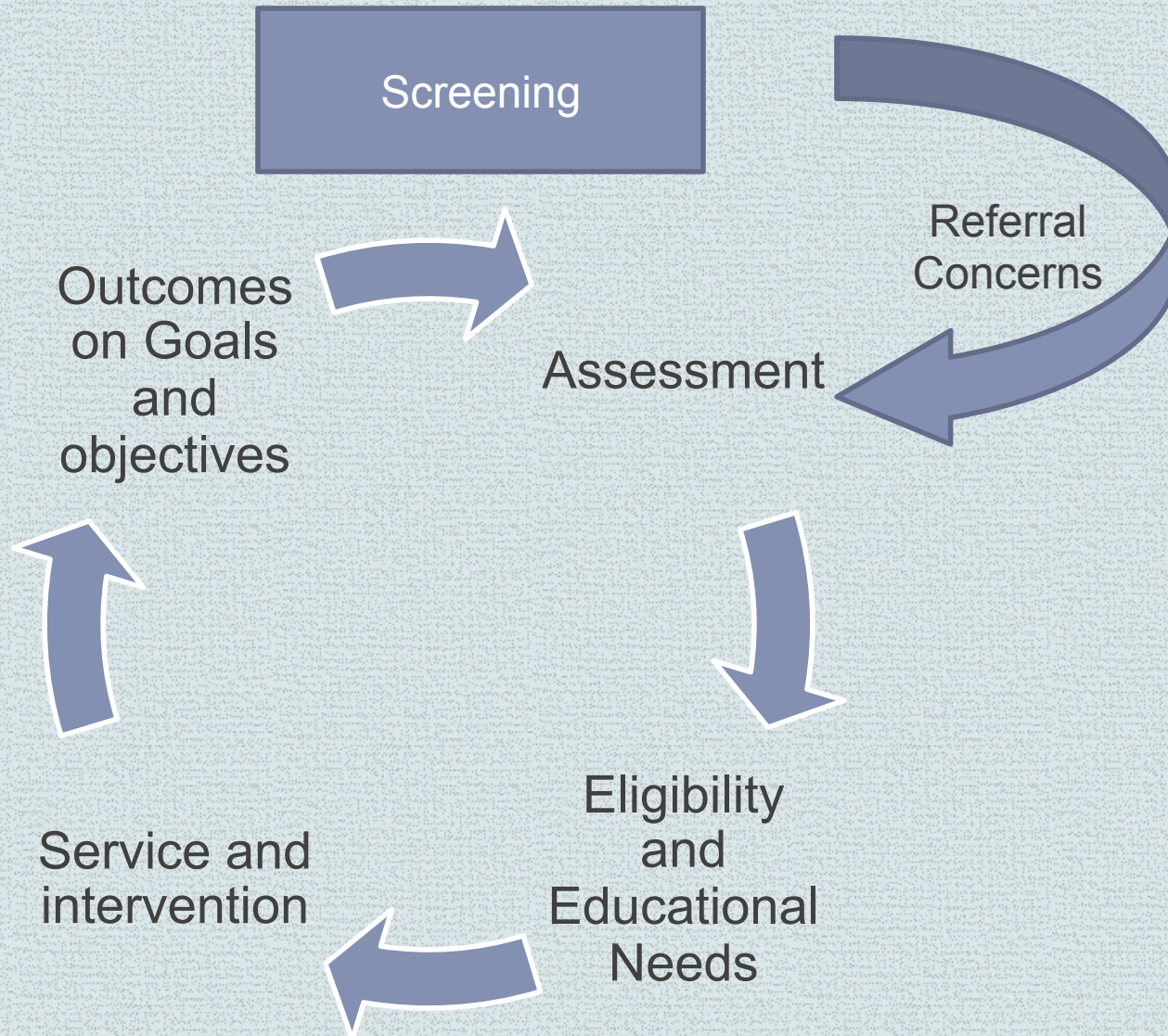
# Referral Concerns Menu of Services





# *Eligibility Criteria*

# Referral for Eligibility to Receive Services



# Evaluation Process

- Background Review
- Interview
- Testing
- Observation
- Explanation of Findings





# 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 in the interview process 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 and comparison with other children same age
  - Criterion - referenced provide information about skills in a natural context and measures child progress across time
  - 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



# Classification Comparisons

	Educational	DSM-IV	DC:0-3R
<b>Guided by</b>	<b>IDEA &amp; MN Rule</b>	<b>Manual Criteria</b>	<b>N Manual Criteria</b>
<b>Symptoms are adversely impacting</b>	Academic functioning (Ages 3 and above) Developmental Functioning (0-3)	Adaptive Functioning across settings	Regulation Relationships Capacity to learn
<b>Performed by</b>	<b>Team Membership defined in rule</b>	<b>Licensed Professional Diagnostic training</b>	<b>Team Membership Licensed Professional IMH training</b>
<b>Timing</b>	<b>Evaluation to be completed in 45 calendar for Part C and 30 school days for Part B</b>	<b>Defined by Evaluation components</b>	<b>Defined as a process to be reviewed</b>
<b>Age</b>	<b>Birth – 21</b>	<b>Children and Adults</b>	<b>Birth – 3</b>



		<b>Educational</b>	<b>DSM-IV</b>	<b>DC:0-3R</b>
<b>Classification Comparisons</b>	<b>Process and Method</b>	<b>Specific evaluation process and procedures are required and methods are identified.</b>	<b>Individualized Process and procedures determined by referral concerns and differential diagnosis. For example, developmental or Cognitive testing for rule out of developmental delay (Axis II)</b>	<b>Individualized 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)</b>
	<b>Included</b>	<b>Review of History Observation Testing Interview</b>	<b>Review of Records Observation Testing Interview</b>	<b>Review of Records Observation Testing Interview</b>
	<b>Evaluation of</b>	<b>Child as well as Family Concerns, Strengths and Resources (Part C) Academic performance and Peer relationships (Part B)</b>	<b>Child, Family Concerns, Stressors</b>	<b>Child, Stressors, Relationships</b>

		<b>Educational</b>	<b>DSM-IV</b>	<b>DC:0-3R</b>
<b>Classification Comparisons</b>	<b>Classification/ Diagnosis</b>	<b>ASD Category</b>	<b>Medical Diagnosis</b>	<b>Medical Diagnosis</b>
	<b>Supportive Data</b>	<b>Educational Need Required</b>	<b>Medical Necessity Not Required for diagnosis Required for Service</b>	<b>Medical Necessity Not Required for diagnosis Required for Service</b>
	<b>Used for</b>	<b>Educational Services</b>	<b>Medical/Insurance Services</b>	<b>Medical Insurance Services</b>

# Requires Specialists/Team

- **Qualitative differences**
- **Educational: ASD Certification → ASD License**
- **Medical/Clinical: ASD competency**
- **County – Experience with ASD  
(ASD unit under DD)**

# Quality not Quantity of skills





# Eligibility Guidelines: Education

- Policy and procedure for identification and services are mandated 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

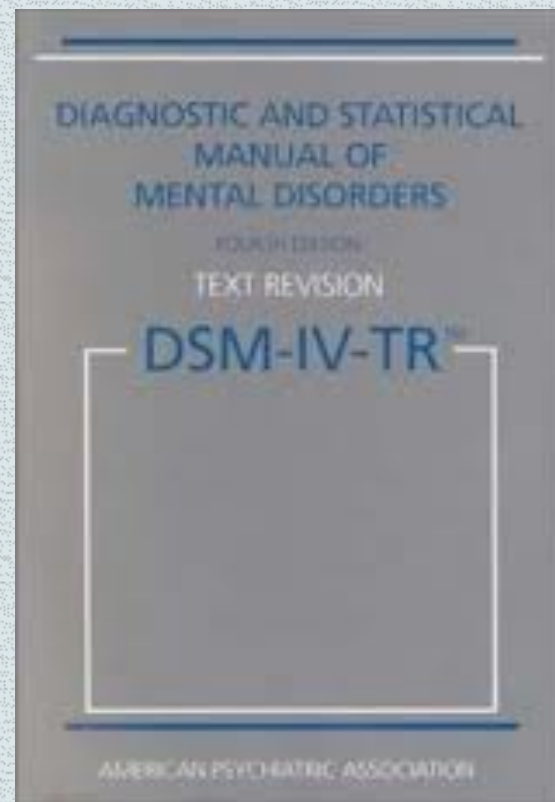
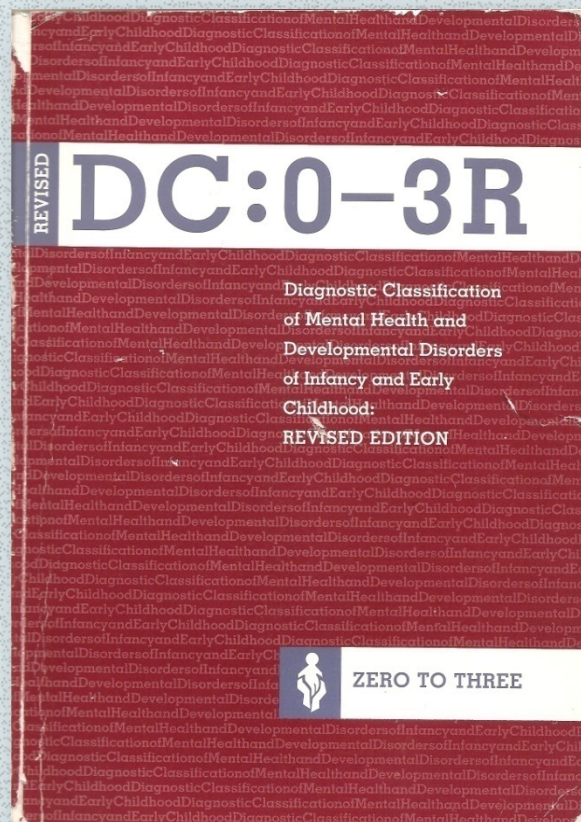
### Part C (Birth through 2)

- Categorically eligible **OR**
- Diagnosed physical or mental condition or disorder with a high probability of resulting in delay whether or not a need or delay is demonstrated **OR**
- -1.5 SD delay in one or more of 5 developmental areas

### Part B (Three through 6)

- Categorically eligible **OR**
- Diagnosed physical or mental condition or disorder with a high probability of resulting in delay and an educational need **OR**
- -1.5 SD delay in two or more of 5 developmental areas

# Medical Diagnosis





***Category/Diagnosis***

**ASD  
Disability  
Category**



# Educational Criteria – Categorical Eligibility ASD

<https://www.revisor.mn.gov/rules/?id=3525.1325>

## MN Rule 3525.1325

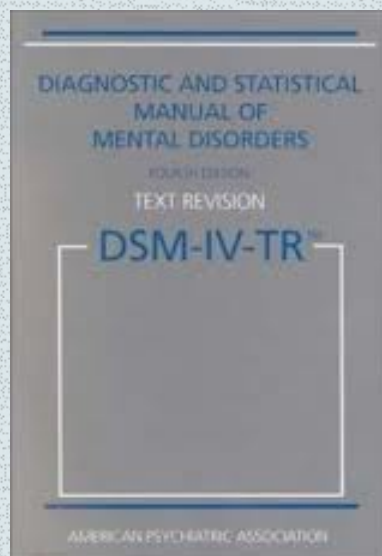
- Multidisciplinary team
- Multiple settings and sources
- Document behavioral indicators from the 2 of the outlined measures
- Documentation that ASD adversely affects educational performance

***Category/Diagnosis***

**Diagnosis**

# Medical Criteria – DSM-IVTR

- **Diagnosis – Autism**
  - **12 characteristics identified**
  - **6/12 for Autism**
    - **Qualitative impairment in social interaction**
      - Lowest skill area – at least 2 of 4 criteria
    - **Qualitative impairment of communication**
    - **Restricted, repetitive, and stereotypical patterns of behavior, interests, and play**
- **Differ in**
  - **Combination**
  - **Intensity**
  - **Frequency**
  - **Interference**



# Medical Diagnosis

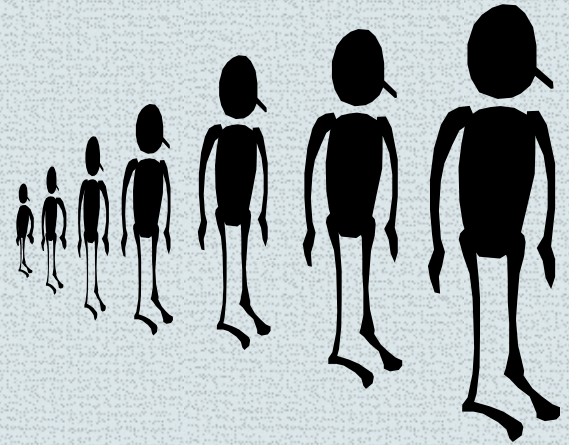
- ***DHS MN Autism General Information***

- ***Team of Specialists***
- ***Rule out other conditions***
- ***Standardized autism tests***
- ***Across settings***



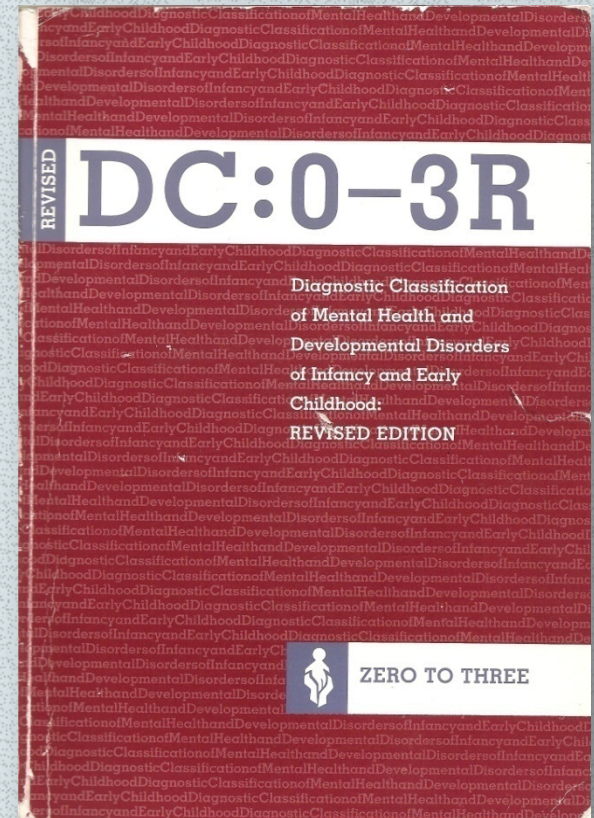
# ASD: Continuum of Disorder

- **Temperament**
- **Specific Developmental Disorders**
- **Pervasive Developmental Disorders**
  - Autistic Disorder
  - Asperger's Disorder
  - Rett's Disorder
  - Childhood Disintegrative Disorder
  - Pervasive Developmental Disorder, Not Otherwise Specified



# Multisystem Developmental Disorder

- **Under 2 years**
- **4 Areas of Difficulty**
  - **Relatedness**
    - Aimless to mostly connected
  - **Communications**
    - Few gestures to language use
  - **Affect**
    - Flat/inappropriate to evident pleasure
  - **Sensory Processing**
    - Under/over regulation to integrated



# Medical Necessity

- **Children's Therapeutic Support Services (DHS)**
- **Intervention is rehabilitative:**
  - **Returns the child to normal developmental trajectory that was disrupted by mental health disorder**
  - **Not just beneficial – necessary & restorative**
  - **Established in diagnostic assessment**



# Possible Scenarios

## **Educational**

- ASD Category
- Developmental Delay Category
- ASD Category
- ASD Category
- EBD Category
- No Category

## **Medical**

- Autism Diagnosis
- Autism Diagnosis
- Social Anxiety Diagnosis
- No Diagnosis
- ASD Diagnosis
- ASD Diagnosis



# Collaboration: Helping Families Through the Process



# Challenges to Collaboration

- Regulations
- Insurance Limitations
  - observation
- Confidentiality
  - Cannot request documents without parent permission
- Parent permission to exchange
- Timing
  - 30 days to complete
  - 30 school days 3-21 under MDE
  - 45 calendar days Birth – 3 under MDE
- Process
  - School – multiple contacts, multiple settings
  - Agency single session

# We Can Do It!



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# Questions that might come from families and professionals

- Why does my child qualify for one service and not for the other?
- Can the child participate in more than one service?
- Can I refer or recommend to outside agency?
- How can we eliminate duplicate testing?





# *Menu of Services*

# MDE SERVICE OPTIONS

Part C – Birth through 2 years

MN Statute 125A.32

[www.revisor.mn.gov/statutes/?id=125A.32&year=2012](http://www.revisor.mn.gov/statutes/?id=125A.32&year=2012)

- Individualized Family Service Plan
- Service Coordination (MN Statute 125A.33) – include coordination of medical, health and other services
- Measurable outcomes for child and family
- Early intervention services based on peer-reviewed research
- Service provided in natural environment

# MDE Service Options Continued.

Part B – 3 – 21 years

MN Rule 3525.2810

[www.revisor.mn.gov/rules/?id=3525.2810](http://www.revisor.mn.gov/rules/?id=3525.2810)


## Individualized Education Plan

- Measurable annual goals including short-term objectives
- Special education services, related services, supplementary aids, and accommodations to be provided
- Access to FAPE (free appropriate public education)

# CTSS SERVICE OPTIONS

- Birth – 18 (21years)
- Family / Individual / Group Therapy
  - Psychoeducation/support around diagnosis
- Skills Training (individual & group)
  - Intervention to support new skills
- Behavior Aide
  - Supporting emerging skills to success
- Day Treatment
  - Intensive intervention
    - Combination of therapy and skills interventions





**Help with Services  
for  
Children with Autism  
Spectrum Disorders  
(ASD)**

*This brochure provides a brief overview of ASD  
and DHS programs that assist children with ASD*

For more information or copies of this brochure,  
go to: [www.dhs.state.mn.us/autism](http://www.dhs.state.mn.us/autism)



Minnesota Department of Human Services

# ADDITIONAL SERVICE OPTIONS

- County
- Advocacy
- Medical
- Rehabilitative
  - Speech
  - OT
- Self Pay



# ***THANK YOU***

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# Event Sponsors

Thank you for your participation. This Learn the Signs Act Early (LTASE) event was sponsored by The University of Minnesota's Institute on Community Integration and the Minnesota Department of Education.

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